

Y-12 BOOK OF BENEFITS

**ABOUT YOUR  
BENEFITS**



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YOUR BOOK OF BENEFITS—ACTIVE EMPLOYEES

Y-12 BOOK OF BENEFITS



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

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## Your Benefits

- Provide eligibility for you and your family

As a **Full-Time Employee, or Full-Time Temporary Employee hired to work at least 12 months**, you are eligible for coverage under most benefit plans, including health care, life and accident insurance, the Savings Plan and the Pension Plan, on your first day of work. **Part-Time Employees and Full-Time Temporary Employees hired to work less than 12 months** are immediately eligible for life and accident insurance, the Savings Plan and the Pension Plan, and become eligible for medical and dental coverage after four months of service. Part-Time Employees are not eligible for short-term or long-term disability benefits or flexible spending accounts. Ad Hoc Employees, as defined in the Glossary, are not eligible to participate in any benefit plans.

ARRA employees, as defined in the Glossary, are classified as Full-Time Temporary Employees hired to work at least 12 months for purposes of eligibility for any benefits described in this book, except long-term disability benefits. Notwithstanding, this classification, ARRA Employees are not eligible for long-term disability benefits.

- Offer coverage automatically

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

### Employee Assistance Program

- Short-Term Disability and Long-Term Disability (eligible as defined in the “Disability Coverage” and “Glossary” sections)
  - Business Travel Accident Insurance
  - Pension Plan
- Let you choose the coverage that is right for you

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

- Medical (including prescription drugs and vision care)
- Dental
- Flexible Spending Accounts (excludes part-time employees)
- Basic and Supplemental Life Insurance
- Spouse and Dependent Life Insurance
- Special Accident Insurance

- Savings Plan
  - Long Term Care (plan closed to new enrollees as of April 30, 2011)
  - Long-Term Disability buy-up (B&W Y-12 salaried employees).
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- Offer tax-effective coverage

Contributions for flexible spending accounts are automatically deducted from your Pay on a before-tax basis and according to IRS rules. You can also make before-tax contributions to the Savings Plan. At the annual Open Enrollment, or when you first sign up for medical and dental coverage, you may elect to have contributions taken from your Pay on a before- or after-tax basis.

*The term "Company" refers to B&W Y-12, LLC or UT-Battelle, LLC. Other terms are defined in the Glossary section.*

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# Eligibility

## Employee

You are eligible to participate in the benefit plans described in this book if you are employed and paid as a Full-Time Employee of the Company working on a regular basis, or a Full-Time Temporary Employee who is hired to work at least 12 months. Part-Time Employees and Full-Time Temporary Employees who are hired to work less than 12 months are also eligible for many of the benefits described in this book. Ad Hoc Employees are not eligible to participate in any benefit plans.

If you are an hourly employee, you are eligible for business travel accident insurance and those benefit plans in which your collective bargaining unit has agreed to participate. Part-time hourly employees are eligible for the Savings Plan and Pension Plan, but are not eligible for any other benefit plans.

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.

ARRA Employees, as defined in the Glossary, are classified as Full-Time Temporary Employees hired to work at least 12 months for purposes of eligibility for the benefits described in this book, except long-term disability benefits.

*The terms "Full-Time Employee," "Part-Time Employee," "Full-Time Temporary Employee," "ARRA Employee", and "Ad Hoc Employee" are defined in the Glossary.*

## Dependents

You may choose to cover your Eligible Dependents for medical (including prescription drug and vision care), dental, life, special accident, and long term care insurance coverage. Your Eligible Dependents may also use the employee assistance program.

You are obligated to submit proof of dependent status for children and spouse, which includes birth certificate, social security card, marriage certificate, and other documents needed to prove eligibility.

Medical (including prescription drugs and vision care) and dental coverage may be continued for an unmarried Child who is permanently and totally disabled and incapable of self-support due to a physical or mental handicap that began before he or she reached the age at which coverage would otherwise be terminated, provided you submit proof of the Child's disability to the claims administrator 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 health care coverage, they may be eligible to continue coverage for up to 36 months under COBRA. See the "Administrative Information" section for information on COBRA.

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

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

## Special Eligibility Rules for Families

If you and your spouse work for the Company and are eligible to participate in the Company's benefit plans, you may enroll in the plan as an employee, or you may be enrolled as a spouse. However, you may not enroll for coverage as an employee and as a spouse. In addition, only one of you may enroll your Eligible Dependent Children.

Eligibility ... At a Glance		
Benefit Plan	When You Are Eligible	
	Full-Time Employees and Full-Time Temporary Employees Hired to Work at Least 12 Months	Part-Time Salaried employees and Full-Time Temporary employees Hired to Work Less Than 12 Months
Medical (including Prescription Drugs and Vision Care)	on your first day of work	after 4 months of service
Dental	on your first day of work	after 4 months of service
Employee Assistance Program	on your first day of work	on your first day of work
Flexible Spending Accounts	on your first day of work	Full-Time Temporary Employees after 4 months of service (Part-Time Employees not eligible)
Short-Term Disability	after 1 month of service (salaried) after 3 months of service (hourly)	Full-Time Temporary Employees after 4 months of service (Part-Time Employees not eligible)
Long-Term Disability	on your first day of work ARRA Employees are not eligible	Full-Time Temporary Employees after 4 months of service (Part-Time Employees not eligible)
Long Term Care  (for employees enrolled prior to April 30, 2011)	on your first day of work	Part-Time Employees if working more than 50% of a full-time schedule on your first day of work.  Temporary employees hired to work less than 12 months are not eligible.
Basic, Supplemental, Spouse and Dependent Life Insurance	on your first day of work	on your first day of work
Business Travel Accident Insurance	on your first day of work	on your first day of work
Special Accident Insurance	on your first day of work	on your first day of work
Savings Plan	on your first day of work	on your first day of work—including part-time hourly employees
Pension Plan	on your first day of work	on your first day of work
Severance Plan	Full-Time Employees on your first day of work (temporary employees not eligible)	Part-Time Employees on your first day of work (temporary employees not eligible)

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## Enrollment

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

### **Benefits with no enrollment required:**

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

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

- Medical (including Prescription Drugs and Vision Care)
- Dental
- Flexible Spending Accounts
- Basic and Supplemental Life Insurance
- Spouse and Dependent Life Insurance
- Special Accident Insurance
- Savings Plan
- Long-Term Disability buy-up for B&W Y-12 salaried employees

To enroll for all of these benefits, except the Savings Plan and the Long Term Care plan, you must complete an enrollment form or card on which you:

- enroll yourself and Eligible Dependents
- authorize the Company to deduct from your Pay your share of the coverage you elect.

Enrollment forms are available from the Benefit Plans Office and some forms are available on the Benefit Plans Home Page on the Internet. When you begin work for the Company, the Savings Plan record keeper, Schwab Retirement Plan Services, will be notified of your employment and will send a welcome letter and a personal identification number to you.

## To enroll in the Savings Plan

Call the information line after you receive your personal identification number:

In the United States  
1-888-I-SAVE-IT (1-888-472-8348)

International  
1-617-847-1006

Telecommunications Device for the Deaf  
1-800-579-5708

**Refer to the “Savings Plan” section for more information on the information line and the Savings Plan enrollment process.**

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

## When You May Elect Coverage

You may elect benefits coverage when you first become eligible. In addition, you may enroll for some benefit plans during the annual Open Enrollment period as described in the chart below.

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

## When You May Change Your Elections

You may add or change coverage for basic life, supplemental life, and spouse and dependent 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 by calling the information line. 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 qualifying significant change in cost or in coverage.

You are obligated to submit proof of dependent status for children and spouse, which includes birth certificate, social security card, marriage certificate, and other documents needed to prove eligibility.

If you would like to request a mid-year election change because of a qualifying event, you must complete a change form and return it to the Benefit Plans Office **within 30 days** of the event. You may enroll a newborn or newly adopted child for dental coverage at any time until the child is one year of age. Otherwise, the child can only be enrolled at Open Enrollment.

**❗ B&W Y-12 salaried employees must elect the 30% Long-Term Disability buy-up within 30 days of becoming eligible.**

Reference to a 30-day time limit in this book means calendar days. The 30-day period begins on the day of the event and ends 29 days thereafter. Holidays and weekends are included in the 30-day period. Forms must be received in the Benefit Plans Office by close of business on day 30 in order to be accepted.

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## Changes at Other Times

### Qualifying Life Events

If you elected after-tax contributions for medical and/or dental coverage, you may drop that coverage any time during the year, for any reason. However, you may change your before-tax medical and dental contributions, as well as your flexible spending account contributions, during the year only on account of and consistent with a Qualifying Life Event or when certain significant changes in cost or in coverage happen. With the exception of the birth of a child in Tennessee, as described below, a change during the year must be made within 30 days of the qualifying event.

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 a child
- the loss or gain of benefit eligibility of your child
- the termination or commencement of employment of you, your spouse or child
- reduction or increase in hours of employment of you, your spouse or child, including a switch between part-time and full-time, a strike or lockout, or commencement of or return from 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
- 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 forms must be completed AND submitted to the Benefit Plans Office within 30 days of any Qualifying Life Event. THIS INCLUDES THE BIRTH OF A NEWBORN. Otherwise, you will have to wait**

**until Open Enrollment to enroll and the coverage will not be effective until the next January 1.**

**Birth of a child under Tennessee law:**

**A newborn of a participant is automatically covered under the medical plan for 31 days. Enrollment forms must be completed and submitted to the Benefit Plans Office within 30 days of the end of the state mandated coverage to continue to cover the newborn. Coverage is effective the first day of the first calendar month after the completed enrollment forms are submitted to the Benefit Plans Office. Otherwise, you will have to wait until Open Enrollment to enroll the newborn, and the coverage will not be effective until the next January 1. Enrollment forms must be submitted to the Benefit Plans Office within 30 days of the date of birth, to cover the newborn beginning at the end of the state mandated coverage.**

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

Example of Election Changes consistent with a Qualifying Life Event	
With this Qualifying Event	You can make these changes, if consistent*
Marriage, birth, adoption, or placement for adoption of a child	Add yourself, your spouse and/or children; drop coverage if you are to be covered by your spouse's plan
Divorce, legal separation, or annulment (NOTE: You must cancel coverage for an ex-spouse within 30 days of divorce. He/she is no longer an Eligible Dependent under the Company's plans.)	Drop your spouse and/or children; add coverage if you had been covered under your spouse's plan
Death of you, your spouse or a child	Drop coverage for spouse or child; add coverage if you had been covered by your spouse's employer
Involuntary loss of other group medical coverage	Add coverage
Your child ceases to be a dependent (such as due to age, marriage or employment)	Drop dependent coverage
* For your election to be effective, the Plan Administrator must determine that your requested mid-year change is consistent with the event.	
You are obligated to submit proof of dependent status for children and your spouse, which includes birth certificate, social security card, marriage certificate, and other documents needed to prove eligibility.	

**Changes in Cost or Coverage**

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

If you contribute to the dependent care flexible spending account, and there is a significant increase or decrease in the cost of services by a day care provider who is not your relative, you may be able to make corresponding changes to your contribution election for your dependent care spending account by submitting a new election within 30 days of the change. If your dependent care provider changes or services are significantly curtailed, you may be able to change your election within 30

days. For example, if mid-year, your mother will begin taking care of your child at no cost and you no longer need your current dependent care center, you can revoke your election to contribute to the dependent care spending account due to a significant change in coverage. However, if your mother wants a raise mid-year, you cannot increase your contributions to this account due to a change in cost because she is your relative.

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

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

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## How Changes Affect Your Benefits

### Steps to Take If You Get Married or Divorced

#### If You Get Married ...

Notify the Benefit Plans Office and your 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. In addition, make sure your supervisor or department office knows of any address changes and ask how to update payroll records.

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, as well as a copy of his/her social security card is required.

Change your benefit elections within 30 days of your marriage.

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

Update your life and accident insurance beneficiary records. Consider enrollment in spouse life insurance.

Update your Savings Plan beneficiary records. Keep in mind that if you have been married for at least one year and you want to designate someone other than your spouse as your beneficiary, you must have your spouse's written and notarized consent. Contact Schwab Retirement Plan Services or the Benefit Plans Office for more information.

#### If You Get Divorced ...

Notify the Benefit Plans Office and your company's Personnel Records Department to update your personnel records if your name changes. Make sure your supervisor or department office knows of any address changes and ask how to update payroll records.

Change your benefit elections within 30 days after the date your divorce is final. You must submit a copy of the final 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 have 60 days to notify the Benefit Plans Office in order to obtain COBRA benefits. See the "Administrative Information" section.

You may also add your eligible dependents to your medical and dental coverage if a court establishes that you must provide coverage for dependent children who previously had coverage provided by your ex-spouse. You must provide sufficient documentation to establish dependent eligibility and receive approval through Benefits Plans.

#### **Cancel spouse and/or dependent life insurance.**

Update your life insurance, accident insurance and Savings Plan beneficiary records. Life and accident insurance forms are available from the Benefit Plans Office or on your company's benefit forms web page. You can request a Savings Plan beneficiary form by calling the Savings Plan information line.

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

**Call the employee assistance program if you need help with a personal, family or marital problem.**

## **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 Benefit Plans Office to ask about the steps that should be taken, and the deadlines that must be met in order to add a newborn to your coverage. This will help maximize available benefits.

### **In-Network Benefits**

Schedule prenatal appointments. You will pay a physician office copayment only at the initial visit.

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

**YOU MUST COMPLETE AND RETURN ENROLLMENT FORMS WITHIN 30 DAYS OF THE BIRTH OF YOUR BABY TO ENSURE CONTINUOUS COVERAGE.**

### **Birth of a child under Tennessee law:**

**A newborn of a participant is automatically covered under the medical plan for 31 days. Enrollment forms must be completed and submitted to the Benefit Plans Office within 30 days of the end of the state mandated coverage to continue to cover the newborn. Coverage is effective the first day of the first calendar month**

**after the completed enrollment forms are submitted to the Benefit Plans Office. Otherwise, you will have to wait until Open Enrollment to enroll the newborn, and the coverage will not be effective until the next January 1. Enrollment forms must be submitted to the Benefit Plans Office within 30 days of the date of birth, to cover the newborn beginning at the end of the state mandated coverage.**

Your OB/GYN will precertify your hospital or birthing center admission.

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

Before the fourth month of pregnancy, you should call CIGNA Member Services to notify CIGNA of your pregnancy so CIGNA can provide pregnancy case management support. Refer to the back of your identification card for contact information.

### **If You Adopt a Child ...**

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

Interview and choose a pediatrician. If you are in a Point-of-Service Plan, you must choose a primary care physician for your child from the provider directory to receive in-network benefits, including coverage for well-child care.

### **When Your Child Arrives**

Enroll your newborn or newly adopted Child for medical benefits **within 30 days** so your Child's medical expenses will be covered from the date of birth or adoption. You have up to age one to enroll the Child for dental coverage. Call the Benefit Plans Office to request a change form or print a form from your company's benefit forms web page.

Consider beginning or increasing your contributions to the flexible spending accounts, so you can pay for your Child's unreimbursed medical expenses and child care expenses with before-tax dollars.

## **Steps To Take If You Become Disabled**

### **If You Become Disabled and Cannot Work ...**

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

Contact your Company's benefit office to request a form for disability benefits, or your supervisor may request the form for you.

Remain in contact with your Company's benefit office about how long you anticipate being away from work.

Receive short-term disability benefits for up to six months of disability (if eligible). If your disability continues longer than six months, you can apply for long-term disability benefits. Contact your Company's benefit office to find out how to apply.

File forms for long-term disability benefits if your disability will continue longer than six months. Claim forms are available from the Benefit Plans Office.

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

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

## **What Happens to Your Benefits If You Become Disabled**

Here is what happens to your benefits during a disability:

### **Medical (Including Prescription Drugs and Vision Care) and Dental**

#### **During Short-Term Disability**

Coverage continues. Contributions are deducted from your disability benefits.

#### **During Long-Term Disability**

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

### **Employee Assistance Program**

You may continue to access the services of the employee assistance program.

### **Health Care Spending Account**

#### **During Short-Term Disability**

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

#### **During Long-Term Disability**

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

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

### **Dependent Care Spending Account**

#### **During Short-Term Disability**

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

## **During Long-Term Disability**

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

## **Short-Term and Long-Term Disability**

Short-term disability provides benefits for up to six months of disability, depending on your length of service. Long-term disability benefits provide a percentage of your annual Pay, which is offset by Social Security and other benefits payable. Eligibility for benefits is defined in the "Disability Coverage" section.

## **Basic Life Insurance and Supplemental Life Insurance**

### **During Short-Term Disability and Long-Term Disability**

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

## **Spouse and Dependent Life Insurance**

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

## **Pension Plan**

### **During Short-Term Disability and Long-Term Disability**

You continue to earn Company Service while you are receiving short-term or long-term disability benefits.

## **Savings Plan**

### **During Short-Term Disability**

Contributions continue during your paid disability. If you have an outstanding loan, 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. You have a choice of payment forms, or you may choose to defer payment. If you have an outstanding loan, you must continue to make repayments directly to Schwab Retirement Plan Services.

## **Long Term Care**

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

## **Steps to Take If You Leave the Company**

### **If You Leave the Company ...**

Notify your supervisor.

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

Convert your life, dependent life and accident insurance to a private policy within 30 days of your termination if you wish to continue this type of coverage.

Decide whether to leave your account balance in the Savings Plan or take a distribution.

Notify the Benefit Plans Office if your address changes.

## **What Happens to Your Benefits If You Leave the Company**

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

### **Medical (Including Prescription Drugs and Vision Care)**

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

## **Dental**

Coverage ends on the last day of the month in which your employment terminates. However, if you are undergoing a course of treatment, benefits may be payable for charges related to that treatment that you incur after your termination. 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.

## **Flexible Spending Accounts**

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

## **Disability**

Coverage ends.

## **Long Term Care**

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

## **Life and Accident Insurance**

Coverage ends. You may convert your basic life, supplemental life, spouse and dependent life, and special accident insurance to individual policies. You may not convert business travel accident insurance.

## **Pension Plan**

You may receive pension benefits when you reach retirement age if you are vested.

## **Savings Plan**

Contributions end. You may choose to receive a payout of your full vested account balance, or you may leave it in the Savings Plan. Any outstanding loans must be paid within six 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.

## **Steps to Take If You Retire**

### **If You Are About to Retire ...**

Call the Benefit Plans Office to receive retirement counseling and to get an estimate of your pension benefit. During retirement counseling, you will also receive forms that you must complete to apply for

your pension benefit. You will have the opportunity to decide if you want to continue your medical (including prescription drugs and vision care), dental and life insurance coverage (if you retire before age 65) or enroll in the Major Medical Medicare Supplement plan and post-65 dental and vision plans if you are age 65 or older. You must make your benefit elections immediately upon retiring.

Notify your supervisor.

Call the Savings Plan information line to get an estimate of your account balance, as well as any outstanding loan balances.

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

## What Happens to Your Benefits If You Retire

Here is what happens to your benefits when you retire:

### Medical (Including Prescription Drugs and Vision Care) and Dental

At early retirement prior to age 65, you may continue coverage until the end of the month in which you reach age 65. At age 65, coverage ends and you become eligible for the Major Medical Medicare Supplement plan and the post-65 dental and vision plans. However, you may elect to continue coverage under the plan for an enrolled younger spouse until he or she reaches age 65 as long as you remain enrolled on the post-65 plans. 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.

If you had at least 10 years of full-time service under the Pension Plan and were at least age 50 at the time of your retirement, you may elect to continue coverage for yourself and your Eligible Dependents. You must pay any cost required by the Company for the continued coverage.

If you had less than 10 years of full-time service under the Pension Plan and were at least age 50 at the time of your retirement, you may elect to continue coverage for yourself and your Eligible Dependents. However, you must pay the full cost for the continued coverage.

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

The Company may incorporate managed care programs, utilization management programs, and network management programs (such as pre-authorization of services or products, formulary or preferred prescriptions, or exclusion of certain benefits).

### Employee Assistance Program

Coverage ends.

## **Flexible Spending Accounts**

You may continue to contribute to the health care spending account on an after-tax basis until the end of the year of the COBRA Qualifying Life Event which is your retirement effective date. Participation in the dependent care spending account ends.

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

## **Disability**

Coverage ends.

## **Long Term Care**

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

## **Basic Life Insurance**

At early retirement, 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 one year immediately preceding retirement. You may convert the discontinued basic life insurance coverage to an individual policy.

## **Supplemental Life Insurance**

Group coverage ends. However, the plan has a conversion feature that allows you to continue coverage on an individual basis if you apply within 31 days after the group coverage ends. Group rates and individual rates under that feature will be different.

## **Spouse and Dependent Life Insurance**

Group coverage ends. However, the plan has a conversion feature that allows you to continue coverage on an individual basis if you apply within 31 days after the group coverage ends. Group rates and individual rates under that feature will be different.

## **Business Travel Accident Insurance**

Coverage ends.

## **Special Accident Insurance**

You may convert your special accident insurance coverage to an individual policy.

## **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 six months of your retirement. Otherwise, the outstanding loan balance will be treated as a taxable distribution to you.

## **Steps To Take If You or a Family Member Dies**

### **In the Case of Death, You or Your family member (whichever applies) Should ...**

Notify the Benefit Plans Office of the death.

The Benefit Plans 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 Benefit Plans Office.

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.

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 at the time of your death.

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

Notify the Benefit Plans 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 Benefit Plans 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 three months at the appropriate active employee contribution rate. If you had less than 10 years of full-time service when you died and you were not eligible for a pension, or had more than 10 years of Company Service but you were not at least age 50 when you died, your eligible dependents may continue coverage after the initial three-month period for an additional 33 months through COBRA. See the "Administrative Information" section for more information.

**If you had at least 10 years of full-time service under the Pension Plan and were at least age 50 when you died, your Eligible Dependents may elect to continue coverage until your spouse reaches age 65. In this case, the Eligible Dependent must pay any cost required of the participant for coverage.**

**If you had less than 10 years of full-time service under the Pension Plan when you died, and were age at least 50 and retirement eligible, your Eligible Dependents may elect to continue coverage until your spouse reaches age 65. In this case, your Eligible Dependent must pay the full cost for the continued coverage.**

See the "Medical Plan" section for more information.

### Employee Assistance Program

Coverage ends.

### Flexible Spending Accounts

Participation ends. Dependents may submit claims for health care and dependent care expenses incurred before your death. See the "Flexible Spending Accounts" section for eligible expenses.

### Long Term Care

Your spouse may continue their coverage by making payments directly to the insurance company.

### Life and Accident Insurance

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

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

Family special accident insurance coverage ends, but it may be converted to an individual policy.

## **Pension Plan**

If you are vested, your surviving spouse/beneficiary will receive any survivor benefit. The Benefit Plans 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. However, if you were eligible to retire under the Pension Plan at the time of your death, your spousal beneficiary may choose either a lump-sum payment or monthly installment payments over a five-year period. Your spousal beneficiary may also elect to defer payment until the latest date permitted by the tax laws.

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## **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.

Benefit Plan	Your Coverage Will Begin...
<p>Medical (including Prescription Drugs and Vision Care) and Dental</p>	<p>Full-Time Employees and Full-Time Temporary Employees hired to work at least 12 months: 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 Open Enrollment to enroll. Your coverage will become effective the first day of the plan year following Open Enrollment, currently January 1. 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.</p> <p>NOTE: Birth of a child under Tennessee law: A newborn of a participant is automatically covered under the medical plan for 31 days. Enrollment forms must be completed and submitted to the Benefit Plans Office within 30 days of the end of the state mandated coverage to continue to cover the newborn. Coverage is effective the first day of the first calendar month after the completed enrollment forms are submitted to the Benefit Plans Office. Otherwise, you will have to wait until Open Enrollment to enroll the newborn, and the coverage will not be effective until the next January 1. Enrollment forms must be submitted to the Benefit Plans Office within 30 days of the date of birth, to cover the newborn beginning at the end of the state mandated coverage.</p> <p>Part-Time Employees and Full-Time Temporary Employees hired to work less than 12 months: on the first day of work following 4 months of service, provided you enroll within 30 days of that date. If you do not enroll within 30 days after you first become eligible, you will have to wait until Open Enrollment to enroll. Your coverage will become effective the first day of the plan year following Open Enrollment, currently January 1. 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. See the note related to newborns in the section above.</p>
<p>Employee Assistance Program</p>	<p>On your first day of work.</p>
<p>Flexible Spending Accounts</p>	<p>Payroll deductions begin as soon as administratively possible, and in accordance with IRS rules following your election; however, you may claim eligible expenses incurred on or after your date of hire or on the date of the Qualifying Life Event. Full-Time Temporary Employees are eligible after 4 months of service. Before and after-tax deductions are made based on IRS rules.</p> <p>Part-Time Employees are not eligible.</p>
<p>Short-Term Disability</p>	<p>Refer to the "Disability Coverage" section.</p>
<p>Long-Term Disability</p>	<p>On your first day of work if you are a Full-Time Employee hired to work at least 12 months or a Full-Time Temporary Employee who has completed 4 months of service and was hired to work less than 12 months. Part-Time Employees are not eligible.</p>
<p>Basic Life Insurance</p>	<p>On the day you enroll, 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.</p>

Benefit Plan	Your Coverage Will Begin...
Supplemental Life Insurance	On the day you enroll, 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.
Spouse and Dependent Life Insurance	On the day you enroll, 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.
Special Accident Insurance	On the first day of the month after you enroll.
Business Travel Accident Insurance	On your first day of work.
Savings Plan	Your contributions in the form of payroll deductions will begin as soon as administratively possible after you enroll, generally within 30 days.
Pension Plan	On your first day of work.

## Current Employees

The medical and dental coverage, before-tax medical and dental premiums and flexible spending account elections you make during the fall Open Enrollment period will be effective on January 1 of the following year.

If you change your elections because of a Qualifying Life Event, as described in this section, the changes will be effective on the date described on the following page under "Paying for Your Benefits."

If you elect to pay for coverage on a pre-tax basis, the IRS restricts when pre-tax contributions may begin or end during the plan year. Pre-tax payroll deductions can only be changed if you have a Qualifying Life Event and you contact the Benefit Plans Office within 30 days of the Qualifying Life Event. Therefore, if you have a Qualifying Life Event and you do not notify the Benefit Plans Office within 30 days of the Qualifying Life Events, you may have a change in coverage level but no change in premium until the following year.

## Rights and Responsibilities

The Company may – but is not required to – share in the cost of the benefits offered to you. You must enroll timely and pay your share of any cost. In order to participate in the plans, you must allow the Company to use your individual information (such as address and phone numbers, including private phone numbers, or whatever is minimally necessary to fully administer any and all benefit plans). The Company will share your individual information with third party vendors only to the extent minimally necessary to support the administrative processes and features of the benefit plan. Vendor and service contracts will be maintained which exclusively limit the use of your individual information to the operation of the specific benefit program for which the vendor provides service. Health 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.

## Paying for Your Benefits

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

- For initial elections made within 30 days of your date of hire, the pre-tax deductions will begin on the payroll following the date your election is processed. Any payments due for coverage from the date your coverage is effective until the date pre-tax deductions begin will be deducted on an after-tax basis.
- 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, 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.

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

### Before-Tax or After-Tax?

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

Even though before-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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## When Coverage Ends

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

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

*or*

- the date the plan is terminated.

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.

If your coverage ends, you may be eligible to extend medical (including prescription drugs and vision care) and dental coverage, as well as health care spending account participation under COBRA.

**See the "Administrative Information" section for information about COBRA.**

Your participation in the Savings Plan may continue (with some limitations) after you stop making contributions.

See the Savings Plan section for more information.

**See the "Savings Plan" section for more information.**