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.

For more information on ... See Page ...
Eligibility and Enrollment 1—3
When Coverage Begins 1—7
Changes at Other Times 1—9
How Changes Affect Your Benefits 1—11
Paying for Your Benefits 1—20
When Coverage Ends 1—22
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 6 months, you are eligible for coverage under most benefit plans, including Medical, Dental, Life, Legal, and Accident Insurance, the Savings Plan, and the Pension Plan, on your first day of work. Casual Employees are immediately eligible for coverage for Life and Accident Insurance, the Savings Plan, and the Pension Plan. Coverage for Medical, Dental, and Legal Insurance begins after 90 days of service. Casual Employees are not eligible for Short-Term or Long-Term Disability benefits or Flexible Spending Accounts.

... Offer Coverage Automatically
If you are in the class of employees eligible for benefits, you are covered automatically under the following plans:
- Employee Assistance Program
- Short-Term Disability and Long-Term Disability (eligible as defined in the “Disability Coverage” and “Glossary” chapters)
- Business Travel Accident Insurance
- Pension Plan
See the “Eligibility at a Glance” chart in this section for a summary listing of employees who may be eligible for benefits.

... 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
- Legal Insurance
- Savings Plan

... Offer Tax-Effective Coverage
Contributions for Medical and Dental Plans, Flexible Spending Accounts, and Health Savings Accounts are automatically deducted from your Pay on a pre-tax basis and according to US Internal Revenue Service (IRS) rules. You can also make pre-tax contributions to the Savings Plan.

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

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 also are eligible for many of the benefits described in this book. Casual Retirees are not eligible to participate in any active employee benefits plans except the Savings Plan.

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 Employee,” and “Casual Retiree” are defined in the Glossary.

Dependents
Eligible dependents may include your spouse and your children. You may choose to cover your eligible dependents for Medical (including prescription drugs and vision care) and Dental coverage. Your spouse and children are eligible for Life, Special Accident, and Legal Insurance coverage. All eligible dependents may also use the Employee Assistance Program.

Dependent Verification
To enroll your eligible dependents in the medical and/or dental plans, you are obligated to submit proof of dependent status for children and spouse, which includes birth certificate, marriage certificate, or other documents that may be needed to prove eligibility. Enroll your dependents in the plans and upload the documents at the time of enrollment. If you do not have copies of the documents available at enrollment, you must provide the documents by the Verification Deadline on the Dependent Verification Notice. This notice will either be emailed to your work email address or a paper copy mailed to your home address.

Such coverage for your dependents will not be valid until such evidence is provided. Once the evidence is provided, coverage will be official back to the date of the qualifying event. If evidence is not provided within the timeframe, your dependent’s enrollment in the plan will be denied. If any claims were paid during the pending eligibility period, the claims will be invalid and recovered by United Healthcare, Express Scripts, Vision Service Plan, and MetLife/Delta Dental. You will be refunded appropriate premiums as if you never had the coverage for the family member.

Under certain circumstances, dependents of foreign nationals who do not have Social Security Numbers (SSNs) may enroll without an SSN.

Continuation of Coverage
Medical (including prescription drugs and vision care) Dental, and Legal 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 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 coverage, they may be eligible to continue coverage for up to 36 months under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

Administrative Information
Information about COBRA can be found in the chapter titled “Administrative Information.”

Legal Insurance may be converted into an individual policy when a dependent is no longer eligible under the employer plan.
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,” “Spouse,” and “Child” are defined in the Glossary.
# Eligibility and Enrollment (cont.)

## Eligibility ... At a Glance

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>When You Are Eligible to Enroll</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regular Full-Time Employees</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Regular Part-Time Employees</strong></td>
<td>(Hired to work from 50% to 90%, on a declared schedule)</td>
</tr>
<tr>
<td><strong>Full-time Temporary Employees</strong></td>
<td>(Hired to work for 6 months up to a maximum of 3 years) Includes postdocs and seasonal workers</td>
</tr>
<tr>
<td><strong>Casual Employees</strong></td>
<td>(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)</td>
</tr>
</tbody>
</table>

## Voluntary Benefits: If eligible, you may elect these benefits based on your personal needs

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>When You Are Eligible to Enroll</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical (including Prescription Drugs and Vision Care)</strong></td>
<td>On your first day of work Premiums are based on employee/employer cost sharing</td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td>On your first day of work Premiums are based on employee/employer cost sharing</td>
</tr>
<tr>
<td><strong>Flexible Spending Accounts</strong></td>
<td>On your first day of work</td>
</tr>
<tr>
<td><strong>Basic, Supplemental, Spouse, and Dependent Life Insurance</strong></td>
<td>On your first day of work</td>
</tr>
<tr>
<td><strong>Special Accident Insurance</strong></td>
<td>On your first day of work</td>
</tr>
<tr>
<td><strong>Legal Insurance</strong></td>
<td>On your first day of work</td>
</tr>
<tr>
<td><strong>Savings Plan</strong></td>
<td>On your first day of work</td>
</tr>
</tbody>
</table>

- **Postdocs are not eligible for the company match**

*Enroll any time at [workplace.schwab.com](http://workplace.schwab.com)*
Eligibility and Enrollment (cont.)

Eligibility ... At a Glance

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Regular Full-Time Employees</th>
<th>Regular Part-Time Employees</th>
<th>Full-time Temporary Employees</th>
<th>Casual Employees*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Hired to work from 50% to 90%, on a declared schedule)</td>
<td>(Hired to work for 6 months up to a maximum of 3 years) Includes postdocs and seasonal workers</td>
<td>(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)</td>
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<tr>
<td></td>
<td>When You Are Eligible</td>
<td>When You Are Eligible</td>
<td>When You Are Eligible</td>
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<tr>
<td>Employee Assistance Program</td>
<td>On your first day of work</td>
<td>On your first day of work</td>
<td>On your first day of work</td>
<td>On your first day of work</td>
</tr>
<tr>
<td>Short-Term Disability</td>
<td>After 1 month of service</td>
<td>After 1 month of service</td>
<td>After 1 month of service</td>
<td>Not eligible</td>
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<tr>
<td></td>
<td>(Salaried)</td>
<td>(Salaried)</td>
<td>(Salaried)</td>
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<tr>
<td></td>
<td>After 3 months of service</td>
<td>Benefit is prorated,</td>
<td>After 1 month of service</td>
<td></td>
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<tr>
<td></td>
<td>(Bargaining Unit)</td>
<td>based on your declared</td>
<td>(Salaried)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>schedule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-Term Disability</td>
<td>On your first day of work</td>
<td>On your first day of work</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Benefit is prorated,</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>based on your declared</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>schedule</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>The benefit requires a 180 day period of disability before you are entitled to payment</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Business Travel</td>
<td>On your first day of work</td>
<td>On your first day of work</td>
<td>On your first day of work</td>
<td>On your first day of work</td>
</tr>
<tr>
<td>Accident Insurance</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pension Plan</td>
<td>On your first day of work</td>
<td>On your first day of work</td>
<td>On your first day of work</td>
<td>On your first day of work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Postdocs are not eligible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severance Plan</td>
<td>On your first day of work</td>
<td>On your first day of work</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
</tbody>
</table>

*Casual Employees: 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.
Eligibility and Enrollment (cont.)

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.

If you are under age 26 and you and your parent 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 dependent.

However, you may not enroll for coverage as an employee and a dependent.

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

To receive these benefits, you must enroll 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
- Legal Insurance
- Savings Plan

When You May Enroll
You may elect benefits coverage when you first become eligible to enroll, regardless of when coverage begins. All newly hired employees are eligible to enroll as of their first day of work and must enroll within 30 days of their hire date.

Open Enrollment
All employees may enroll for Medical, Dental, and Legal Insurance during the annual Open Enrollment period held in October or November of each year. Enrollment in the Flexible Spending Account is not automatic and must be reelected each year. Contributions to the Health Savings Account (HSA) must be elected each year. Coverage is effective beginning January 1 of the following year. All other benefit elections remain in effect without reenrollment each year.

Postdocs
Temporary employees who are postdocs do not participate in the Pension Plan or the Company match in the 401(k) Savings Plan.

Enrollment for all benefits, except the Savings Plan, is conducted through the ORNL Benefits Service Center website at https://portal.adp.com or by phone at 1-800-211-3622. 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.

Savings Plan
You are eligible to enroll in the Savings Plan immediately upon hire. When you begin work, you will receive a Savings Plan enrollment kit, which includes investment fund fact sheets and a beneficiary form. You also will receive a separate mailing containing your web password and personal identification number (PIN).

You can enroll in the Savings Plan at any time at workplace.schwab.com. Click the Enroll Now button near the top right corner, then follow the on-screen instructions.

You may also call Schwab Retirement Plan Services Company. Hours are 7 a.m.—11 p.m. Eastern time, Monday through Friday (except on days when the New York Stock Exchange is closed).
Eligibility and Enrollment (cont.)

- In the United States—1-800-724-7526
- International—1-330-908-4777
- TTY Service—1-800-345-2550

If you are a Salaried employee and you do not take action to enroll, you will be enrolled automatically 30 days following your date of hire, and a pre-tax contribution of 3% of your eligible earnings will be deducted from each paycheck and put into an account set up for you in the Savings Plan. Unless you elect otherwise, your contributions will be invested automatically in the LifePath Index Portfolio fund that corresponds with the date on which you will reach age 65, which is the default investment for anyone who is automatically enrolled.

Refer to the “Savings Plan” chapter for more information on the Savings Plan enrollment process.

Beneficiaries
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.

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.

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://portal.adp.com or by phone at 1-800-211-3622. This election must be made within 30 days of the event.

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

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
Medical and Dental coverage, Legal Insurance, 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, Legal Insurance, 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.
## When Coverage Begins (cont.)

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Your Coverage Will Begin…</th>
</tr>
</thead>
</table>
| Medical (including Prescription Drugs and Vision Care), Dental, and Legal Insurance | **New 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.  
**New Casual Employees:** on the first day following 90 days of service, provided you enroll within 30 days of your hire date. If you do not enroll within 30 days of hire, 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                                                    | **New Employees:** 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 beginning the date the election is made. For birth or adoption, coverage is effective beginning the date of the event. |
| Short-Term Disability                                                         | Refer to the “Disability Coverage” chapter. Casual Employees are not eligible.                              |
| Long-Term Disability                                                          | On your first day of work. Casual Employees are not eligible.                                                |
| 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. Postdocs 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. |
When Coverage Begins (cont.)

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Your Coverage Will Begin…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Life Insurance</td>
<td><strong>New Employees:</strong> 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.</td>
</tr>
<tr>
<td></td>
<td><strong>Current Employees:</strong> Satisfactory evidence of insurability must be approved by the insurance company before coverage can begin.</td>
</tr>
<tr>
<td>Spouse and Dependent Life Insurance</td>
<td><strong>New Employees:</strong> 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.</td>
</tr>
<tr>
<td></td>
<td>Satisfactory evidence of insurability must be approved by the insurance company before coverage can begin.</td>
</tr>
<tr>
<td>Special Accident Insurance</td>
<td><strong>New Employees:</strong> On your first day of work, provided you enroll within 30 days after you become eligible.</td>
</tr>
<tr>
<td>Business Travel Accident Insurance</td>
<td>On your first day of work.</td>
</tr>
</tbody>
</table>

Changes at Other Times

**Qualifying Life Events**
You may change your pre-tax Medical, Dental, and Legal Insurance elections 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 or certain special enrollment events.

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
- involuntary loss of other group health plan coverage.
REMINDER: Enrollment must be completed within 30 days of any Qualifying Life Event or a special enrollment period for gaining eligibility or losing coverage, or premium assistance 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.

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

<table>
<thead>
<tr>
<th>Example of Election Changes Consistent with a Qualifying Life Event</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>With this Qualifying Event</strong></td>
</tr>
<tr>
<td>Marriage, birth, adoption, or placement for adoption of a child</td>
</tr>
<tr>
<td>Divorce, legal separation, or annulment</td>
</tr>
<tr>
<td>Death of you, your spouse, or a child</td>
</tr>
<tr>
<td>Involuntary loss of other group medical coverage</td>
</tr>
<tr>
<td>Your child ceases to be an eligible dependent</td>
</tr>
</tbody>
</table>

**To add a dependent, you must provide dependent verification as outlined in the “Dependents” section above. For your election to be effective, the Plan Administrator must determine that your requested mid-year change is consistent with the event.**

**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 Flexible Spending Account). If a new benefit option is added or improved significantly 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 Flexible 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 April, 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 30.

Please be aware that if the cost of a benefit option that you pay on a pre-tax basis increases or decreases during a year (but not significantly), your election will be changed automatically to reflect the change in the cost of coverage.
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://portal.adp.com or call the ORNL Benefits Service Center at 1-800-211-3622.

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 Flexible Spending Account or Health Savings 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.

Consider enrolling in Legal Insurance, so you and your spouse have access to legal counsel to assist in covered services such as identity theft protection for you and your family, creating a will, or assistance with financial planning.

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://portal.adp.com or call the ORNL Benefits Service Center at 1-800-211-3622.

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 ORNL Benefits Service Center in order to obtain COBRA benefits. See the “Administrative Information” chapter.

You also may 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.

You also have the opportunity to enroll in Legal Insurance during this time.

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.
How Changes Affect Your Benefits (cont.)

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

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

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

If You Adopt a Child ...

Notify your supervisor and the ORNL Benefits Office if you would like to discuss various leave options and make arrangements that best meet the needs of you and your family.

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

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

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

Consider enrolling in Legal Insurance, so you and your family have access to legal counsel to assist in covered services such as creating or updating a will, identity theft protection, or assistance with financial planning.

Complete your enrollment on the Benefits Enrollment website at https://portal.adp.com 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 If You Become Disabled

If You Become Disabled ...

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 claims administrator to request disability benefits. Remain in contact with the claims administrator 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 the claims administrator and file forms for Long-Term Disability benefits if your disability will continue longer than 6 months.
How Changes Affect Your Benefits (cont.)

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 Coverage” chapter.

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), Dental, and Legal Insurance
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.

Long-Term Care
You may continue your coverage by making payments directly to the insurance company.

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” chapter. Bargaining Unit employees should refer to the Collective Bargaining Agreement for a description of coverage.

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 Bargaining Unit 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.)
How Changes Affect Your Benefits (cont.)

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 a Bargaining Unit 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” chapter 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. You continue to make contributions to the Pension Plan.

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.

Steps to Take If You Leave the Company
If You Leave the Company …
Notify your supervisor.

Apply for COBRA within 60 days from the date your coverage ends if you wish to continue Medical (including prescription drugs and vision care) and Dental coverage, or to continue participating in the Health Care Flexible 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.

Notify ARAG within 90 days of your termination date to convert your Legal Insurance to an individual policy.

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
Medical (Including Prescription Drugs and Vision Care)
Coverage ends on the last day of the month in which your employment terminates. You or your qualified beneficiaries may continue coverage for up to 18 months through COBRA unless you are discharged for gross misconduct.
How Changes Affect Your Benefits (cont.)

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 Flexible Spending Account claims and Dependent Care Flexible Spending Account claims for expenses incurred before your termination. You may continue your Health Care Flexible Spending Account participation on an after-tax basis through the end of the year through COBRA, and you may submit claims for expenses incurred during the period you continue to make contributions.

Disability
Coverage ends.

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, and 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.

Legal Insurance
Coverage ends on the last day of the month in which your employment terminates. You may convert your coverage to an individual policy by calling ARAG within 90 days of your termination date.

Long-Term Care
You may continue your coverage by making payments directly to the insurance company.

Pension Plan
You may receive pension benefits when you reach the Pension Plan’s earliest retirement age if you are vested. If you leave the Company prior to becoming vested, you will receive a refund for the amount of your mandatory participant contributions plus applicable interest, and you will forfeit any other benefit under the Pension Plan.

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.

What Happens to Your Benefits When You Turn Age 65
If you are an active employee when you turn age 65, your benefits continue.

Medical (Including Prescription Drugs and Vision Care)
Coverage for you and your dependents continues.

Medicare
You become eligible to enroll in Medicare Part A and B, but enrollment is not required. The Company’s medical plan will remain primary as long as you are an active employee. Likewise, your spouse is not required to enroll in Medicare at age 65 if covered under the Company’s medical plan. (Exception: If you have end stage renal disease or amyotrophic lateral sclerosis [ALS], please see Medicare guidelines for additional requirements.)
How Changes Affect Your Benefits (cont.)

When you retire, you and/or your spouse will apply for Medicare as part of a Special Enrollment Period, which allows late enrollment into Medicare without a penalty.

Consumer Choice Medical Plan with Health Savings Account

If you are enrolled in the Consumer Choice medical plan, you may continue to make contributions to your Health Savings Account (HSA) as long as you are not enrolled in Medicare Part A or B. However, if you apply for Social Security, you should stop all contributions to your HSA up to 6 months before you collect Social Security. When you apply for Social Security, Medicare Part A will be retroactive for up to 6 months (as long as you were eligible for Medicare during those 6 months). If you do not stop contributing to the HSA 6 months before you apply for Social Security, you may incur a tax penalty.

See the “Medical Plan” chapter for more information.

At Age 70…

Your benefit amount for Special Accident Insurance will be reduced as follows:

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<th>If you are at least this age:</th>
<th>Your benefit will be this % of your pre-age-70 benefit:</th>
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<tbody>
<tr>
<td>70</td>
<td>82.5%</td>
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<td>75</td>
<td>57.5%</td>
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<tr>
<td>80</td>
<td>37.5%</td>
</tr>
<tr>
<td>85</td>
<td>20%</td>
</tr>
</tbody>
</table>

The conversion privilege under the special accident insurance plan ends at age 70.

See the “Life and Accident Insurance” chapter for more information.

At Age 70 ½ …

You may begin your pension benefit.

See the “Pension” chapter for more information.

Steps to Take When You Retire

If You Are About to Retire …

Visit the ORNL Benefits website to generate a calculation of your estimated pension benefit.

Attend a retirement planning seminar to understand your retirement options.

Notify your supervisor.

Schedule your retirement processing appointment with the ORNL Benefits Office. During this appointment, you will complete forms to elect your pension benefit. You may elect 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 Over Age 65 Medicare Supplement program if you are age 65 or older.

If you decide to continue your benefits, you must make these elections immediately upon retiring.

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 benefits and information about Medicare.

What Happens to Benefits When You Retire

Here is what happens to your benefits when you retire:

Medical (Including Prescription Drugs and Vision Care) and Dental

If you retire 3 months before or after you turn age 65, the Medicare Initial Enrollment Period rules should be followed to avoid a gap in coverage. Refer to the “Medicare and You” booklet at www.medicare.gov for more information.
If you retire prior to age 65, you may continue coverage until the first of the month in which you reach age 65. At age 65, coverage ends, and you become eligible for the Over Age 65 Medicare Supplement program. However, you may elect to continue coverage under the medical plan for an enrolled younger spouse and eligible dependents until your spouse reaches age 65, as long as you are enrolled in the Over Age 65 Medicare Supplement program. Your under age 65 spouse and dependents can continue enrollment in the dental plan until your spouse reaches age 65, regardless of whether or not you are enrolled in the Over Age 65 Medicare Supplement program. 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.

For employees hired prior to April 1, 2012:

- If you are eligible to retire and have been classified as a full-time employee for at least 10 years, you will pay a share of the cost.
- If you are eligible to retire but have not been classified as a full-time employee for at least 10 years, you will pay the full cost.

For employees hired on or after April 1, 2012:

- If you are eligible to retire and have been classified as a full-time employee for at least 10 years, you will pay the full cost.
- If you are eligible to retire but have not been classified as a full-time employee for at least 10 years, you will be offered COBRA.

The Company expects and intends to continue the plans in the benefits program indefinitely but reserves the right to end each of the plans without notice, if necessary. The Company also reserves the right to amend each of the plans at any time without notice. The Company may also increase or decrease its contributions to the plans. The establishment of the plans does not impose on the Company any contractual obligations 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 Flexible Spending Account on an after-tax basis through the end of the year through COBRA. Participation in the Dependent Care Flexible Spending Account ends.

You may submit claims for eligible health care and dependent care expenses incurred before you retire. You may submit Health Care Flexible Spending Account claims for eligible expenses incurred after you retire only if you continue to participate as described above.

Disability

Coverage ends.

Legal Insurance

You may enroll in legal insurance as a retiree within 30 days of your retirement or during Open Enrollment each year.

Long-Term Care

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

Basic Life Insurance

For all Bargaining Unit employees and For Salaried employees hired prior to April 1, 2012:

At 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 your basic life coverage to an individual whole life policy, or you may choose the portability option under Basic Life Insurance, which allows you to continue this coverage under a term life policy. Metropolitan Life Insurance will send you a conversion notice.
For Salaried employees hired on or after April 1, 2012:

Coverage ends. You may convert your basic life coverage to an individual whole life policy, or you may choose the portability option under Basic Life Insurance, which allows you to continue this coverage under a term life policy. Metropolitan Life Insurance will send you a conversion notice.

**Supplemental Life Insurance**

Group coverage ends at the end of the month in which you cease to be an active employee. However, if you apply within 31 days of your retirement, you may convert your Supplemental Life to an individual whole life policy, or you may choose the portability option to continue 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, if you apply within 31 days of your retirement 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 Office.

**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 a conversion notice.

Convert Legal Insurance coverage into an individual policy by notifying ARAG within 90 days of your death if they would like to continue coverage.

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.
How Changes Affect Your Benefits (cont.)

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.

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.

Employee Assistance Program

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

Flexible Spending Accounts

Coverage ends. Dependents may submit Health Care Flexible Spending Account claims and Dependent Care Flexible Spending Account claims for expenses incurred before your death. Dependents may continue Health Care Flexible Spending Account participation on an after-tax basis through the end of the year through COBRA and may submit claims for expenses incurred during the period they continue to make contributions. See the “Flexible Spending Accounts” chapter 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.

Administrative Information

Information about COBRA can be found in the chapter titled “Administrative Information.”
How Changes Affect Your Benefits (cont.)

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 they may be converted to individual whole life policies. Metropolitan Life Insurance will send 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.

Legal Insurance
Dependents may convert Legal Insurance coverage into an individual policy by notifying ARAG within 90 days of your death.

Pension Plan
If you are vested, your surviving spouse/beneficiary will receive any 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 may receive your full account balance in a lump sum or as a rollover to an individual retirement account. 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 laws.

Paying for Your Benefits

For coverage paid on a pre-tax basis, the IRS restricts when pre-tax contributions may begin and end. Therefore, the required contributions for coverage purchased 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 casual employees, pre-tax deductions will begin on the payroll following your coverage effective 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 30 days of the birth or 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. Pre-tax payroll deductions can be changed only 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 but 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 in a timely manner and pay your share of any cost. 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 Contributions
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.

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<th>Benefit Plan</th>
<th>The Company pays the full cost of coverage</th>
<th>You share the cost of coverage with the Company through:</th>
<th>You pay the full cost of coverage through:</th>
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<td>Medical (including Prescription Drugs and Vision Care) and Dental</td>
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<td>Basic Life Insurance</td>
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<td>Supplemental Life, Spouse, and Dependent Life Insurance</td>
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<td>Business Travel Accident Insurance</td>
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<td>Special Accident Insurance</td>
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<td>Savings Plan</td>
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<td>Pre-tax or after-tax contributions and Company matching contributions</td>
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<td>Pension Plan</td>
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<td>After-tax contributions</td>
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When Coverage Ends

Coverage for you
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) Dental, and Legal Insurance 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” chapter 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.

If your coverage ends, you may be eligible to extend Medical coverage (including prescription drugs and vision care) and Dental coverage as well as Health Care Flexible Spending Account participation under COBRA.

You will no longer be able to contribute to the Savings Plan upon your termination of employment. However, you will be a participant in that Plan until you have received a complete distribution of your Savings Plan account. See the “Savings Plan” chapter for more information.

Coverage for your dependents
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 (including prescription drugs and vision), Dental, and Legal Insurance will end at the end of the month of their 26th birthday.

When your dependent child turns age 24, coverage for Child Life Insurance will end at the end of the month of their 24th birthday. UT-Battelle does not maintain a record of covered dependents for Child Life Insurance. It is the employee’s responsibility to cancel coverage when appropriate. Otherwise, premiums will continue to be taken.

Special Accident Insurance coverage for a dependent child will end the earlier of 120 days after your child stops being a full-time student or if your child turns age 28, marries, or begins full-time employment.

Employment during school break periods is not considered full-time employment. If the dependent child is not enrolled in school full-time, coverage for that child will end at age 19.

Administrative Information
Information about COBRA can be found in the chapter titled “Administrative Information.”