



BOOK OF BENEFITS

SUMMARY PLAN DESCRIPTION

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About Your Benefits

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Introduction

About This Summary Plan Description

Consolidated Nuclear Security, LLC (“CNS” or “Company”) offers eligible employees and their spouses and dependents valuable benefits through the CNS Benefits Program (the “Benefits Program” or the “Program”).

It is your responsibility to understand your coverage and benefits; therefore, you will want to review all of the sections of this SPD. If you have questions about your coverage and benefits after you review this SPD, contact the appropriate source listed in the “Contacts” section.

The CNS Benefits Program and certain benefit plans, as described in this Summary Plan Description (SPD), commonly referred to as the Book of Benefits, are intended to conform to all applicable legal requirements including, but not limited to, the Employee Retirement Income Security Act of 1974 (ERISA), the Internal Revenue Code of 1986 (the “Code”), and all regulations issued thereunder. It is further intended that the Program meet the requirements of a Cafeteria Plan under Code Section 125 and Treasury Regulations thereunder. If the employee elects qualified benefits under the Program, those benefits may be eligible for exclusion from the employee’s income under Code Section 125(a). (This means you have the opportunity to pay for certain benefits on a pre-tax basis.)

A copy of this SPD is also available to you at <https://cns-llc.us/benefits>

This SPD replaces any prior SPD or Summary of Material Modification. Payment of benefits is subject to all terms and conditions of the Program as described in this SPD.

Other insurance coverage may be available to employees on a voluntary basis. Contact the Benefit Plans Office to obtain additional information.

Note: Neither receipt of this SPD nor use of the term “you” means that you are an eligible employee or Eligible Dependent under the Program. You are eligible only if you satisfy the applicable eligibility requirements. See the Eligibility section. In addition, the Company reserves the right to amend, modify, suspend, or terminate the CNS Benefits Program, in whole or in part, at any time, at its discretion, with or without advance notice to participants, for any reason, subject to applicable law. The Company further reserves the right to change the amount of required participant contributions for coverage at any time, with or without advance notice to participants.

About Your Benefits

Through the CNS Benefits Program, you can choose among different levels and types of coverage.

You may want or need coverage in some benefit areas, but not in others. Or you may want a higher level of coverage under one benefit plan than under others. Your personal situation can also change from year to year. As a result, the Program’s approach lets you do the following:

- Put together a combination of benefits that meets your needs
- Change certain benefits each fall during the Open Enrollment period effective for the next plan year
- Have a valuable tax advantage when you pay for certain coverage on a pre-tax basis

Note: Some terms are defined as they are addressed and/or within the **Glossary** of this SPD. Be sure to review the defined terms as they include important information. The Administrative Information section of this SPD also has important information regarding your rights, the procedures you need to follow, and the appropriate contacts you may need in certain situations.

Every attempt has been made to ensure the accuracy of this summary. However, its contents are not legally binding nor should it be considered as a substitute to the actual contract language or Company policies.

Not an Employment Contract

The receipt of this SPD document does not create a right for you to be retained in employment nor prevent the Company from terminating your employment for any reason. Nothing in this document shall be construed as an employment contract or employment agreement.

Your Benefits

- **Provide eligibility for you and your family**
 - **Offer coverage automatically**
 - **Allow you to choose the coverage that is right for you**
 - **Offer tax-effective coverage**
-

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. 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 benefits plans described in this SPD.

When referring to bargaining unit employees, unless directly specified, this SPD is referencing the following:

- Metal Trades Council (MTC)
- Pantex Guards Union (PGU)
- Atomic Trades and Labor Council (ATLC)
- United Steel Workers (USW)
- International Guards Union of America (IGUA) Central Alarm Station Operators, Central Training Facility Instructors, and Beta 9 Operators
- International Guards Union of America (IGUA) Security Police Officers
- Y-12 Fire Captains and Lieutenants (FCLT)

When referring to non-bargaining unit employees, this SPD is referencing all exempt salaried employees and non-exempt salaried employees.

If you are a bargaining unit employee, you are eligible for business travel accident insurance and those benefit plans in which your bargaining unit has agreed to participate.

The terms “Full-Time Employee,” “Part-Time Employee,” “Full-Time Temporary Employee,” and “Ad Hoc Employee” are defined in the Glossary.

Dependents

You may choose to cover your Eligible Dependents for medical (including prescription drug), dental, vision, life insurance, and special accident insurance coverage. Your Eligible Dependents may also use the Employee Assistance Program.

You are obligated to submit proof of dependent status for your Spouse and Children. Documentation includes a birth certificate, Social Security card, marriage certificate, and/or other documents required to prove eligibility.

Medical (including prescription drugs), dental, and vision 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. You must submit proof of the Child's disability to the claims administrator within 31 days after attaining the maximum age. Additional proof of the Child's continuing disability will be required periodically.

Special accident insurance coverage (ATLC, IGUA, PGU and USW bargaining unit employees only) 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.

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.

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 Child(ren).

New Hires and When Coverage Begins

- Full-Time Employees and Full-Time Temporary Employees hired to work at least 12 months are eligible for coverage for most benefit plans, including health care, life, accident insurance and the 401(k) Savings Plan on their 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 and the 401(k) Savings Plan, and become eligible for medical, dental, and vision coverage after 90 days of service.
- Ad Hoc Employees, as defined in the Glossary, are not eligible to participate in any benefit plans.

Full-Time Employees and Full-Time Temporary Employees Hired to Work At Least 12 Months

Benefit Plan	Eligible	Coverage Begins	Who Pays?
Medical (including Prescription Drugs)	All employees: first day at work.	All employees: first day at work provided you enroll within 31 days.	You and the Company share the cost.
Dental	All employees: first day at work.	All employees: first day at work provided you enroll within 31 days.	You and the Company share the cost.
Vision	All employees: first day at work.	All employees: first day at work provided you enroll within 31 days.	You and the Company share the cost.
Employee Assistance Program	All employees: first day at work.	All employees: first day at work. No enrollment required.	Company pays.
Flexible Spending Accounts	All employees: first day at work.	All employees: first day at work provided you enroll within 31 days.	You pay.
Short-Term Disability	Non-bargaining employees: after one month of service. Bargaining unit employees: refer to your collective bargaining agreement.	Non-bargaining employees: after one month of service. Bargaining unit employees: refer to your collective bargaining agreement.	Company pays.
Basic Long-Term Disability	All employees: first day at work.	All employees: first day at work. You must exhaust Short-Term Disability benefits first.	Company pays.
Long-Term Disability Buy-Up	All employees except PGU: first day at work.	All employees except PGU: first day at work. You must exhaust Short-Term Disability benefits first.	You pay.
Basic Life Insurance (1 times salary or \$50,000)	All Pantex employees: first day at work. Y-12 non-bargaining and FCLT employees hired after 1/1/2012 and those hired prior to 1/1/2012 who voluntarily elected: first day at work.	All Pantex employees: first day at work. Y-12 non-bargaining and FCLT bargaining unit employees hired after 1/1/2012 and those hired prior to 1/1/2012 who voluntarily elected: first day at work.	Company pays.
Basic Life Insurance (2 times salary)	Y-12 non-bargaining and FCLT bargaining unit employees hired prior to 1/1/2012 who did not elect reduced	Y-12 non-bargaining and FCLT bargaining unit employees hired prior to 1/1/2012 who did not elect reduced coverage.	You and the Company share the cost.

Benefit Plan	Eligible	Coverage Begins	Who Pays?
	coverage. ATLC, IGUA, and USW bargaining unit employees: first day of work.	ATLC, IGUA, and USW bargaining unit employees: first day of work.	
Basic Accidental Death & Dismemberment (AD&D) Insurance (1 times salary or \$50,000)	All employees except ATLC, IGUA, and USW bargaining unit employees: first day at work.	All employees except ATLC, IGUA, and USW bargaining unit employees: first day at work.	Company pays.
Voluntary AD&D Insurance	All non-bargaining and FCLT bargaining unit employees: first day at work.	All non-bargaining and FCLT bargaining unit employees: first day at work.	You pay.
Special Accident Insurance	ATLC, IGUA, PGU, and USW bargaining unit employees: first day at work	ATLC, IGUA, PGU, and USW bargaining unit employees: first day at work.	You pay.
Group Universal Life (GUL) Insurance (Includes Spouse and Child Life)	All employees: first day at work.	All employees: first day at work.	You pay.
Business Travel Accident Insurance	All employees: first day at work.	All employees: first day at work.	Company pays.
401(k) Savings Plan	All employees: first day at work.	All employees: first day at work.	You pay. Company matches a portion.
Enhanced Defined Contribution Savings Plan	All employees not eligible for the Pension Plan: first day at work.	All employees not eligible for the Pension Plan: first day at work.	Company pays.
Pension Plan (Closed to new participants)	All eligible Pantex employees as defined in the Pension Plan: after completing one year of service. All eligible Y-12 employees as defined in the Pension Plan: first day of work.	All eligible Pantex employees as defined in the Pension Plan: after completing one year of service. All eligible Y-12 employees as defined in the Pension Plan: first day of work.	You and the Company share the cost. Exception: MTC, PGU, and IGUA Security Police Officer employees do not share in the cost.
Severance Plan	All employees: first day at work. Exception: Temporary employees are not eligible.	All employees: first day at work. Exception: Temporary employees are not eligible.	Company pays.

Part-Time Employees and Full-Time Temporary Employees Hired to Work Less Than 12 Months

Benefit Plan	Eligible	Coverage Begins	Who Pays?
Medical (including Prescription Drugs)	All employees: after 90 days of service.	All employees: after 90 days of service provided you enroll within 31 days.	You and the Company share the cost.
Dental	All employees: after 90 days of service.	All employees: after 90 days of service provided you enroll within 31 days.	You and the Company share the cost.
Vision	All employees: after 90 days of service.	All employees: after 90 days of service provided you enroll within 31 days.	You and the Company share the cost.
Employee Assistance Program	All employees: first day at work.	All employees: first day at work. No enrollment required.	Company pays.
Flexible Spending Accounts	All employees: after 90 days of service.	All employees: after 90 days of service provided you enroll within 31 days.	You pay.
Short-Term Disability	Non-bargaining employees: after one month of service. Bargaining unit employees: refer to your collective bargaining agreement.	Non-bargaining employees: after one month of service. Bargaining unit employees: refer to your collective bargaining agreement.	Company pays.
Basic Long-Term Disability	All employees: first day at work.	All employees: first day at work. You must exhaust Short-Term Disability benefits first.	Company pays.
Long-Term Disability Buy-Up	All employees except PGU: first day at work.	All employees except PGU: first day at work. You must exhaust Short-Term Disability benefits first.	You pay.
Basic Life Insurance (1 times salary or \$50,000)	All Pantex employees: first day at work. Y-12 non-bargaining and FCLT employees hired after 1/1/2012 and those hired prior to 1/1/2012 who voluntarily elected: first day at work.	All Pantex employees: first day at work. Y-12 non-bargaining and FCLT bargaining unit employees hired after 1/1/2012 and those hired prior to 1/1/2012 who voluntarily elected: first day at work.	Company pays.
Basic Life Insurance (2 times salary)	Y-12 non-bargaining and FCLT bargaining unit employees hired prior to 1/1/2012 who	Y-12 non-bargaining and FCLT bargaining unit employees hired prior to 1/1/2012 who did not elect reduced coverage.	You and the Company share the cost.

Benefit Plan	Eligible	Coverage Begins	Who Pays?
	<p>did not elect reduced coverage.</p> <p>ATLC, IGUA, and USW bargaining unit employees: first day of work.</p>	ATLC, IGUA, and USW bargaining unit employees: first day of work.	
Basic Accidental Death & Dismemberment (AD&D) Insurance (1 times salary or \$50,000)	All employees except ATLC, IGUA, and USW bargaining unit employees: first day at work.	All employees except ATLC, IGUA, and USW bargaining unit employees: first day at work.	Company pays.
Voluntary AD&D Insurance	All non-bargaining and FCLT bargaining unit employees: first day at work.	All non-bargaining and FCLT bargaining unit employees: first day at work.	You pay.
Special Accident Insurance	ATLC, IGUA, PGU, and USW bargaining unit employees: first day at work.	ATLC, IGUA, PGU, and USW bargaining unit employees: first day at work.	You pay.
Group Universal Life (GUL) Insurance (Includes Spouse and Child Life)	All employees: first day at work.	All employees: first day at work.	You pay.
Business Travel Accident Insurance	All employees: first day at work.	All employees: first day at work.	Company pays.
401(k) Savings Plan	All employees: first day at work.	All employees: first day at work.	You pay. Company matches a portion.
Enhanced Defined Contribution Savings Plan	All employees not eligible for the Pension Plan: first day at work.	All employees not eligible for the Pension Plan: first day at work.	Company pays.
Pension Plan (Closed to new participants)	<p>All eligible Pantex employees as defined in the Pension Plan: after completing one year of service.</p> <p>All eligible Y-12 employees as defined in the Pension Plan: first day of work.</p>	<p>All eligible Pantex employees as defined in the Pension Plan: after completing one year of service.</p> <p>All eligible Y-12 employees as defined in the Pension Plan: first day of work.</p>	<p>You and the Company share the cost.</p> <p>Exception: MTC, PGU, and IGUA Security Police Officer employees do not share in the cost.</p>
Severance Plan	<p>All employees: first day at work.</p> <p>Exception: Temporary employees are not eligible.</p>	<p>All employees: first day at work.</p> <p>Exception: Temporary employees are not eligible.</p>	Company pays.

Enrollment

Some benefits are provided automatically, and others require enrollment.

Benefits with no enrollment required:

- Employee Assistance Program
- Short-Term Disability
- Basic Long-Term Disability
- Business Travel Accident Insurance
- Pension Plan (Closed to new participants)
- Enhanced Defined Contribution, component to the 401(k) Savings Plan
- Basic Life Insurance (non-bargaining, FCLT, MTC, and PGU bargaining unit employees only)
- Basic Accidental Death and Dismemberment (non-bargaining, FCLT, MTC, and PGU bargaining unit employees only)

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

- Medical (including Prescription Drugs)
- Dental
- Vision
- Flexible Spending Accounts (Health Care and Dependent Care)
- Basic Life Insurance (ATLC, IGUA, and USW bargaining unit employees only)
- Group Universal Life (GUL) Insurance (including Spouse and Child life insurance)
- Voluntary Accidental Death and Dismemberment (non-bargaining and FCLT bargaining unit employees only)
- Special Accident Insurance (ATLC, IGUA, PGU, and USW bargaining unit employees only)
- 401(k) Savings Plan
- Long-Term Disability Buy-Up (excludes PGU bargaining unit employees)

To Enroll:

To participate in these benefits you must enroll with the Company. For the 401(k) Savings Plan and GUL plans, you must enroll through the applicable vendor websites.

- Enroll yourself and Eligible Dependents (if applicable)
- Authorize the Company to deduct from your Pay your share of the coverage you elect

Enrollment information is available from the Benefit Plans Office or website. When you begin work for the Company, the GUL vendor and 401(k) Savings Plan recordkeeper will be notified of your employment and you will then be able to log on to their websites to enroll.

Note: As a participant in the life insurance, accident insurance, or the 401(k) Savings Plan, you must 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. You also may enroll for some benefit plans during the annual Open Enrollment period. The annual Open Enrollment is held typically during October or November for coverage effective the following January 1.

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...
Medical (including Prescription Drugs), Dental, and Vision	<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 31 days of that date. If you do not enroll within 31 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 31 days of the event. In this case, coverage is effective on the Qualifying Life Event date.</p> <p>Part-Time Employees and Full-Time Temporary Employees hired to work less than 12 months: on the first day of work following 90 days of service, provided you enroll within 31 days of that date. If you do not enroll within 31 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 31 days of the event. In this case, coverage is effective on the qualifying event date. See the note related to newborns in the section below.</p>
Employee Assistance Program (EAP)	On your first day of work.
Flexible Spending Accounts	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 90 days of service. Before and after-tax deductions are made based on IRS rules. Part-Time Employees are not eligible.
Short-Term Disability	Refer to the "Disability Coverage" section.
Long-Term Disability	On your first day of work if you are a Full-Time Employee or Temporary Employee hired to work at least 12 months or after 90 days of service if you are a Full-Time Temporary Employee and were hired to work less than 12 months or a Part-Time Employee who has completed 90 days of service.
Basic Life Insurance	<p>All Pantex employees, Y-12 non-bargaining, and FCLT bargaining unit employees are automatically covered for Basic Life Insurance coverage. No enrollment action is necessary.</p> <p>For ATLC, IGUA, and USW bargaining unit employees coverage begins on the day you enroll, provided you enroll within 31 days after you become eligible.</p>

Benefit Plan	Your Coverage Will Begin...
	Otherwise, satisfactory evidence of insurability must be approved by the insurance company before coverage can begin.
Basic Accidental Death & Dismemberment (AD&D) Life Insurance	All Pantex employees, Y-12 non-bargaining, and FCLT bargaining unit employees are automatically covered for Basic AD&D coverage. Enrollment is required for additional Voluntary AD&D coverage.
Voluntary AD&D Insurance	All non-bargaining and FCLT bargaining unit employees coverage begins on the day you enroll, provided you enroll within 31 days after you become eligible.
Group Universal Life Insurance	On the day you enroll, provided you enroll within 31 days after you become eligible. 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 (ATLC, IGUA, PGU, and USW bargaining unit employees only).
Business Travel Accident Insurance	On your first day of work.
401(k) Savings Plan	Your contributions in the form of payroll deductions will begin as soon as administratively possible after you enroll, generally within 31 days.
Pension Plan (Closed to new hires)	On your first day of work.

When You May Change Your Elections

You may add or change coverage for Basic Life, Accidental Death and Dismemberment, and GUL (including Spouse and Child life) insurance with an approved statement of health. If eligible, you may add or change Special Accident Insurance at any time. You may cancel these coverages at any time. You may change most 401(k) Savings Plan elections at any time by contacting the 401(k) Savings Plan recordkeeper, either by phone or online. 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 31 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 a Spouse and Child(ren), which includes a birth certificate, Social Security card, marriage certificate, and/or other documents needed to prove eligibility.

If you would like to request a mid-year election change because of a Qualifying Life Event, you must complete a change form and return it to the Benefit Plans Office within 31 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 during Open Enrollment.

Reference to a 31-day time limit in this book means calendar days. The 31-day period begins on the day of the event and ends 30 days thereafter. Holidays and weekends are included in the 31-day period. Elections must be received in the Benefit Plans Office by close of business on day 31 in order to be accepted. Reference to a 61-day time limit in this book means calendar days. The 61-day period begins on the day of the event and ends 30 days thereafter. Holidays and weekends are included in the 61-day period.

Changes at Other Times

Qualifying Life Events

If you elected after-tax contributions for medical, dental, and/or vision coverage, you may cancel that coverage any time during the year, for any reason. However, you may only change your before-tax medical, dental, and vision 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. A request to add coverage must be made within 61 days of the Qualifying Life Event. A request to drop coverage must be made within 31 days of the Qualifying Life 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
- Court-appointed permanent guardianship 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, vision, 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

If a dependent add request is received beyond 31 days but within 61 days, coverage is effective the first day of the month following the date the enrollment form is received. If this happens, you will experience up to a 3-month lapse in coverage. Otherwise, you will have to wait until Open Enrollment to enroll the dependent, and the coverage will not be effective until the next January 1.

Birth of a Child:

A newborn Child of an Employee is automatically covered under the medical plan for 31 days. You must complete the Child's enrollment through the Benefit Plans Office within 31 days of the end of the state-mandated coverage to continue to cover the newborn. Newborns are added the effective date of birth, if enrollment is received within 31 days of the date of birth. If enrollment is received beyond 31 days but within 61 days, coverage will be effective the first day of the month following the date the enrollment form is received. You will experience a one-month lapse in coverage if this occurs.

① REMINDER: Enrollment must be completed AND submitted to the Benefit Plans Office within 31 days of any Qualifying Life Event.

Below are 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 Life Event	You can make these changes, if consistent*
Marriage, birth, adoption, or placement for adoption of a Child	Add yourself, your Spouse, and/or Child(ren); 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 31 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 (due to age)	Drop dependent coverage
<p>* For your election to be effective, the Plan Administrator must determine that your requested mid-year change is consistent with the Qualifying Life Event.</p> <p>You are obligated to submit proof of dependent status for Child(ren) and your Spouse, which includes a birth certificate, Social Security card, marriage certificate, and/or other documents needed to prove eligibility.</p>	

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 31 days of the event (except with respect to the health care spending account). If a new benefit option is added or significantly improved or is 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 31 days of the change. If your dependent care provider changes or services are significantly curtailed, you may be able to change your election within 31 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 their plan year covering May 1 – April 30, you may 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.

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 Security department to update your personnel records.
- Review your Spouse's benefits so you can coordinate coverage to your best advantage. If you are adding your Spouse to your medical, dental, and/or vision coverage, a copy of your marriage certificate, as well as a copy of his/her Social Security card is required.
- Change your benefit elections within 31 days of your marriage.
- Consider increasing your contributions to the health care flexible spending account, or, if you have elected the Choice Plus HSA, your Health Savings Account, so you can pay for your Spouse's unreimbursed medical, dental, and vision expenses with before-tax dollars.
- Update your life and accident insurance beneficiary records.
- Update your 401(k) 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 the 401(k) Savings Plan recordkeeper for more information.

If You Get Divorced or Legally Separated ...

- Notify the Benefit Plans Office and your Company's Personnel Security department to update your personnel records.
- Change your benefit elections within 31 days after the date your divorce or legal separation is final. You must submit a copy of the final divorce or legal separation decree in order to drop coverage for your ex-spouse. Your ex-spouse is eligible to continue medical, dental, and vision 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, dental, and vision 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 the Benefits Plans Office.
- Evaluate life insurance coverage.
- Update your life insurance and accident insurance Beneficiary records. Beneficiary forms are available from the Benefit Plans Office or the Benefit Plans website.
- Contact the 401(k) Savings Plan recordkeeper for more information about updating your Beneficiary.
- 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 401(k) 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

You 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 or adopted Child to your coverage. Notify your supervisor and the Benefit Plans Office for guidance on Family Medical Leave Act options.

When Your Child Arrives

- A newborn Child of a covered participant is automatically covered under the medical plan for 31 days.
- Enroll your newborn or newly adopted Child for medical, dental, and vision benefits within 31 days so your Child's medical expenses will be covered from the date of birth or adoption. You must provide a copy of the Child's birth certificate, Social Security card, and legal documentation for adoption. Call the Benefit Plans Office for additional guidance on how to add your newborn or adopted Child.
- Consider beginning or increasing your contributions to the flexible spending accounts, or, if you have elected the Choice Plus HSA, your Health Savings Account, so you can pay for your Child's unreimbursed medical expenses and Child care expenses with before-tax dollars.
- Evaluate life insurance coverage.
- Update your life insurance and accident insurance beneficiary records as needed.

 YOU MUST COMPLETE AND RETURN ENROLLMENT FORMS WITHIN 31 DAYS OF THE BIRTH OF YOUR CHILD TO ENSURE CONTINUOUS COVERAGE.

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 The Reed Group to initiate a disability claim. See Contact Information. PGU bargaining unit employees should contact the Benefit Plans Office.
- Comply with requests for information from The Reed Group as long as you are 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 or 26 weeks, you can apply for Long-Term Disability benefits. The Reed Group will provide you with information on how to apply.
- Complete application for Long-Term Disability benefits and provide physician's information as requested by the Long-Term Disability vendor. Claim forms will be provided to you by the Long-Term Disability vendor.
- Apply for any 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" and "Long-Term Disability" are defined in the "Disability" section.

What Happens to Your Benefits If You Become Disabled

- **Medical (Including Prescription Drugs), Dental, and Vision**
 - During Short-Term Disability, coverage continues. Contributions are deducted from your disability benefits if available. Otherwise, you will be invoiced for any outstanding contributions.
 - During Long-Term Disability, Pantex employees eligible for retirement may continue medical coverage for up to 10 years or age 65 whichever is earlier. For Pantex Employees not eligible for retirement, medical coverage may be continued under COBRA provisions. Y-12 employee coverage may continue 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**
 - During Short-Term Disability, you may continue to access the services of the Employee Assistance Program.
- **Health Care Spending Account**
 - During Short-Term Disability, participation continues as long as you make contributions. Claims may be submitted for expenses incurred during the period of your disability.
 - During Long-Term Disability, participation ends unless you elect to continue contributing for the rest of the calendar year on an after-tax basis through COBRA.
- **Dependent Care Spending Account**
 - During Short-Term Disability, participation continues as long as you make contributions. Claims may be submitted for expenses incurred during your disability if you are unable to care for your Eligible Dependent.
 - During Long-Term Disability, participation ends.
- **Short-Term and Long-Term Disability**
 - Short-Term Disability provides benefits for up to six months or 26 weeks of disability, depending on your length of service.
 - Long-Term Disability benefits are determined as a percentage of your monthly Pay. Depending upon your employee classification, the Long-Term Disability benefit may be offset by Social Security and other payable benefits. Eligibility for benefits is defined in the “Disability Coverage” section.
- **Basic Life Insurance and Accidental Death and Dismemberment Insurance**
 - During Short-Term Disability and Long-Term Disability, coverage continues at the level in effect at the time your disability began as long as you meet the disability requirements of the basic life and AD&D insurance plans, or until you reach age 65. After 13 weeks of disability, this coverage is provided at no cost to ATLC, IGUA, and USW bargaining unit employees.
- **Group Universal Life (including Spouse and Child Life Insurance)**
 - Coverage continues as long as you pay any applicable premiums to the vendor.
- **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.

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- **Special Accident Insurance (ATLC, IGUA, PGU, and USW Bargaining Unit Employees Only)**
 - During Short-Term Disability, coverage continues.
 - During Long-Term Disability, coverage continues up to 12 months provided you pay the premiums.
 - **Pension Plan**
 - During Short-Term Disability, any required employee contributions to the Pension Plan continue.
 - During Long-Term Disability, required employee contributions will cease.
 - **401(k) Savings Plan**
 - During Short-Term Disability, contributions continue.
 - During Long-Term Disability, contributions cease. In case of total disability, you become 100% vested in all available funds.

Steps to Take If You Leave the Company

If You Leave the Company ...

- Notify your supervisor.
- You may apply for COBRA within 60 days of your termination if you wish to continue medical (including prescription drugs), dental, and vision coverage or to continue participation in the health care flexible spending account.
- You may convert your basic life insurance to a private policy within 30 days of your termination if you wish to continue this type of coverage. Your basic life and AD&D coverage is also portable.
- Contact MetLife for information on continuing your Group Universal Life insurance.
- Decide whether to leave your account balance in the 401(k) Savings Plan, rollover to another qualified plan, or take a distribution.
- Notify the Benefit Plans Office if your address changes.

What Happens to Your Benefits If You Leave the Company

- **Medical (Including Prescription Drugs)**

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, additional benefits may be payable, if you are undergoing a course of treatment at the time of termination. In addition, you or your dependents may continue coverage for up to 18 months through COBRA, unless you are discharged for gross misconduct.

- **Vision**

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.

- **Employee Assistance Program**

Coverage ends upon termination.

- **Flexible Spending Accounts**

Coverage ends upon termination. 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 calendar year of the COBRA event, and submit claims for expenses incurred during the period you continue to make contributions.

- **Disability**

Coverage ends upon termination.

- **Basic Life and Accidental Death and Dismemberment (AD&D) Insurance**

Coverage ends upon termination. You may convert your basic life and special accident insurance to individual policies. Basic life and AD&D insurance coverage is portable.

- **Group Universal Life Insurance**

Coverage ends upon termination. Contact MetLife for information on continuing your Group Universal Life insurance after termination.

- **Pension Plan**

Employee contributions, if applicable, will end upon termination. You will receive benefits if you are vested in the Pension Plan.

- **401(k) Savings Plan**

Contributions end upon termination. You may choose to receive a payout of your full vested account balance, rollover to another qualified plan, or you may leave it in the 401(k) Savings Plan. Any outstanding loans must be paid within plan requirements. Otherwise, the outstanding loan balance will be treated as a taxable distribution to you.

Your 401(k) Savings Plan distribution is subject to a mandatory 20% tax withholding unless it is paid as a direct rollover into an individual retirement account or another qualified plan within 60 days.

Contact the 401(k) Savings Plan recordkeeper for additional information.

Steps to Take If You Retire

If You Are About to Retire ...

- Notify your supervisor.
- If you are pension eligible, call the Benefit Plans Office to receive retirement counseling and complete necessary forms to initiate your pension benefit.
- If you retire before age 65 and are eligible to continue post-retirement benefits, you may elect medical (including prescription drugs), dental, vision, and life insurance coverage. If you retire at age 65 or later, you may enroll in the Retiree Health Exchange. You must make your benefit elections immediately upon retirement.
- Call the 401(k) Savings Plan recordkeeper for information on how to receive a payout of your full vested account balance, rollover to another qualified plan, or leave your account balance in the 401(k) Savings Plan. Any outstanding loans must be paid within plan requirements. Otherwise, the outstanding loan balance will be treated as a taxable distribution to you.
- Contact your Social Security office for an estimate of your benefits and information about Medicare if you or your Spouse is age 65 or older.

Medicare Eligibility and Retirement

It is your and/or your Eligible Dependents' obligation to determine the earliest date any coverage under Medicare could become effective for yourself/your dependent. Medicare eligibility may be due to age, disability, or certain medical conditions as specified under Medicare regulations.

Company plans will pay secondary to Medicare as permitted by law, whether or not you are enrolled in Medicare.

Contact your Social Security Office and Medicare for assistance and additional information.

How does my other insurance work with Medicare?

When you have other insurance and Medicare, there are rules for whether Medicare or your other insurance pays first.

If you have **retiree** insurance (insurance from your or your spouse's former employment), Medicare pays first.

If you are 65 or older, have group health plan coverage based on your or your spouse's **current** employment, and the employer has **20 or more employees**, your group health plan pays first.

If you are 65 or older, have group health plan coverage based on your or your spouse's **current** employment, and the employer has **fewer than 20 employees**, Medicare pays first.

If you are under 65 and have a disability, have group health plan coverage based on your family member's **current** employment, and the employer has **100 or more employees**, your group health plan pays first.

If you are under 65 and have a disability, have group health plan coverage based on your or a family member's **current** employment, and the employer has **fewer than 100 employees**, Medicare pays first.

If you have Medicare because of End-Stage Renal Disease (ESRD), your group health plan will pay first for the first 30 months after you become eligible to enroll in Medicare. Medicare will pay first after this 30-month period

For additional Medicare information, please review the Medicare and You Handbook located here:

<https://home1.y12.doe.gov/benefits/pdf/10050-medicare-and-you.pdf>

What Happens to Your Benefits If You Retire and are Eligible for Pension and Post-Retirement Benefits

- **Pantex Medical (Including Prescription Drugs), Dental, and Vision**

- If you had at least 10 years of full-time service under the Pension Plan and were at least age 55 at the time of your retirement, you may elect to continue coverage for yourself and your Eligible Dependents. Coverage may continue until the first of the month following your 65th birthday. You must pay any cost required by the Company for the continued coverage.
- Pantex non-bargaining and MTC: When you reach age 65, coverage ends at the end of the month and you become eligible for the Retiree Health Exchange. You may elect to continue coverage under the plans for an enrolled younger Spouse and other enrolled Eligible Dependents for a maximum of 10 years from your retirement date or your Spouse's 65th birthday, whichever is earlier. If your Spouse reaches age 65 before you, you may continue coverage for the Spouse through the end of the month of your Spouse's 65th birthday.
PGU: coverage ends the end of month prior to your 65th birthday and you become eligible for the Retiree Health Exchange. You may elect to continue coverage under the plans for an enrolled younger Spouse and other enrolled Eligible Dependents for a maximum of 10 years from your retirement date or your Spouse's 65th birthday, whichever is earlier. If your Spouse reaches age 65 before you, you may continue coverage for the Spouse until the end of the month prior to your spouse's 65th birthday.
- Dependent Child(ren) coverage ends when both you and your Spouse are no longer eligible for the pre-65 retiree plans. They may be eligible to continue coverage under COBRA.

- **Y-12 Medical (Including Prescription Drugs), Dental, and Vision**

- 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. Coverage may continue until the first of the month of your 65th birthday. You must pay any cost required by the Company for the continued coverage.
- When you reach age 65, coverage ends and you become eligible for the Retiree Health Exchange. You may elect to continue coverage under the plans for an enrolled younger Spouse and other enrolled Eligible Dependents until your Spouse reaches age 65. If your Spouse reaches age 65 before you, the Spouse's medical coverage will end and your Spouse will be eligible for the Retiree Health Exchange. For dental and vision, you may continue spouse coverage until you reach age 65.
- Dependent Child(ren) coverage ends when both you and your Spouse are no longer eligible for the pre-65 retiree plans. They may be eligible to continue coverage under COBRA.
- 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.

- **Employee Assistance Program**

Coverage ends upon retirement.

- **Flexible Spending Accounts**

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

You may submit health care spending account claims for eligible expenses incurred after you retire only if you continue under COBRA provisions.

- **Disability**

Coverage ends upon retirement.

- **Basic Life Insurance**

Life insurance coverage may be converted to a personal policy in accordance with plan provisions.

Under plan provisions, certain Y-12 employees electing to retire may choose to continue full coverage by paying the active employee premium rate or elect a reduced amount of coverage at no cost. In all cases, coverage is reduced at age 65. The difference between the full and reduced coverage amount may be converted to a personal policy.

- **Accidental Death and Dismemberment (AD&D) Insurance**

Coverage ends upon retirement; however, the plan has a portable feature you may elect.

- **Group Universal Life Insurance (including Spouse and Child Life Insurance)**

Coverage ends upon retirement. Contact MetLife for information on continuing your Group Universal Life insurance.

- **Pension Plan**

Employee contributions, if applicable, will end upon retirement. You will receive benefits if you are vested in the Pension Plan.

- **Business Travel Accident Insurance**

Coverage ends upon retirement.

- **Special Accident Insurance (ATLC, IGUA, PGU, and USW Bargaining Units Only)**

Coverage ends upon retirement; however, you may convert your coverage to a personal policy.

- **401(k) Savings Plan**

Contributions end upon retirement. You may choose to receive a payout of your full vested account balance, rollover to another qualified plan, or you may leave it in the 401(k) Savings Plan. Any outstanding loans must be paid within plan requirements. Otherwise, the outstanding loan balance will be treated as a taxable distribution to you.

Your 401(k) Savings Plan distribution is subject to a mandatory 20% tax withholding unless it is paid as a direct rollover into an individual retirement account or another qualified plan within 60 days.

Contact the 401(k) Savings Plan recordkeeper for additional information.

Steps To Take If You or a Family Member Dies

In the Case of Your Death ...

- A family member should notify the Benefit Plans Office of your death.
- The Benefit Plans Office will provide guidance to your appropriate family member(s) on the applicable documents for initiating benefits that may be available as a result of the death.
- Your designated Beneficiary should complete a life insurance and/or special accident insurance claim forms. The completed forms with a certified death certificate and other supporting information should be sent to the Benefit Plans Office.
- If available, a family member may convert any family special accident insurance coverage to a personal policy within 30 days of the death if they wish to continue this coverage.
- The Beneficiary should contact the insurance company for information on filing a claim and/or continuing Group Universal Life insurance coverage.
- Eligible Dependents should decide whether to continue medical, dental, and vision coverage. The cost and the length of continuation will be based upon your full-time service at the time of death.
- Remember, the Employee Assistance Program is available to family members who may need counseling.

If Your Spouse or Dependent Dies ...

- Notify the Benefit Plans Office.
- Contact the insurance company for information on filing a Group Universal Life claim, 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) with a certified death certificate and other supporting information to the Benefit Plans Office.
- Change your medical (including prescription drugs), dental, vision, flexible spending account, life, and special accident insurance elections within 31 days of the death.
- Review your Beneficiary elections for life and accident insurance and the 401(k) 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

- **Pantex Medical (Including Prescription Drugs), Dental, and Vision**
 - Your Spouse and Eligible Dependents may continue coverage at the appropriate active employee cost for three months immediately following your death.
 - If you had at least 10 years of full-time service under the Pension Plan and were at least age 55 at the time of your death, your Spouse may elect pre-65 retiree coverage for himself/herself and Eligible Dependents. Coverage may continue until the first of the month following the Spouse's 65th birthday. The Spouse must pay any cost required by the Company for the continued coverage.
 - When your Spouse reaches age 65, coverage ends and your Spouse will become eligible for the Retiree Health Exchange.

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- Dependent Child(ren) coverage ends when your Spouse is no longer eligible for the pre-65 retiree plans. They may be eligible to continue coverage under COBRA.
 - If you were not retirement eligible at the time of your death, your Eligible Dependents may continue coverage for a three-month period at appropriate active employee cost. An additional 33 months of coverage is available through COBRA. See the “Administrative Information” section for more information.
 - **Y-12 Medical (Including Prescription Drugs), Dental, and Vision**
 - Your Spouse and Eligible Dependents may continue coverage at the appropriate active employee cost for three months immediately following your death.
 - 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 death, your Spouse may elect pre-65 retiree coverage for himself/herself and Eligible Dependents. The Spouse must pay any cost required by the Company for the continued coverage.
 - When your Spouse reaches age 65, coverage ends and your Spouse will become eligible for the Retiree Health Exchange.
 - Dependent Child(ren) coverage ends when your Spouse is no longer eligible for the pre-65 retiree plans. They may be eligible to continue coverage under COBRA.
 - 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 death, your Spouse may elect pre-65 retiree coverage for himself/herself and Eligible Dependents. However, the Spouse must pay full cost for the continued coverage.
 - If you were not retirement eligible at the time of your death, your Eligible Dependents may continue coverage for a three-month period at appropriate active employee cost. An additional 33 months of coverage is available through COBRA. See the “Administrative Information” section for more information.
 - **Employee Assistance Program**
 - Coverage ends upon death.
 - **Flexible Spending Accounts**
 - Participation ends upon death. Dependents may submit claims for health care and dependent care expenses incurred before your death.
 - **Basic Life and Accidental Death and Dismemberment (AD&D) Insurance**
 - In accordance with plan provisions, your Beneficiary(ies) may receive benefits based upon the coverage you elected.
 - **Pension Plan**

Employee contributions, if applicable, will end upon death.

If you are vested in the Pension Plan, the Benefit Plans Office will contact your Spouse regarding any benefits that may be payable.
 - **401(k) Savings Plan**

Your Beneficiary may receive your full account balance in a lump sum, or other options may be available. Contact the 401(k) Savings Plan recordkeeper for additional information.

Keep in mind that if you have been married for at least one year, your Spouse is your Beneficiary unless you have designated otherwise with your Spouse’s written and notarized consent.

Current Employees

The medical, dental, and vision coverage before-tax medical, dental, and vision 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, the changes will be effective as described below under “Paying for Your Benefits.”

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. Therefore, the required contributions for coverage you elect to purchase with pre-tax dollars will be deducted as follows.

- For initial elections made within 31 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 for 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 31 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.

With the exception of 401(k), pre-tax payroll deductions can only be changed if you have a Qualifying Life Event and you contact the Benefit Plans Office within the time specified in the Qualifying Life Event section of this handbook. Therefore, if you have a Qualifying Life Event and you do not notify the Benefit Plans Office within the time specified of the Qualifying Life Event, you may have a change in coverage level but no change in premium until the following year.

① 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, dental, or vision coverage or for participating in the flexible spending accounts. This is also true for before-tax 401(k) 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.

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.

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 plans. Vendor and service contracts will be

maintained that 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.

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), dental, and vision 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
 - The date you are no longer considered eligible because of a change in your employment status, including a reduction in hours
 - The last day of the period for which your last contribution was made (if you fail to make any required contribution)
 - The date the plan is terminated

Coverage for your dependents will end on the same day your coverage ends or the end of the month they are no longer considered Eligible Dependents, if earlier.

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

Your participation in the 401(k) Savings Plan may continue (with some limitations) after you stop making contributions.