

About Your Benefits

Your benefits have been designed to protect you and your family during your retirement years and to work with other sources of income to offer financial stability.

For more information on ...	See Page ...
Eligibility and Cost	1—3
Medical and Dental Plans Coverage Rules	1—6
Eligibility for Dependents	1—7
When You May Change Your Elections	1—9
How Changes Affect Your Benefits	1—10
When Coverage Begins	1—13
When Coverage Ends	1—14

Highlights

Your Benefits ...

... Offer Medical and Dental Coverage for You and Your Family

If you retired under the Pension Plan, you and your eligible dependents who are under age 65 may continue the coverage under the Medical and Dental Plans you had prior to retirement.

If you retired under the Pension Plan, and if you are age 65 or over *and* are enrolled in Medicare Part A and Part B (**but not Part D**), you may enroll in the Over 65 Medicare Supplement Program. Upon reaching age 65, your spouse also may be eligible to participate in these plans.

... Allow You to Continue Your Life Insurance Coverage

You may continue or convert your life insurance during your retirement.

... Provide You With Retirement Income

Your Savings Plan and Pension Plan benefits work with your Social Security benefits and your personal savings to provide your retirement income.

The term “Company” refers to UT-Battelle, LLC. Other terms are defined in the “Glossary” chapter.

Eligibility and Cost

Determining Eligibility and Cost

At the time of your retirement, you made benefit elections and enrolled yourself and any eligible dependents in the appropriate plan(s), based on eligibility.

Your eligibility and cost for benefits in retirement are determined by your participation as an

employee, your Company Service date, your years of Company service, your retirement date, your age, and whether you were a salaried employee or a bargaining unit employee.

For some benefits, the Company pays the full cost. For other benefits, you and the Company share the cost or you pay the full cost of coverage.

Eligibility and Cost

Company Service Date prior to April 1, 2012

If your company service date is prior to April 1, 2012, you retired under the Company's Pension Plan, and you participated in the benefit plan immediately prior to your retirement, then your eligibility and cost are described below.

Benefit Plan	Eligible?	Cost
Medical (including Prescription Drugs and Vision Care) (for retirees under age 65)		
If you had at least 10 years of full-time service when you retired	Yes	Cost shared by you and the Company
If you had less than 10 years of full-time service when you retired	Yes	You pay full cost
Dental (for retirees under age 65)		
If you had at least 10 years of full-time service when you retired	Yes	Cost shared by you and the Company
If you had less than 10 years of full-time service when you retired	Yes	You pay full cost
Over 65 Medicare Supplement Program (for retirees over age 65)		
If you had at least 10 years of full-time service when you retired	Yes	Cost shared by you and the Company
If you had less than 10 years of full-time service when you retired	Yes	You pay full cost
Long-Term Care (for current plan participants)	Yes	You pay full cost
Basic Life Insurance	Limited (cost and eligibility are based on the chart in the Life Insurance chapter)	
Supplemental Life Insurance	Limited (cost and eligibility are based on the chart in the Life Insurance chapter)	
Pension Plan (participation will automatically continue until you die, or until your survivor dies if you have elected a form of payment that provides a survivor benefit; you are not required nor may you make participant contributions after retirement)	Yes	If you retired on or before January 1, 2013, the Company pays the full cost. Employee contributions began on January 1, 2013, for salaried employees and on October 1, 2013, for bargaining unit employees; these contributions are reflected as a non-taxable portion of your monthly pension payment.
Savings Plan (provided you have a deferred account balance, you may retain your account. However, you cannot make contributions to the Savings Plan after retirement)	Yes	NA

Eligibility and Cost

Company Service Date on or after April 1, 2012

If your company service date is on or after April 1, 2012, you retired under the Company's Pension Plan, and you participated in the benefit plan immediately prior to your retirement, then your eligibility and cost are described below.

Benefit Plan	Eligible?	Cost
Medical (including Prescription Drugs and Vision Care) (for retirees under age 65)		
If you had at least 10 years of full-time service when you retired	Yes	You pay full cost
If you had less than 10 years of full-time service when you retired	No	NA
Dental (for retirees under age 65)		
If you had at least 10 years of full-time service when you retired	Yes	You pay full cost
If you had less than 10 years of full-time service when you retired	No	NA
Over 65 Medicare Supplement Program (for retirees over age 65)		
If you had at least 10 years of full-time service when you retired	Yes	You pay full cost
If you had less than 10 years of full-time service when you retired	No	NA
Basic Life Insurance	Coverage for salaried employees ends at retirement but may be converted (see the Life Insurance chapter). Coverage for Bargaining Unit employees is limited (Cost and eligibility are based on the chart in the Life Insurance chapter).	
Supplemental Life Insurance	Coverage ends at retirement but may be converted (see the Life Insurance chapter).	
Pension Plan (participation will automatically continue until you die, or until your survivor dies if you have elected a form of payment that provides a survivor benefit; you are not required nor may you make participant contributions after retirement)	Yes	If you retired on or before January 1, 2013, the Company pays the full cost. Employee contributions began on January 1, 2013, for salaried employees and on October 1, 2013, for bargaining unit employees; these contributions are reflected as a non-taxable portion of your monthly pension payment.
Savings Plan (provided you have a deferred account balance, you may retain your account. However, you cannot make contributions to the Savings Plan after retirement)	Yes	NA

Medical and Dental Plans Coverage Rules

• Under Age 65 Medical (including Prescription Drug and Vision) and Dental Plans

The following rules apply to coverage under the Medical and/or Dental Plans:

- You must be covered in the plan for a spouse or child to be covered as your dependent.
- If you currently have active employer coverage from another source (such as coverage under your spouse's medical plan), you may later enroll in the Medical and/or Dental Plans if you lose coverage under that employer's plan. You must show proof of loss of coverage and enroll within 30 days of the date you lose coverage
- If your spouse is over age 65, your spouse (and other eligible dependents) may continue participating in the Medical and/or Dental Plans until you reach age 65. Your spouse must be enrolled in Medicare Part A and Part B (**but not Part D**). Medicare will pay eligible medical expenses as primary payer for your spouse.

Over Age 65 Medical and Dental Plans

The following rules apply to coverage in the Over 65 Medicare Supplement Program:

- You must be enrolled in the plan for a spouse or child to be covered under the company medical plans.
 - Your spouse and other eligible dependents may continue participating in the under age 65 Medical Plan and the Dental Plan until your spouse reaches age 65.
- You—and your spouse, if also over age 65—must be enrolled in Medicare Part A and Part B, **but not Part D**.
- You must have had employer-provided medical coverage immediately prior to age 65. Proof of loss of coverage is required within 30 days of the loss.
- You must enroll in the Over 65 Medicare Supplement Program by the first day of the month of your 65th birthday, or if your birthday is on the first day of the month, you must enroll by the first day of the previous month (per Medicare rules).

- The plan provides an enhanced Part D Prescription Drug Plan administered by Express Scripts. If you or your spouse enrolls in another Medicare Part D prescription drug plan, you will be dropped from the Over 65 Medicare Supplement Program and cannot re-enroll.
- If you are eligible, the Company shares in the cost of the Plan by providing a Health Reimbursement Arrangement (HRA). See Chapter 5 on the Medicare Supplement Program for more information.
- If you or your spouse cancels the Over 65 Medicare Supplement Program, you or your spouse cannot re-enroll later.
- Dental coverage and vision coverage are not available for retirees or spouses over age 65.

If you were over age 65 at the time of retirement, enrollment information and guidelines for the Prescription Drug Plan and Over 65 Medicare Supplement Program were provided to you during retirement counseling.

If you retired *before* age 65, the ORNL Benefits Office will send you information and enrollment guidelines regarding the Over 65 Medicare Supplement Program approximately 3–4 months prior to your 65th birthday.

Eligibility for Dependents

Medical and Dental Eligibility for Your Dependents

In addition to the rules described previously, the following rules apply to eligibility for your dependents, including your spouse, dependent children, and your surviving spouse's dependents:

For your spouse:

- An eligible spouse can be enrolled in the retiree medical and dental plans under these limited circumstances:
 - At the time you retired and enrolled in the plans, or
 - Due to loss of active employer coverage elsewhere
- If you cancel coverage on yourself, coverage for your dependents will be cancelled.
- If you are married at the time of your retirement, your spouse is eligible for medical and/or dental coverage. If you marry after your retirement effective date, you cannot add your newly acquired spouse to your medical or dental retiree coverage, nor will he or she be eligible at open enrollment.
- Surviving spouses on or after April 1, 2006, regardless of age, will be allowed to continue their current level of dental/medical coverage upon remarriage. However, they may not add a newly acquired spouse.
- A spouse who is also an active employee or retiree of ORNL has individual eligibility rights.

For your dependent children:

- Any newly acquired child (i.e., a stepchild) is eligible to be enrolled in the Medical and/or Dental Plan as long as the retiree or the surviving spouse enrolls the child within 30 days of a qualifying event.
- If you or your spouse is enrolled in the under age 65 Medical Plan and/or the Dental Plan, the 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 the child reaches

age 26. Additional proof of the child's continuing disability will be required periodically. Once you and your spouse both reach age 65, the child is no longer eligible for coverage.

- Your dependent children are no longer eligible for coverage when either of the following occurs:
 - When both you and your spouse reach age 65
 - When your dependent child turns age 26 (coverage will end at the end of the month of the child's 26th birthday), unless the child is incapable of self-support due to a physical or mental handicap that began before he or she reached age 26, as described above
- When your dependents are no longer eligible for health care coverage, they may be eligible to continue coverage for up to 36 months under COBRA. Refer to the "Administrative Information" chapter for information on COBRA.

The terms "Retiree," "Eligible Dependent," and "Child" are defined in the Glossary.

The following chart provides a snapshot of who is eligible for each benefit plan, providing the overall eligibility requirements are met.

Eligibility for Dependents (cont.)

Eligibility ... At a Glance			
Who Is Eligible	Benefit Plan		
	Medical (including Prescription Drug and Vision Care)	Over 65 Medicare Supplement Program (including HRA and Prescription Drug) ¹	Dental
Retiree under age 65	X		X
Retiree over age 65		X	
Spouse under age 65	X		X
Spouse over age 65 ²	X	X	X
Dependents, with retiree and/or spouse under age 65	X		X
Dependents, with retiree and spouse both over age 65	COBRA		COBRA

¹Must be enrolled in Medicare Part A and Part B **but not a Part D** prescription drug plan.

²A spouse over age 65 must enroll in Medicare Part A and Part B to be his or her primary coverage; however, the spouse is allowed to remain in the Medical and Dental Plans until the retiree reaches age 65.

When You May Change Your Elections

When You May Change Your Elections

You can drop your medical, dental, or group life coverage at any time by notifying the ORNL Benefits Service Center. However, you must have a Qualifying Life Event to add coverage.

You may change most Savings Plan investments at any time by calling the Schwab Information Line.

Qualifying Life Events

An individual may make a mid-year election change when it is because of and consistent with a Qualifying Life Event or when certain significant changes in cost or in coverage occur.

A Qualifying Life Event includes:

- 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

- a change in health coverage due to your spouse's employment
- a "special enrollment period" under the group health plan as required by law
- a qualified medical child support order that requires your child to be covered under the group Medical and/or Dental Plan
- you or 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 calendar days of any qualifying life event. You have up to 60 days to enroll a newborn in medical coverage and 30 days to enroll a newborn in dental coverage. Otherwise, you will have to wait until Open Enrollment to enroll, and the coverage will not be effective until the next January 1.

Here are a few examples of election changes that are consistent with a Qualifying Life Event and plan eligibility rules:

With This Event	You Can Make These Changes	
You have a qualifying life event, such as: <ul style="list-style-type: none"> • divorce or legal separation • birth or adoption • death • change in your spouse's employment status 	Medical Plan Over 65 Medicare Supplement Program Dental Plan	If you were previously enrolled for coverage, you can add dependents (consistent with the family status change and subject to eligibility limits of each plan) or drop coverage for dependents <i>Note: You cannot add a spouse to your medical or dental coverage due to remarriage after retirement</i>
You experience a loss of other employer-provided medical or dental coverage	Medical Plan Over 65 Medicare Supplement Program Dental Plan	You can add coverage by providing proof of the coverage loss
You move outside a medical network	Medical Plan	Your coverage will be changed to the UHC Indemnity Plan
Benefit changes must be requested within 30 days of the qualifying life event by notifying the ORNL Benefits Service Center. All benefit changes are effective on the date of the event.		

How Changes Affect Your Benefits

Steps to Take If You Get Married

Notify the ORNL Benefits Office to update your retirement records if your name changes. In addition, make sure the ORNL Benefits Office knows of any address changes.

Notify the Social Security Administration of any name changes.

Change your benefit elections within 30 days of your marriage. Note: You cannot add a new spouse to your medical or dental coverage as a result of marriage after retirement. However, any newly acquired child (i.e., a stepchild) is eligible for the medical and/or dental plan as long as you enroll them within 30 days of your marriage.

Update your life insurance beneficiary records by contacting the ORNL Benefits Service Center.

Update your Savings Plan beneficiary records by contacting the Savings Plan information line to request a beneficiary form. 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 Schwab Retirement Services for more information.

Steps to Take If You Get Divorced

Notify the ORNL Benefits Office to update your retirement records if your name changes. Make sure the ORNL Benefits Office knows of any address changes.

Notify the Social Security Administration of any name changes.

You must change your benefit elections within 30 days of the date your divorce is final. A copy of the divorce decree is required when you drop coverage for your ex-spouse. You or your ex-spouse has 60 days to notify the ORNL Benefits Office to obtain COBRA benefits.

Refer to the "Administrative Information" chapter for more information.

Add your eligible dependents to your medical and dental coverage if a court establishes that you must provide coverage for dependent children and you are eligible for a plan that covers dependent children.

Update your life insurance beneficiary records by contacting the ORNL Benefits Service Center.

Update your Savings Plan beneficiary records by contacting the Savings Plan information line to request a beneficiary form.

Contact the ORNL Benefits Office if you think a court may issue a qualified domestic relations order (or "QDRO") granting your former spouse the right to receive any pension or savings benefits. You will be sent important information about the procedures and requirements for QDROs.

How Changes Affect Your Benefits (cont.)

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 and deadlines you need to meet to add your baby to your coverage. This will help you maximize your available benefits.

Schedule prenatal appointments.

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 ID 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 UnitedHealthcare to precertify your maternity admission. Refer to the back of your identification card for contact information.

If You Adopt a Child ...

Interview and choose a pediatrician for your child from the provider directory to receive in-network benefits, including coverage for well-child care.

When Your Child Arrives

For medical benefits: Enroll your newborn within 60 days or your newly adopted child within 30 days so your child's medical expenses will be covered from the date of birth or adoption. No benefits for expenses incurred beyond the 31st day will be payable if you do not enroll.

For dental benefits: Enroll your newborn or newly adopted child within 30 days so your child's dental expenses will be covered from the date of birth or adoption.

Complete your enrollment on the Benefits Enrollment website or call the ORNL Benefits Service Center at 1-800-211-3622.

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

Steps to Take at Death

Upon your death, a family member should notify the ORNL Benefits Office. ORNL Benefits staff will assist your family members in completing the appropriate forms.

Steps to Take If You Lose a Spouse or Child

When you lose a spouse or child, you should notify the ORNL Benefits Office.

Change your medical and dental coverage within 30 days of the death, if coverage changes are appropriate.

Update your life insurance beneficiary records by contacting the ORNL Benefits Service Center.

Update your Savings Plan beneficiary records by contacting the Savings Plan information line to request a beneficiary form.

How Changes Affect Your Benefits (cont.)

Steps to Take If You or Your Spouse Is Admitted to a Long-Term Care Facility

When you or your spouse is admitted to a long-term care facility, contact the ORNL Benefits Office. Changes in your Medical or Prescription Drug Plan may be necessary.

What Happens to Your Benefits If You Die

Here is what happens to your benefits if you die:

Medical (Including Prescription Drug and Vision Care) and Dental

If your spouse is under age 65, he or she may continue medical coverage (including prescription drug and vision care) and/or dental coverage for himself or herself and other eligible dependents by paying the appropriate premiums.

Your spouse can continue this coverage until he or she reaches age 65. At age 65, your surviving spouse may transfer to the Over 65 Medicare Supplement Program, and your eligible dependents may continue their coverage through COBRA.

If, when you die, you do not have a spouse but have other eligible dependents, your eligible dependents may continue their coverage through COBRA.

Refer to the “Administrative Information” chapter for more information on COBRA.

Over 65 Medicare Supplement Program

If your spouse is age 65 or over, he or she may elect to remain in the plan, subject to plan qualifications and plan continuation.

Long-Term Care

Your spouse may continue his or her coverage by paying monthly premiums to the insurance company.

Life Insurance

Your beneficiary will receive a basic life insurance benefit and a supplemental life insurance benefit, depending on the coverage you were eligible for and elected.

Pension Plan

Your surviving spouse/beneficiary may receive a survivor benefit. The ORNL Benefits Office will contact your beneficiary to provide information about any plan benefits that might be payable.

Savings Plan

Your beneficiary will receive your full account balance in a lump sum. However, 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 law.

When Coverage Begins

Your coverage will begin according to the chart on the following page, provided you meet the plan's eligibility requirements. With the exception of the Over 65 Medicare Supplement Program, any coverage you elect for your eligible dependents will begin on the same day your coverage begins. Over 65 Medicare Supplement Program coverage for your enrolled spouse will begin on the first of the month of your spouse's 65th birthday.

If you change your elections because of a qualifying life event, the changes will be effective on the date of the qualifying life event or as stated by individual plan rules, provided you contact the ORNL Benefits Service Center within 30 days of the event (or 60 days for a birth or certain HIPAA special enrollments).

Benefit Plan	If You Are Eligible, Your Coverage Will Begin ...
Medical (including Prescription Drugs and Vision Care)	Retiree or spouse under age 65, retiree under age 65 with spouse over age 65: If you had coverage immediately prior to retirement, coverage continues at retirement provided you elected to continue your coverage
Over 65 Medicare Supplement Program	Retiree and spouse over age 65: Coverage begins on your retirement date Retiree under age 65: Coverage begins the first day of the month of your 65 th birthday. If your birthdate is the first day of the month, coverage begins on the first day of the previous month (per Medicare rules)
Dental— MetLife or Delta Dental	Retiree or spouse under age 65, retiree under age 65 with spouse over age 65: If you had coverage immediately prior to retirement, coverage continues at retirement provided you elected to continue your coverage
Long-Term Care	Retiree and spouse: If you had coverage immediately prior to retirement, coverage continues at retirement provided you elected to continue your coverage
Basic Life Insurance	Retiree only: Coverage is based on your employment status and retirement date. See the Life Insurance chapter for the complete table of benefits
Supplemental Life Insurance	Retiree only: Coverage is based on your employment status and retirement date. See the Life Insurance chapter for the complete table of benefits
Savings Plan	Retiree only: Participation continues if you chose to defer receiving your account when you retired. You may not make contributions to the Savings Plan on or after your retirement date
Pension Plan	Retiree only: Plan benefits begin the first of the month after you retire unless you chose to defer your benefit. Employees who retire with less than full pension benefits can defer their benefit until they are eligible for a full benefit

When Coverage Ends

Coverage will end on the earliest of the following dates:

- the last day of the period for which your last contribution was made (if you fail to make any required contribution), except for the Savings and Pension Plans
- when you die
or
- the date the plan is terminated.

If you have elected a joint and survivor form of payment, Pension Plan and Savings Plan benefit payments to your named survivor will continue after your death.

If you have not elected a joint and survivor form of payment:

- pension benefits will end the month of your death
and
- Savings Plan benefits will be paid to your beneficiary.

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 the end of the month of their 26th birthday.

Your dependents may be eligible to extend medical (including prescription drugs and vision care) and dental coverage under COBRA when their coverage would otherwise end.

Administrative Information

See the “Administrative Information” chapter for more information about continuing coverage under COBRA.