

# Required Notices for 2026

## Women's Health and Cancer Rights Act of 1998:

### Coverage for Reconstructive Surgery Following Mastectomy

When a covered individual receives benefits for a mastectomy and decides to have breast reconstruction, based on consultation between the attending physician and the patient, the health plan must cover:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce symmetrical appearance; and
- prostheses and physical complications in all stages of mastectomy, including lymphedema.

This coverage must be the same as for any other benefit under the plan.

If you have any questions about your health care plan, please call the number on your UnitedHealthCare ID card to speak with a Member Services or Customer Service Representative.

## Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Employee Assistance Program

The Employee Assistance Program (EAP) is a confidential service designed to help you and your family resolve personal problems that may affect your health, family life, or job performance. The EAP is available 24 hours a day, 7 days a week. To speak to a counselor or make an appointment, call 1-800-888-2273 or visit Magellan Health on the web at [www.magellanascend.com](http://www.magellanascend.com).

## Notice of Special Enrollment Rights

If you are declining enrollment in the medical plan for yourself or your dependents (including your spouse) because of other health coverage, you may in the future be able to enroll yourself or your dependents in the medical plan, provided that you request enrollment within 30 days after your other coverage ends. If you decide to enroll more than 30 days after your previous coverage has ended, you will not be allowed to enroll in the medical plan until the next Open Enrollment Period.\*

If you are declining enrollment in the medical plan for yourself or your dependents (including your spouse) because you do not want to participate in the medical plan, and you decide to enroll after more than 30 days of becoming eligible to participate, you will not be allowed to enroll in the medical plan until the next Open Enrollment Period.\*

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days of the marriage, birth, adoption or placement for adoption. If you decide to enroll more than 30 days after the marriage, birth, adoption or placement for adoption, you will not be allowed to enroll in the medical plan until the next Open Enrollment Period.\*

\*Retirees must add themselves and/or dependents within 30 days of becoming an eligible retiree or within 30 days of a special enrollment event. Retiree additions are not allowed during Open Enrollment.

## 2026 CREDITABLE COVERAGE NOTICE

### Important Information about Your Company Sponsored Prescription Drug Coverage and Medicare

Please read this Notice carefully and keep it with your important documents and papers. This Creditable Coverage Notice applies with respect to Medicare-eligible individuals, including both active and retired employees, as well as Medicare beneficiaries covered as spouses under active or retiree coverage. This Notice provides information about the Company's prescription drug coverage, the Medicare Part D Plan, and where to find more information about your prescription drug coverage or Medicare Part D.

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) added a new prescription drug program to Medicare, referred to as "Part D". Starting January 1, 2006, prescription drug coverage became available to all Medicare participants through Medicare approved prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage as determined by Medicare. Some plans may also offer enhanced coverage for a higher monthly premium.

You are receiving this Notice because the Company currently provides prescription drug coverage to Medicare beneficiaries. Under the MMA provisions, we must disclose whether the Company's coverage is "creditable prescription drug coverage." This disclosure must be made regardless of whether the Company's coverage is primary or secondary to Medicare. Under the MMA, prescription drug coverage is creditable coverage if the actuarial value of the coverage is "as good as or better than" the actuarial value of the standard Medicare Part D prescription drug coverage. Disclosure of whether prescription drug coverage is creditable provides Medicare beneficiaries with important information related to their Medicare Part D enrollment. Beneficiaries not covered under creditable prescription drug coverage and who choose not to enroll when they first become eligible for Part D may pay a higher premium on a permanent basis if they subsequently enroll in Part D.

The Company will offer the current prescription drug plans next year. The Company has determined that your prescription drug coverage is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage plan. **Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay higher premiums if you later decide to enroll in Medicare coverage. If you do decide to enroll in a Medicare prescription drug plan, your medical and prescription drug coverage with the Company will be dropped. Be aware that you will not be able to re-enroll in the Company coverage.**

Summarized below are some important facts on the options Medicare eligibles have under Part D and the Company's prescription drug plan which may help you decide whether or not Medicare prescription drug coverage is the right choice for you.

1. Read this Notice carefully – it explains the options available under Medicare Part D prescription drug coverage and, if you are Medicare eligible, can help you decide whether or not you want to enroll in a Medicare prescription drug plan.

2. The Medicare Part D prescription drug coverage became available to all Medicare participants on January 1, 2006. An individual is eligible for Part D if he/she is entitled to Medicare Part A and/or enrolled in Part B.
3. The Company has determined that all prescription drug plans it sponsors are, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage plan.
4. Medicare participants can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.  
**Because you have existing prescription drug coverage that, on average, is as good as standard Medicare coverage, you do not have to enroll in a Medicare prescription drug plan. You can choose to join a Medicare prescription drug plan later. If you enroll in a Medicare prescription drug plan, your coverage with the Company will be dropped and you will not be able to re-enroll in the Company coverage.**
5. You should compare your current Company coverage, including which drugs are covered, with the coverage and cost of the Medicare prescription drug plans being offered by insurance companies in the area where you live. **If you drop your Company coverage and enroll in one of these Medicare prescription drug plans, your Company medical and prescription drug coverage will be dropped and you will not be able to re-enroll in the Company coverage.**
6. **If you drop or lose your coverage with the Company now or at a later time and do not immediately enroll in Medicare prescription drug coverage when your current coverage ends, you will most likely have to pay more to enroll in Medicare prescription drug coverage.** If you are without prescription drug coverage that is at least as good as Medicare's prescription drug coverage for 63 days or longer, your monthly premium may increase by at least 1% of the base premium per month for every month that you did not have coverage after you first became eligible. For example, if you are without prescription drug coverage 19 months, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare Part D coverage. In addition, you will most likely have to wait until the next open enrollment period in November to enroll.

**For more information about this Notice or your current prescription drug coverage**, contact the ORNL Benefits Office at 865-576-7766. You may receive this Notice prior to future Medicare prescription drug coverage enrollment periods, and/or if your coverage changes. You also may request a copy at any time.

**For more information about your options under the Medicare prescription drug coverage program**, refer to the *Medicare & You* handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plan providers.

# Notice of Privacy Practices

## THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the “Notice”) describes the legal obligations of UT-Battelle, LLC relating to the UT-Battelle, LLC Welfare Benefit Wrap Plan, including each of its component health plans (each a “Plan”). Any reference in this Notice to “the Plan” is to each of the Plans under which you are covered. All of the Plans are members of an organized health care arrangement (“OHCA”)

The Notice also describes your legal rights regarding your protected health information (“PHI”) held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Among other things, this Notice describes how your PHI may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information” or PHI. Generally, PHI is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, that relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please refer to the Contact Information at the end of this Notice.

### *Effective Date*

This Notice was revised effective February 16, 2026.

### *Our Responsibilities*

We are required by law to:

- maintain the privacy of your PHI;
- provide you with certain rights with respect to your PHI;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your PHI that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by first class mail to your last-known home address on file.

### *How We May Use and Disclose Your PHI*

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

When we use or disclose your PHI or when

requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological implications.

For Treatment. We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, the Plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental x-rays from your treating dentist.

For Payment. We may use or disclose your PHI to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider whether you are eligible for coverage or what percentage of the bill will be paid by the Plan. We may also share your PHI with a utilization review or precertification service provider. Likewise, we may share your PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your PHI for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your

genetic information for underwriting purposes.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI. For example, we may disclose your PHI to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your PHI when required to do so by federal, state or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan we may disclose to certain employees of the Employer PHI. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without your specific authorization.

To OHCA Members. Members of the OHCA may share your PHI with each other to carry out activities associated with payment and health care operations.

Substance Use Disorder Treatment Records. We may receive or maintain substance use disorder treatment records from programs subject to 42 C.F.R. Part 2 (“Part 2 Program”) through a general consent you provide to the Part 2 Program. Use and disclosure of these records shall be in accordance with such consent as provided to us by the Part 2 Program. Additionally, any such records received by the Plan or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent or a court order after notice and an opportunity to be heard is provided to you or the holder of the record as provided by law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the Plan would use or disclose the record.

#### *Special Situations*

In addition to the above, the following categories describe other possible ways that we may use and disclose your PHI. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers’ Compensation. We may release your PHI for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your PHI for public health actions. These generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose your PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your PHI to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

### *Required Disclosures*

The following is a description of disclosures of your PHI we are required to make.

Government Audits. We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

### *Other Disclosures*

Personal Representatives. We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney or a court order of appointment of the person as your conservator or guardian). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or
- (2) treating such person as your personal representative could endanger you; and
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only

limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

**Authorizations.** Other uses or disclosures of your PHI not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your PHI for marketing, and will not use your PHI, unless you give the Plan a written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

#### *Your Rights*

You have the following rights with respect to your PHI:

**Right to Inspect and Copy.** You have the right to inspect and copy certain PHI that may be used to make decisions about your health care benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in the form and format. If the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If an agreement cannot be reached on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your PHI, you must submit your request in writing to the Contact Information listed at the end of this Notice. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Contact Information listed at the end of this Notice.

**Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. The Plan has 60 days after the request is made to act on the request and may take an additional 30 days if the Plan is unable to comply with the deadline.

To request an amendment, your request must be made in writing and submitted to the Contact Information at the end of this Notice. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any

future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your PHI. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Contact Information at the end of this Notice. Your request must state a time period of not longer than six years. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your PHI that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

To request restrictions, you must make your request in writing to the Contact Information at the end of this Notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use,

disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Contact Information at the end of this Notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured PHI.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, make a written request to the Contact Information at the end of this Notice.

### *Complaints*

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, send your complaint to the Contact Information at the end of this Notice. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

*Contact Information*

If you have any questions regarding this Notice or are making a written request, please contact the Plan's Privacy Officer at:

Privacy Officer  
UT-Battelle, LLC  
P.O. Box 2008  
MS 6465  
Oak Ridge, TN 37831-6465  
(865) 576-0965

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askaesa.dol.gov](http://www.askaesa.dol.gov) or call **1-866-444-EBSA (3272)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycolibi.com/">https://www.mycolibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p>Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a></p> <p>Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program</p> <p>All other Medicaid</p> <p>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a></p> <p><a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a></p> <p>Family and Social Services Administration</p> <p>Phone: 1-800-403-0864</p> <p>Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a></p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a></p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a></p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p>Phone: 1-800-792-4884</p> <p>HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></p> <p>Phone: 1-855-459-6328</p> <p>Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Louisiana Medicaid Website: <a href="https://www.ldh.la.gov/healthy-louisiana">https://www.ldh.la.gov/healthy-louisiana</a></p> <p>Medicaid Customer Service Line: 1-888-342-6207</p> <p>Louisiana Medicaid email: <a href="mailto:healthy@la.gov">healthy@la.gov</a></p> <p>Louisiana Health Insurance Premium Program (LaHIPP) Website: <a href="https://www.ldh.la.gov/lahipp">https://www.ldh.la.gov/lahipp</a></p> <p>LaHIPP phone: 1-877-697-6703</p> <p>LaHIPP email: <a href="mailto:La.HIPP@la.gov">La.HIPP@la.gov</a></p> <p>LaHIPP fax: 1-888-716-9787</p> <p>LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a></p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: 1-800-977-6740</p> <p>TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></p> <p>Phone: 1-800-862-4840</p> <p>TTY: 711</p> <p>Email: <a href="mailto:masspremessaging@accenture.com">masspremessaging@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a></p> <p>Phone: 1-800-657-3672</p>	<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></p> <p>Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HHSIPPProgram@mt.gov">HHSIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmabs/clients/medicaid/">http://www.state.nj.us/humanservices/dmabs/clients/medicaid/</a>  Phone: 1-800-356-1561  CHIP Premium Assistance Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>  Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742  Phone: 1-800-692-7462  CHIP Website: <a href="http://Children's Health Insurance Program (CHIP). (pa.gov)">Children's Health Insurance Program (CHIP). (pa.gov)</a>  CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  Phone: 1-800-699-9075</p>
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
<p>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a>  Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or  401-462-0311 (Direct RIte Share Line)</p>
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>

TEXAS – Medicaid	UTAH – Medicaid and CHIP
<p>Website: <a href="https://www.dshs.texas.gov/hipp/">Health Insurance Premium Payment (HIPP) Program</a>   Texas Health and Human Services</p> <p>Phone: 1-800-440-0493</p>	<p>Utah's Premium Partnership for Health Insurance (UPP)</p> <p>Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a></p> <p>Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a></p> <p>Phone: 1-888-222-2542</p> <p>Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a></p> <p>Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a></p> <p>CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a></p>
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: <a href="https://www.vermont.gov/vermont-health-access/hipp-program">Health Insurance Premium Payment (HIPP) Program</a>   Department of Vermont Health Access</p> <p>Phone: 1-800-250-8427</p>	<p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a></p> <p>Medicaid/CHIP Phone: 1-800-432-5924</p>
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></p> <p>Phone: 1-800-562-3022</p>	<p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a></p> <p>Medicaid Phone: 304-558-1700</p> <p>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
<p>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a></p> <p>Phone: 1-800-362-3002</p>	<p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a></p> <p>Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

# NOTICE REGARDING WELLNESS PROGRAM

The ORNL Wellness Program is a voluntary wellness program available to all employees enrolled in the medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health survey that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol levels and blood sugar levels. You are not required to complete the health survey or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a reduced medical premium of \$35 per month for reaching 100% participation in Rally Activities. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Kathryn Pittman at 865-241-3304.

The information from your health survey and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through UnitedHealthcare, such as case and condition management programs. It can also be used to personalize your wellness website experience on Rally. You also are encouraged to share your results or concerns with your own doctor.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and UT-Battelle, LLC may use aggregate information it collects to design a program based on identified health risks in the workplace, the ORNL Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) UnitedHealthcare Registered Nurses and Advocates in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, please contact Kathryn Pittman at 865-241-3304 or about protections against discrimination and retaliation, please contact Kevin Hatley at 865-341-2152.

## NOTICE OF NONDISCRIMINATION

This Notice applies only to UT-Battelle, LLC's group health plans. UT-Battelle, LLC (UT-Battelle) complies with all applicable federal civil rights laws, including Section 1557 of the Affordable Care Act. UT-Battelle does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)) or sex (including sex characteristics, including intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes).

In compliance with Section 1557 and other federal civil rights laws, we provide individuals the following in a timely manner and free of charge:

- **Language assistance services.** UT-Battelle will provide language assistance services for individuals with limited English proficiency (including individuals' companions with limited English proficiency) to ensure meaningful access to our programs, activities, services, and other benefits. Language assistance services may include:
  - Electronic and written translated documents; and
  - Qualified interpreters.
- **Appropriate auxiliary aids and services.** UT-Battelle will provide appropriate auxiliary aids and services for individuals with disabilities (including individuals' companions with disabilities) to ensure effective communication. Appropriate auxiliary aids and services may include:
  - Qualified interpreters, including American Sign Language interpreters;
  - Video remote interpreting; and
  - Information in alternate formats (including but not limited to large print, recorded audio, and accessible electronic formats).
- **Reasonable modifications.** UT-Battelle will provide reasonable modifications for qualified individuals with disabilities, when necessary to ensure accessibility and equal opportunity to participate in our programs, activities, services, or other benefits.

To access our language assistance services, auxiliary aids and services, and for assistance in getting a reasonable modification, please refer to our language access procedures, effective communication procedures, and reasonable modification procedures. For additional assistance, you may contact:

Kevin Hatley, Civil Rights Coordinator  
P.O. Box 2008, MS 6218 Oak Ridge, TN 37831-6218  
Telephone - 865-341-2152  
Email - [hatleykj@ornl.gov](mailto:hatleykj@ornl.gov)

If you believe that UT-Battelle has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Kevin Hatley, Civil Rights Coordinator  
P.O. Box 2008, MS 6218 Oak Ridge, TN 37831-6218  
Telephone - 865-341-2152  
Email - [hatleykj@ornl.gov](mailto:hatleykj@ornl.gov)

You can file a grievance in person or by mail or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)