

NOTICE OF 2026 PLAN INFORMATION

PARTICIPANTS IN ORNL'S MEDICARE SUPPLEMENT PROGRAM

2025_60536

This notice contains important information about your Oak Ridge National Laboratory (ORNL)-sponsored plans for 2026. Please read it carefully. **No action is necessary if you are not making any changes.**

2026 Prescription Drug Premium

The monthly prescription drug premium for 2026 will be \$216 per person.

Important Medicare Supplement Program Reminders

Medicare's annual open enrollment period is October 15 through December 7, 2025. You may receive many phone calls and mailings from providers marketing their plans to you.

No action is required if you want to remain enrolled in your current supplement plan.



IMPORTANT: If you want to change your supplement plan, then you must call Via Benefits at 1-888-592-8348. Enrolling in a plan outside of Via Benefits will make you ineligible for the ORNL's prescription drug plan through Express Scripts.

ORNL's Medicare Supplement Program includes continuous enrollment in a Medicare supplement plan through Via Benefits and enrollment in ORNL's prescription drug plan through Express Scripts.

Note: If you enroll in a Medicare Advantage (Part C or MA) plan, then you are not eligible for the ORNL Prescription Drug plan.

Legal Insurance with Identity Theft Protection through ARAG

Between October 15 and 31, 2025, you may enroll in or cancel legal insurance coverage through ARAG for 2026.

Legal insurance benefits are provided to you at the same premium and plan as current ORNL employees. Coverage is available for \$18.72 per month and includes legal advice and assistance in life situations. Legal insurance also provides identity theft protection and covers basic tax advice and tax preparation services.



To enroll in or cancel legal insurance coverage for 2026, visit www.ARAGlegal.com/ornlretirees (access code **18095ret**) or call ARAG at 1-800-247-4184 (toll-free) between October 15 and 31, 2025.



COMPARISON OF PREMIUMS | RETIREES



United Healthcare	Consumer Choice			
W Healthcare	Basic Vision		Enhanced Vision	
	*Shared Monthly Rate	Full Monthly Rate	*Shared Monthly Rate	Full Monthly Rate
Retiree Only	\$103.16	\$606.82	\$107.76	\$611.42
Retiree + Spouse	\$221.24	\$1,301.42	\$231.11	\$1,311.29
Retiree + Child(ren)	\$174.94	\$1,029.03	\$182.75	\$1,036.84
Retiree + Spouse + Child(ren)	\$313.85	\$1,846.20	\$327.85	\$1,860.20

surest.	Surest (New Plan)			
A UnitedHealthcare Company	Basic Vision		Enhanced Vision	
	*Shared Monthly Rate	Full Monthly Rate	*Shared Monthly Rate	Full Monthly Rate
Retiree Only	\$148.41	\$742.03	\$153.01	\$746.63
Retiree + Spouse	\$316.11	\$1,580.53	\$325.96	\$1,590.38
Retiree + Child(ren)	\$251.66	\$1,258.32	\$259.46	\$1,266.12
Retiree + Spouse + Child(ren)	\$451.51	\$2,257.57	\$465.51	\$2,271.57

△ DELTA	Delta Dental			
DENTAL	Basic Dental		Enhanced Dental	
	*Shared Monthly Rate	Full Monthly Rate	*Shared Monthly Rate	Full Monthly Rate
Retiree Only	\$9.39	\$37.57	\$19.72	\$47.90
Retiree + Spouse	\$18.79	\$75.14	\$39.45	\$95.80
Retiree + Child(ren)	\$19.26	\$77.02	\$40.44	\$98.20
Retiree + Spouse + Child(ren)	\$28.65	\$114.59	\$60.16	\$146.10

Over Age 65 Prescription Drug Plan Premiums and HRA Funding Amount				
RX Drug Plan	*Shared Monthly Rate	Full Monthly Rate		
Single	\$108.00	\$216.00		
Dual	\$216.00	\$432.00		
Health Reimbursement Arrangement (HRA)	*ORNL Contribution (prorated for number of months in the plan)			
Single	\$840.00			
Dual	\$1,680.00			

REMINDER: ORNL's Medicare Supplement Program includes continuous enrollment in a Medicare supplement plan through Via Benefits, receiving benefit dollars from ORNL through an HRA, and enrollment in ORNL's prescription drug plan through Express Scripts.

^{*}Retirees hired prior to 4/1/2012 with at least 10 years full-time service are eligible for shared cost. Otherwise, retirees pay full cost.