Frequently Asked Questions: 2015 Benefit Changes
As received through December 17, 2014

Question Will the Multiemployer Pension Plan Reform Agreement – FY 2015 Omnibus (Funding) Appropriation bill have an effect on the ETTP Pension Plan for Grandfathered Employees?

Answer Most pension plans are protected by the Pension Benefit Guaranty Corporation (PBGC); however, there is growing concern by the Government of the number of commercially sponsored multiemployer pension plans that are failing, which is placing an increased risk on the PBGC’s financial guarantee. Part of the FY 2015 Omnibus spending bill as signed into law is legislation that will allow benefits under certain financially distressed multiemployer pension plans (i.e. plans in default or unable to meet its obligations) to be reduced by the Plan’s Trustees under the direction of the PBGC. Please be assured that the East Tennessee Technology Park (ETTP) Pension Plan for Grandfathered Employees is not financially distressed, this part of the legislation does not affect your accrued benefits earned or current benefits being paid. Furthermore, UCOR does not anticipate that the ETTP Pension Plan will fall into a financially distressed state in the future.

Received December 15, 2014 • Responded December 17, 2014

Question For recent "staff augmented" employees via UCOR contract with another company, e.g. Energy Solutions, but now transitioned as UCOR direct employees, do you track 401K contributions from the prior employer to ensure compliance with Internal Revenue Code? For example, an employee (less than 50 years old in 2014) may be contributing to their 401K account at a rate that will exceed the maximum annual contribution allowed by Code of $17,500. Say $10,000 of that contribution occurred during her employment as a staff augmented employee, as described above, at which time she is transitioned as a UCOR employee. By the first week of December she has contributed another $7,500, as a UCOR employee, bringing her total contribution for 2014 to $17,500. Will UCOR know to cease taking 401K contributions from her pay for the rest of the year?

Answer It is the participant’s individual responsibility to manage their 401(k) contributions and comply with the IRS regulations and annual contribution limits. If UCOR payroll is notified by the employee, and provides supporting documentation from prior employer (such as last pay statement reporting year to date contributions levels), UCOR payroll will set up a goal which enables the 401(k) deductions to automatically stop once the annual contribution limit has been reached. At the beginning of the next year the employee should remind payroll to remove the goal.

When considering pre-tax limits for the New Year employees should also consider taking advantage of the Plans ability to accept Roth and after-tax contributions as well. A new feature to be offered in the future will allow you to elect to have your contributions automatically converted to after-tax once you have reached the annual pre-tax/Roth limits. This feature will allow you to maximize your annual contributions and the employer contributions.

Contact Fidelity at 1-800-835-5095 or www.netbenefits.com to make changes to your elections.

Received December 10, 2014 • Responded December 11, 2014

Question Some pre-65 retirees may not get mail due to travel, extended vacations, or wrong mailing addresses. How will UCOR ensure those pre-65 retirees get notice that they need to actively enroll in benefits for 2015?

Answer Retirees should maintain their current address with Mercer Single Source 1. You may contact SS1 at 888-890-5631 to change your address.
I understand that some Frequently Asked Questions apply to both active employees and retirees, but is there a way to sort them and provide a separate link for Retiree-Related Questions only?

At the present time all FAQs are posted to the external site and are not segregated by active employees and retirees.

What will be the cost savings to UCOR/DOE as a result of the 2015 benefit changes? How will this money be used?

Through the Ben Val corrective action plan, UCOR proposed benefit changes that encompasses both CY 2015 and CY 2016 in order to align UCOR with DOE's cost management guidelines for benefit programs. Any cost savings will be utilized in accordance with the prime contract with DOE.

What, specifically, are the changes being made in the benefit plans for 2015 for both active employees and pre-65 retirees that are a direct result of the Affordable Care Act?

The Affordable Care Act (ACA) impacts the ETTP Medical Plan since it is a fully insured plan with Aetna. The primary impacts at this time are the annual Out-of-Pocket participant maximums, additional coverage for specific preventive care services and insurance fees which are passed back to an employer plan in total premiums required. In addition, in future years ACA will impose a tax should the total premiums for health care coverage exceed certain annual dollar maximums. The ETTP Medical Plan premiums, without changes to plan design, would be subject to such taxes. The DOE has communicated any such tax imposed on a health plan of a DOE Contractor is not an allowable expense. Accordingly, UCOR has made design changes to the plan for 2015 to position the plan to try to avoid the tax when it becomes effective. However, given that the cost of health care continues to increase, we could continue to face challenges to avoid this tax, referred to as the “Cadillac Tax.”

What are the dates of the last two Ben Val Studies that UCOR was involved in? When is the next Ben Val Study scheduled to be performed?

The Ben Val studies are completed on a two-year cycle and it is a possibility with the next Ben Val required valuation that benefits could change again. The last two Ben Val exercised were in completed in 2012 and 2014, the next review will occur in 2016. UCOR cannot provide any guarantees that benefits will not change and the company reserves the right to change benefits in whole or in part at any time.

If a pre-65 retiree turns age 65 BEFORE December 31, 2014, what actions should they take to be enrolled in the correct plans as a post-65 retiree?

You may contact Mercer SS1 at 888-890-5631 for enrollment in the post 65 medical plan.
**Question** If a pre-65 retiree turns age 65 during January 2015, what actions should they take to be enrolled in the correct plans as a post-65 retiree?

**Answer** You may contact Mercer SS1 at 888-890-5631 for enrollment in the post 65 medical plan.

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**Question** Are there guarantees that ALL grandfathered retirees -- both pre-65 and post-65 -- who may be enrolled in other insurance programs (e.g., not Aetna) currently and during 2015 will be eligible to enroll during Open Enrollment in the new marketplace program and receive the stipend that’s scheduled for 2016?

**Answer** There are no guarantees; however, under the current process regarding eligibility, eligible retirees through the Open Enrollment period may elect benefits or defer. The UCOR Health Care Exchanges options and stipend process that will become effective in 2016 for Pre-65 and Post-65 eligible retirees remains under development. The plan design to be considered is for the stipend amount to be factored (as an offset) into the price of the health care coverage elected. If you are eligible you may elect the Health Care Exchange during the applicable benefits open enrollment periods. However, you must elect the health care exchange coverage through the UCOR program in order to receive the stipend offset. As additional information becomes available on the Health Care Exchange options and process, it will be made available.

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**Question** What is the proper method to request a copy of the most current Ben Val Report? Will it include a list of the DOE-approved companies that were used in the comparisons?

**Answer** The Ben Val study does not provide detailed financial information. In fact, the study deliberately avoids making those comparisons because its design based, and, as such, a dollar cost comparison by employer will vary too much based on demographics, claims experience, and employee elections, etc. The Ben Val Study it is not available to employees and retirees because of the proprietary nature of specific company information.

The selection of comparator companies for the market value comparison is set forth very specifically under our contract with the DOE. In selecting comparator companies, DOE requires selected companies represent contractor’s parent organization, where applicable, and organizations in same industries from which contractor competes for exempt level professional staff employees in same industry; thus, comparators are selected, based on companies who provide data to the Benefits Index Database (maintained by Aon Hewitt), using URS and CH2M business functions. Participating companies are identified by Business Sector using the "Standard Industrial Code, or SIC". SIC codes for the benefits data base are grouped progressively into broader industry classifications; industry group, major group, and division. Using the primary SIC, comparators are selected.

Another selection criteria is that the same comparators from previous studies be used again unless necessary to drop them from the group. Denso, Raytheon and Westinghouse Electric were all in the comparator group from the 2011 study as well as the last Ben Val study performed by BJC. These three comparators continue to be relevant for our study; Denso is a local major manufacturing firm which has like exempt positions; Raytheon has similar market sectors akin to URS and CH2M; and Westinghouse Electric competes with URS and CH2M in the nuclear/energy sectors.

There is a data base maintained by Aon Hewitt that contains the proprietary benefits information for all the companies in the data base. The data base contains benefits information for over 1100 companies that our Ben Val information is pulled from. UCOR has...
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no prior knowledge of benefits information for the fifteen specific comparator companies.

Question If memory serves me, the active UCOR salaried employees and Pre-65 Retirees have had the same medical and dental plans since the transition to Bechtel Jacobs Company to the present contractor, UCOR. The medical premium rates were also the same until recently, but now the active employee rates are much lower. For 2015, the Single Employee Monthly Cost is $165.38 compared to a Single Pre-65 Retiree Cost of $263.45. The cost share changed from 25/75 to 30/70 in 2013 for pre-65 retirees -- did it remain 25/75 for active employees? The Total Monthly Cost for Single Active Employee is $826.94, compared to $878.17 for Single Pre-65 Retiree -- why the difference?

Answer Salaried employees and pre-65 retirees have the same medical and dental coverage. The salaried employees and pre-65 retirees have not had the same total monthly rate since 2005. After 2005 the difference between the rates was substantially different due to retirees being placed in their own rate pool because of high claims usage. The cost share for retirees was 25/75 until 2013, at which time the cost share became 30/70. The cost share for active employees is 20/80. Through the Ben Val corrective action plan, UCOR proposed benefit changes that encompasses both CY 2015 and CY 2016 in order to align UCOR with DOE's cost management guidelines for benefit programs.

Question After enrolling, I have a document on the HR Benefits site that gives more detail on our Benefits. On the Pharmacy coverage, is there an error on page 7, bottom of the page. It states that the Mail Order scripts are "up to a 30 day supply at participating pharmacies." I believe this should be "up to a 90 day supply at participating pharmacies." Is 90 days correct? That is what we have been told prior to this document.

Answer Thank you for your feedback. Aetna has issued a revised Schedule of Benefits and it has been posted to http://www.ucor.com/benefitsRMP.html and to http://intranet.ettp.gov/hr/2015_benefit.html.

Question I am looking for the ETTP medical plan for 2015 for Post 65 retired employees. I printed the 4 page document below but am concerned that it may not relate to ETTP in that the heading, top right, indicates "Traditional Choice (TC) – Ohio. This would indicate to me that it is (only) for Portsmouth (Ohio) retirees? Please advise if this document is also for Post 65 ETTP employees.

Answer The Aetna Plan Design and Benefits link you selected is correct for Post 65 Retirees in all locations. The reference to Ohio cannot be changed at this time and does not mean the coverage is for Ohio residents only.

Question Can active UCOR employees who are covered under the Aetna Plan allowed to purchase supplemental insurance to cover the 20 percent out of pocket expenses that will not be covered? This is particularly important in an inpatient hospital scenario where one faces a significant surgery/long hospital stay costing in excess of $100,000s where 20 percent can represent $20,000+ in cost to the patient.
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Answer You may purchase additional coverage through an outside insurance company. UCOR does not endorse or recommend any particular insurance company. The maximum Aetna In-Network out-of-pocket maximum is $5,100 for single coverage and $10,200 for family coverage. The out-of-pocket maximum includes deductible, coinsurance and copays paid by you.

Received November 19, 2014 • Responded November 19, 2014

Question If a retiree signs up for UCOR post 65 medical plan, does the retiree also have to sign up for “Part B” Medicare as a condition for receiving medical coverage under the UCOR post-65 group plan? Is the post 65 group plan considered “Part B” Medicare medical coverage?

Answer The Aetna post 65 Medical Plan is a supplemental Plan to Medicare Part A and B. The retiree must be enrolled in Medicare Part A and B, which is the primary coverage. The Aetna Post 65 Plan pays after Medicare Part A and/or B pays.

Received November 19, 2014 • Responded November 19, 2014

Question When will we get our new insurance cards?

Answer New insurance cards will be mailed in January 2015. After January, 1, 2015, you may log on to www.aetna.com to print a temporary card or your medical provider can contact Aetna at 888-632-3862. For Aetna Member Services, participants should call 888-238-6203. For Aetna Rx Member Services please call 888-792-3862.

Received November 18, 2014 • Responded November 19, 2014

Question I need to find a new Dental provider. What kind of plan do we currently have with Aetna? What type of plan will we have with MetLife? When I enter the website I have to choose from the following: PDP, PDP Plus, Dental HMO/Managed Care, Federal Dental, TRICARE.


Received November 10, 2014 • Responded November 18, 2014

Question I am a Pre 65 retiree. I am currently under the medical, vision, and dental plan. I am currently reviewing my plans and may choose another medical plan. If I chose another plan and want to return to the Pre 65 plans please answer the following questions:

1. Can I return to the plan any time during the calendar year or would I have to wait until the next enrollment period, Nov. 2015?
2. Can I choose to leave the medical plan and maintain the vision and dental with the Pre 65 plans?

Answer You may reenroll in the medical plan during the next annual enrollment or due to a qualifying event such as marriage, divorce, death, loss of coverage from present employer. You may reenroll in dental due to a qualifying event. You may cancel the
medical and vision, and keep the dental.  The medical and vision are a bundled plan that requires you carry both or neither. For additional information, contact Mercer Single Source 1 at 888-890-5631.

**Question** Last Fall I was told that I had to continue with my Aetna policy in order for my wife to keep coverage with Aetna until she turned 65. I turned 65 in February of 2014 and am now covered thru Medicare and Aetna. I was told that my policy through Aetna was a Medicare Supplement. Now, I understand that I do not have to continue my policy thru Aetna but that my wife can keep her Aetna coverage until she turns 65 in 3/15. If this is true, could you please tell me how I can drop my coverage (I will start a Medicare Supplement policy with another provider) and but keep paying her premium until she reaches 65. Also, do I need to call someone directly to initiate this change?

**Answer** Your spouse may continue coverage on the Pre-65 plan until she turns 65. Please contact Mercer Single Source 1 at 888-890-5631 to make benefit enrollment changes.

**Question** The most recent comprehensive Schedule of Benefits (GR-9N) I can find was issued in 2012. Please provide a link to the version for 2015.

**Answer** To date, Aetna has not provided the Summary of Benefits for 2015. Upon receipt, the Summary of Benefits will be posted to the Benefits site. You may refer to the Schedule of Benefits at http://www.ucor.com/benefitsRMP.html or http://intranet.ettp.gov/hr/2015_benefit.html.

**Question** This question relates to FAC ID #760. What I really want to know: is there a co-pay now for allergy shots when you do not see a doctor but merely get your shots?

**Answer** Aetna pays claims based on information submitted to them by the providers. Aetna has confirmed that for allergy injections, the copay is waived if no office visit charge is made. It would depend on the provider as to whether or not they charge for an office visit. Please check with your provider regarding your personal situation.

**Question** After I filled out my enrollment for 2015 Benefits, I opened up a document that summarized my choices that is under my information on the HR Benefits site. For allergy injections, it states that the coverage for Preferred Care is "Covered as either PCP or specialist office visit after medical deductible". Does this mean I will have to pay a co-pay for my allergy shots now? Before, as long as you did not see a doctor, but merely received allergy shots, there was no copay. Since this is the allergy specialist office, this would mean a significant change, going from $0 for shots for me to $60 for shots every time I get them.

**Answer** The deductible would not apply in the example you described. We have asked Aetna to revise the Benefit Summary for clarification. The revised summary has been posted to http://www.ucor.com/benefitsRMP.html and to http://intranet.ettp.gov/hr/2015_benefit.html.
Question My wife will be 65 in March 2015 and I will be 65 in September 2015. Can you help me plan what we need to do as we transition to Medicare? Also, can you tell me what happens with my life insurance when I turn 65?

Answer You may contact the Social Security Administration for information concerning enrollment in Medicare Part A and B. You may contact Mercer Single Source 1 at 888-890-5631 and a representative will be glad to assist you with your retiree benefit questions. Your Basic Life Insurance will reduce to 20% of its present value when you turn 65.

Question For in-network medical services the amount charged, is more than the Aetna Member Rate that is paid to the provider. What is my co-insurance based on, the amount the provider charged for the service or the Aetna Member rate that was paid to the provider? Can an in-network medical provider bill me for services that Aetna did not pay, not including co-pay and co-insurance?

Answer For questions regarding payment of claims, please contact Aetna Member Services at 888-238-6203. Co-insurance for a covered service is normally based on the Aetna Member Rate. If you receive services which are not covered under the Aetna Plan, your provider may bill you for those services. For questions regarding covered services, please contact Aetna Member Services.

Question The ETTP Retiree (Pre-Age 65) Medical/Rx/Vision Monthly Cost presented is $263.45 for Single coverage, $556.44 for Dual coverage, $815.14 for Family coverage, and $320.41 for Age 26 and 27 Adult Child. What are the corresponding Company Monthly Costs?

Answer The 2015 Medical/Dental rate sheets which show the Employee/Retiree monthly benefit cost along with the Employer monthly cost and the Total monthly cost for these benefits has been posted to http://www.ucor.com/benefitsRMP.html.

Question On the enrollment form the dental is shown as "Cost Per pay period". I thought the dental was a monthly deduction, not a weekly deduction. Has this changed? Also is the Long Term Disability Buy-Up a weekly or a monthly deduction?

Answer As indicated on the enrollment screen, the Cost Per Pay Period is a monthly rate. Dental will remain a monthly deduction. Long Term Disability Buy-up will be recalculated from a monthly rate to a weekly rate and deducted from your pay on a weekly basis.

Question The source of funding for our medical expenses and the Aetna Medical Plan is getting more complex and confusing. From the days where we had a Medical Plan with 75% contribution by the Company, 25% by the Employee and modest copays for a few services, we have evolved into a higher contribution by the Employee, escalating and expanding copays, recently a yearly Deductible cost, and new this year a Member Coinsurance cost. These are all sources of money to pay our medical bills. Could you please provide a list of the 2015 budgeted average monthly (or yearly divided by 12) medical expense (in descending value) paid for by

1) Company contribution cost,
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2) Employee contribution cost,
3) Employee Deductible payments,
4) Employee Copay payments (a) Medical and (b) Pharmacy, and
5) Member Coinsurance payments?

If possible, please provide the monthly cost for each category of coverage (Single, Dual, Family, and Age 26&27 Adult Child).

Answer The Aetna medical plans offered to eligible ETTP active and retired employees are prospectively rated insurance products. The plan costs (i.e. monthly premiums) are set in advance by Aetna on an annual basis. Factors that influence the premiums include;

- Group claim experience. The cost of the ETTP medical plan is directly dependent on the actual medical claims and services utilized by our participants
- The plan design – deductible, copays and coinsurance
- Group demographics
- Fees and taxes imposed by Federal and local government (ex: Affordable Care Act, State premium taxes)

The plan design changes for 2015 were driven by the DOE mandated benefit valuation study which required that our plan be comparable in value to plans offered by other DOE contractors, as well as the incorporation of changes required by the Affordable Care Act.

We do not track expenses or budget in the manner you described in your question. ETTP continues to fund 80% of the cost of the medical premiums for eligible active employees; 70% of the cost for Pre-65 Retirees and 50% of the cost for Post-65 Retirees

Received November 7, 2014  •  Responded November 12, 2014

Question The importance of the biannual BenVal studies is certainly being driven home to all employees and retirees. Could you provide the average BenVal benefits results (in dollars?) for the past studies (even Bechtel Jacobs periods)? I’m interested in the changes in the average value of benefits over time. It appears that the continuing health care funding increases beyond average that our group is experiencing will continue to impact us each study, and continue to cause pain to the retirees on fixed incomes.

Answer The BenVal study does not provide detailed financial information as requested. In fact, the study deliberately avoids making those comparisons because it’s design based, and, as such, a dollar cost comparison by employer will vary too much based on demographics, experience, and employee elections, etc.

Received November 10, 2014  •  Responded November 12, 2014

Question I have given HR feedback on the two times that I have called Mercer for help prior to the 2015 enrollment and they could not help.

Let me preface this by saying that I already thought my Adult Child would not be eligible to continue for me to pay for his insurance. I called Mercer yesterday morning for insurance enrollment. The lady that answered was nice. I told her I wanted to enroll for my 2015 benefit elections. I had my Benefits Confirmation Statement in front of me. She began to ask questions. She asked about the Adult Child and I told her he was no longer enrolled in school full time. She advised that school did not determine whether he could have insurance and asked his age. He is 26 years old and will turn 27 years old in December. She put me on hold for a while; came back to the phone and told me she would have to call me later, maybe the next day. I asked if we were not going
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to continue with the enrollment; she said we would when she called back. She called back around 5:20pm and said the “Adult Child” could not be carried due to his age. (The papers that Mercer sent me plainly states Age 26-28 – School Status required.) I said, so, it is not because he is not in school, but his age. (I am still so confused.) I did not continue with the Adult Child conversation. Also, when we were going over benefits, she proceeded to tell me and was insistent that I paid less for Voluntary than what is actually deducted from my pay check. I told her I had checked all my deductions prior to calling for enrollment but she was still insistent (she was still nice). I checked my pay stubs all the way back to June and she is incorrect. Where did Mercer get its information on us? Also, I asked her about the Employee Life that was listed on the Mercer paper, but she did not know about it and could not answer. I also asked her about the Group Term Life that is listed on the paystub, she referred to one of the current insurance I have. I told her no, this is a separate item. She does not know. She gave me confirmation numbers for Medical and Dental enrollment. I asked if Mercer would send something with all my benefits that she had enrolled me, she said no. If something was wrong I could always pull the phone records. As I said, the lady was nice, but she did not leave me with a feeling of confidence that Mercer is capable of handling my benefits. Maybe I am just having back luck with them. A co-worker that called yesterday morning to enroll (she talked with another representative) said it took her about 5 minutes. Her representative gave her confirmation numbers for all of her benefits, not just medical and dental. Her representative went over her beneficiaries. Do I call back and hopefully get someone else to ask what benefits I am actually enrolled in or what should I do?

**Answer** We sincerely apologize that you did not receive the information or assistance that you needed. Your feedback and satisfaction are important to us. A Senior Mercer Representative will be contacting you regarding your 2015 Annual Enrollment. Additionally, we have requested that Mercer provide re-training for the representative with whom you spoke. Again, we apologize for your inconvenience and thank you for your feedback.

**Question** What is the Company Access Code? I tried signing up at Mercer for benefits and I have to enter this information and it says it should have been provided by your employer. I have not seen anything about this? I would imagine a lot of people are going to run into this issue.

**Answer** The Company access Code is ETTP00. This information is contained in the Enrollment Guide you should have recently received in the mail. The Enrollment Guide is also posted at [http://www.ucor.com/benefitsRMP.html](http://www.ucor.com/benefitsRMP.html). Alternatively, you may contact Mercer Single Source 1 at 888-890-5631 and a representative will be glad to assist you.

**Question** I went in to sign up for the benefits, and the first page I get to at Mercer is asking for a username and password. I have no idea what I am supposed to enter here. Would you provide directions on how we’re supposed to do this, or point out where I can find them if they’ve been posted? I attended the meeting and reviewed all the material on the web site, and I don’t recall anything about how to do this

**Answer** Recently, you should have received an Enrollment Guide in the mail. The Enrollment Guide provides instructions on how to establish your initial registration and then complete your 2015 benefit enrollment. The Enrollment Guide may also be found at [http://www.ucor.com/benefitsRMP.html](http://www.ucor.com/benefitsRMP.html). Alternatively, you may contact Mercer Single Source 1 at 888-890-5631 and a representative will be glad to assist you with your registration and enrollment.

**Question** Should I already have an account with HRBenefitsadvantage.com? If not, what is the Company Access Code?
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**Answer** The Company access Code is ETTP00. Recently, you should have received an Enrollment Guide in the mail. The Enrollment Guide provides instructions on how to establish your initial registration and then complete your 2015 benefit enrollment. The Enrollment Guide may also be found at [http://www.ucor.com/benefitsRMP.html](http://www.ucor.com/benefitsRMP.html). Alternatively, you may contact Mercer Single Source 1 at 888-890-5631 and a representative will be glad to assist you with your registration and enrollment.

**Question** Please explain how coinsurance payments will be made. Assume for simplicity that the yearly deductible has been met. Aetna is billed for a service I purchased where the Amount Billed is $600 and the Member Rate is $400. Under the 2015 plan, Aetna will pay $320 (80%) and my coinsurance payment will be $80 (20%).

How am I going to get billed for my coinsurance amount? What should be my action be if the provider bills me a different amount (especially a “full” balance of $280), or does not bill me?

**Answer** After an insurance claim has been processed, the provider will normally bill you for any coinsurance amount that is due. If you have been billed in error, please contact your provider or the billing agent listed on your invoice.

**Question** What is the code that mercer needs before I can apply for flex? I can never remember that code.

**Answer** The Company Code for use on the Mercer Single Source 1 site is: ETTP00

**Question** In the summary for changes to our medical plan the in-network costs for an inpatient hospital visit are described as "$300 copayment+deductable+20%" However, in the question of August 27, it was stated that "Once you reach the out-of-pocket maximum, the plan pays 100% of covered expenses." Does this mean that if I have a hospital stay that costs $100,000, I will be required to pay $300 + $5,100 + $20,000 = $25,400, or $5,100.

**Answer** Deductibles, copays and coinsurance all count toward the In-network Annual Out-of-Pocket Maximum of $5,100. Assuming that you had not met your annual medical deductible, your cost would be $400 deductible + $300 copay + 20% coinsurance. However, once you have paid $5,100 out of pocket, you would have no further medical expenses for yourself. In your example, assuming that all your treatments are in-network covered services, your out-of-pocket expenses would be as follows: $400 deductible + $300 copay + $4,400 coinsurance = $5,100 out-of-pocket maximum.

**Question** I am now being told by Mercer that since I am a CDM employee, I cannot enroll for the Healthcare Flexible Spending Account through the Mercer website along with my other benefits? Really? So as a grandfathered employee, I have lost this "benefit" too?

**Answer** The FSA is not a Plan benefit, it is a company-specific benefit. Therefore it is administered by each employer for their own employees. This has always been the case and you should contact your employer’s HR Department for details of their FSA.
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**Question** The craft are wanting to enroll here at work. Are there going to be computers set up to accommodate this request?

**Answer** We will not be setting up computers specifically for enrollment purposes. Employees without computer access may enroll by contacting Mercer Single Source 1 at 888-890-5631 Monday through Friday from 9am to 6pm Eastern Time. Mercer representatives will be glad to assist employees in completing their enrollment by telephone.

Received November 10, 2014  •  Responded November 10, 2014

**Question** Glitches in the Benefits Enrollment Process??? 1. I do not have the option available to enroll in 2015 Flexible Spending.
2. I am being told by a phone representative that I need to fill out a form stating evidence of eligibility to keep the basic $10,000 child life for my dependent son. 3. I get an error message that I cannot elect the Long Term Disability if I am enrolled in the core disability. The phone reps at HR Benefits Advantage and at Metlife both told me to contact my local HR representative. Who is that???

**Answer** Thank you for your feedback. A senior representative from Mercer Single Source 1 will contact you regarding your 2015 benefits enrollment.

Received November 10, 2014  •  Responded November 10, 2014

**Question** What is the cost of the 40% LTD for the company and for the employee?

**Answer** The 20% LTD buy-up option affects active salaried employees only. There is no cost to the employee for the Core 40% LTD benefit. If an eligible active salaried employee wishes to make the 20% buy-up for a total LTD benefit of 60%, the cost to the employee is $0.28 per $100 of coverage. Please go to [http://www.ucor/benefitsRMP.html](http://www.ucor/benefitsRMP.html) to review the premium calculation example in the 2015 Benefit Changes PowerPoint. If you have additional questions regarding your premium amount, please contact Mercer Single Source 1 at 1-888-890-5631.

Received November 10, 2014  •  Responded November 10, 2014

**Question** Do the costs of medications apply toward the maximum out of pocket expense for health care (i.e., the $6,600 or $13,200 maximum?)?

**Answer** The ETTP Medical Plan for eligible salaried employees has two separate and distinct In-Network, Out-of-Pocket Maximums; one for Medical costs ($5,100 single/$10,200 family) and one for Prescription costs ($1,500 single/$3,000 family). All costs incurred under the separate medical and prescription maximums are credited towards the overall maximum mandated by the Affordable Care Act of $6,600 single/$13,200 family. However, please remember, the In-Network, Out-of-Pocket Maximums for medical and prescription costs are managed separately by the health plan provider Aetna.

This, and other 2015 Annual Enrollment information is available in the 2015 Benefits Overview posted on [www.ucor.com/benefitsRMP.html](http://www.ucor.com/benefitsRMP.html).

Received October 14, 2014  •  Responded November 5, 2014

**Question** Will our USW Contract employees be affected by any changes made?

**Answer** The primary change USW represented workers will see for 2015 will be to their premium payments for medical, dental and voluntary life insurance. In addition, MetLife becomes the new carrier for dental insurance. MetLife also will be administering
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the short-term disability plan effective January 1, 2015. But, there are no changes to the STD plan provisions for USW represented workers.

Received October 30, 2014  •  Responded November 3, 2014

Question Can you give an example of the cost per week / month for the 20% LTD buy-up? Also, where do we find information on the "Special Accident Plan"?

Answer For an example of how to calculate your LTD Buy-up, go to http://www.ucor.com/benefitsRMP.html and review the 2015 Benefit Changes PowerPoint Presentation. The Accidental Death and Dismemberment information will be posted to the internal and external sites.

Received October 29, 2014  •  Responded November 3, 2014

Question What is the Dental network we will have in 2015? I need to find out if my current dentist is in network, and if not find a new dentist.

Answer You may contact your current dental provider to find out if they participate in the MetLife Dental network. You may also contact MetLife at 800-638-6420 to find a dental provider in the PDP Plus network.

Received October 30, 2014  •  Responded November 3, 2014

Question You have made available a rate chart that reflects the new rates for 2015. Would you be willing to expand this chart and add a column showing what the rates currently are for comparison purposes?

Answer Eligible Employees and Retirees participating in the ETTP Health and Welfare Benefit Plan will be receiving a personalized 2014 Benefit Statement. The Benefit Statement will list your current benefit coverages, including the premium amounts which may be used for comparison purposes.

Received October 30, 2014  •  Responded November 3, 2014

Question Last week numerous Benefit Change Information Sessions were held at the ETTP site and I missed them all. Are there going to be any additional sessions available?

Answer At this time, we do not have additional sessions scheduled. Please visit http://www.ucor.com/benefitsRMP.html to review the video and other information that was presented during the informational sessions.

Received November 3, 2014  •  Responded November 3, 2014

Question How do I determine if a prescription is considered Tier I, II, III, or IV. I've looked at the Aetna web site and cannot seem to find out how to determine what a certain prescription medication is classified as.

Answer The 2015 Formulary Guide has been posted on the internal website at http://intranet.ettp.gov/hr/2015_benefit.html and on the external site at http://www.ucor.com/benefitsRMP.html but members may also contact Aetna Rx Member Services at 888-792-3862 for assistance regarding prescription information. We participate in the Aetna Four-Tier Commercial Open Formulary Plan and an Aetna representative will be glad to provide information about your prescription tier level.

Received October 8, 2014  •  Responded November 3, 2014
Frequently Asked Questions: 2015 Benefit Changes  
As received through December 17, 2014

**Question** When PTO is paid out next year for those over the limit, will it be paid straight out after taxes, or will the designated percentage of withholding for our 401(k) also be deducted?

**Answer** The designated percentage of withholding for 401k will be deducted in addition to taxes.

Received October 14, 2014  •  Responded October 29, 2014

**Question** Just to make sure I understand the answer to a previous question--is it correct that we will pay no more than $400 per prescription regardless of the cost of the medication and regardless of whether we've met the maximum out of pocket?

**Answer** Effective January 1, 2015 eligible active salaried employees and pre-65 retiree will have a $100 individual /$200 family annual pharmacy deductible. The information below assumes that the annual deductible has been met.

Active salaried employees and pre-65 retirees participating in the Aetna Four Tier Pharmacy Coverage will pay 30% coinsurance but no more than $150 for Tier I or II medications at an in-network retail pharmacy for a 30-day supply. If you utilize Aetna mail order, you will pay 30% coinsurance but no more than $300 (for up to a 90-day supply) of a Tier I or II medication.

For Tier III medications you will pay 30% coinsurance up to a maximum in-network retail cost of $300 and a mail order maximum of $600. Remember, mail order is up to a 90-day supply.

Tier IV medications are specialty medications. You will pay 30% coinsurance but no more than $400 at a retail pharmacy for this type of prescription.

Prescription copays, deductibles and coinsurance all count toward the in-network Rx out-of-pocket maximum of $1,500 individual/ $3,000 family.

Received October 14, 2014  •  Responded October 22, 2014

**Question** Will retirees be taxed on the stipend amount they receive? Y-12 contends that employees will have to pay the full cost of their coverage up-front and then seek reimbursement to keep it from being taxable. A previous answer said we would only pay the amount of coverage that wasn't covered by the stipend and would not have to seek reimbursement, so I'm wondering if that means this will be taxable for our retirees. This is a very important issue for those of us close to retirement age who are considering options.

**Answer** The UCOR actions to finalize the type of Health Care Exchange format and stipend application (any tax implications) for 2016 applicable to eligible Pre-65 or Post-65 retirees is still being developed. UCOR is aware of other plans where the stipend amount is not taxable and we will be reviewing to determine if a similar plan design can be implemented. As additional information becomes available at a later date, as to the options, etc. it will be provided.

Received October 14, 2014  •  Responded October 22, 2014

**Question** If I am currently a retiree per age 65 getting health insurance, but I choose to not take the insurance next year because I can be covered by another plan, when I turn 65 will I be able to collect the subsidy for the post 65 insurance I’ll have to buy from the health care exchanges?

**Answer** The UCOR Health Care Exchanges options and stipend process that will become effective in 2016 for Pre-65 and Post-65 eligible retirees remains under development. The plan design to be considered is for the stipend amount to be factored (as an
offset) into the price of the health care coverage elected. If you are eligible you may elect the Health Care Exchange during the applicable benefits open enrollment periods. However, you must elect the health care exchange coverage through the UCOR program in order to receive the stipend offset. As additional information becomes available on the Health Care Exchange options and process, it will be made available.

Question  When will the retiree information be released?

Answer  The applicable retiree (Pre 65 and Post 65) 2015 benefit change information, premium rates, and enrollment guide will be mailed by Mercer to applicable participants during the week of October 27. In addition, Mercer will include a summary of the current 2014 elected benefits.

Question  Have the stipend rates for CY 2016 for pre and post 65 be set? If they have, can you share this information with the retirees?

Answer  The health care exchange facilitator, process, and stipend amounts for the pre and post 65 retirees that will become effective in 2016 remains under development. When definitive information is available, UCOR will provide the stipend amounts, etc.

Question  When will these meetings be regarding the new 2015 benefits?

Answer  The UCOR Newsline (October 20 edition) will post the on-site and off-site briefing schedules. Currently there is one off-site session planned at the New Hope Center on Tuesday, October 28 beginning at 6:30 pm.

Question  Over the past several years, employees have paid 20% of the established Aetna medical premiums. What will the percentage be for 2015?

Answer  In 2015, UCOR Active employees will pay 20% of the established medical (including vision coverage) premiums.

Question  I am single with two children, one of whom will turn 26 in 2015. Am I going to have to pay the Family rate of $511.65 PLUS the Age 26 & 27 Adult Child rate of $413.48? That’s $925.13 per month for 3 people. Also, has UCOR considered premiums based upon the number of people in the plan? Currently, a married person with one child pays the same as a couple with 8 children. That doesn’t seem right.

Answer  For eligible UCOR employees, as long as you and 2 dependents (both under the age of 26) are covered, you would pay the family medical rate. Once one of your children turns 26 in 2015, you could then maintain medical coverage for yourself plus one dependent at the dual coverage rate of $349.23 per month. You would pay an additional $413.48 per month for the age-26 dependent at the Adult Child rate. This would be a total monthly cost of $762.71. The cost of extended coverage for adult children age 26 to 28 is paid solely by the employee on a post-tax basis.
Please be aware that in order for an Adult Child to be eligible for coverage, they must be unmarried; a full-time student at an accredited institute of higher education; does not qualify for Medicaid or Medicare; and is not eligible for health coverage through his or her own employer. UCOR will continue to review plan design on an annual basis.

**Question** If a retiree is eligible for Retiree Medical but is not currently enrolled. Can the retiree enroll in the plan during the 2015 open enrollment period and be eligible for the stipend in 2016?

**Answer** If an eligible retiree through Open Enrollment elects to participate in the Health Care Exchange beginning in 2016, the stipend will offset the expected cost (either in whole or in part) of Health Care Exchange coverage and premiums elected. The plan design is not intended for the stipend to be in the form of a direct payment to an eligible participant. There is no requirement to enroll in the Retiree Medical Plan in 2015 to be eligible for 2016 benefits; however, you must enroll during 2016 Open Enrollment period to be eligible for such benefits.

**Question** According to the MarketPlace.com “It’s against the law for someone who knows you have Medicare to sell you a Marketplace Plan.” Are the plans that will be available via purchase using the stipends for over 65 retirees “Medicare Advantage Plans” or “Med-gap Plans”?

**Answer** The UCOR actions to finalize the type of Health Care Exchange options for 2016 are still being developed. More information will be provided at a later date which will address this question.

**Question** What is the current employer contribution premium cost for post-65 and pre-65 retirees?

**Answer** For the 2014 Plan Year, below are the current UCOR employer paid premium shares (monthly):

<table>
<thead>
<tr>
<th></th>
<th>Pre-Age 65 Medical</th>
<th>Pre-Age 65 Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$ 614.13</td>
<td>$26.74</td>
</tr>
<tr>
<td>Dual</td>
<td>$1299.51</td>
<td>$55.42</td>
</tr>
<tr>
<td>Family</td>
<td>$1895.46</td>
<td>$84.45</td>
</tr>
</tbody>
</table>

**Post-Age 65 Medical:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$264.55</td>
</tr>
<tr>
<td>Dual</td>
<td>$529.10</td>
</tr>
</tbody>
</table>

The employer cost shares are subject to change annually.

**Question** Are the pre-65 retirees going to the stipend system in 2016? Will the available insurance plans be different for the post-65 retirees?
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**Answer** Yes. The current plan is for pre-65 retirees to move to a Health Care Exchange program and stipend in 2016. The actual plan design for the post-65 eligible retirees is still under development, but the goal is to have consistency in the insurance plans. Under a Health Care Exchange Platform there are multiple insurance options, UCOR’s goal to offer, at least, one option for a plan similar to the current post-65 insurance coverage.

Received October 8, 2014  •  Responded October 14, 2014

**Question** I noticed that “Preventive” health care has dropped from the list, except for dental. Was this an oversight or you no longer pay 100% for preventive visits?

**Answer** The information you received related primarily to 2015 benefit changes. Preventive Care is still covered as in the past and therefore was not included in the change information. For a comprehensive listing of covered preventive services please go to [www.hhs.gov/healthcare/facts/factsheets/2010/07/preventive-services-list.html](http://www.hhs.gov/healthcare/facts/factsheets/2010/07/preventive-services-list.html).

Received October 8, 2014  •  Responded October 9, 2014

**Question** Under the 2015 ETTP Medical Plan for active employees, will the out-of-network charges (co-pay, co-insurance) be included in the maximum out of pocket calculation?

**Answer** Out-of-Network charges (such as co-pays and co-insurance) count toward the out-of-network maximum out-of-pocket calculation. However, there is no cross-over; out-of-network charges do not count toward the in-network out-of-pocket maximum.

Received October 7, 2014  •  Responded October 8, 2014

**Question** Are you saying the employees will not be able to review the plan documents and insurance contracts until after the enrollment period of November 10-25?

**Answer** Each year, insurers prepare and provide us with insurance contract documents containing detailed information about insurance benefits. As is the case for employers everywhere, insurers generally do not make these documents available until well into the coverage year (2015). To provide as much 2015 benefits information as early as possible, we have included summary information in the 2015 Benefits Update. Once additional benefits information becomes available from the insurers, including any summary information regarding 2015 coverage, we will post it on 2015 Benefits Changes Web Page.

The documents that are currently available for review are the official MEWA plan document (which contains general governing provisions, not benefits details) and insurance contract documents governing 2014 insurance coverage. As we also indicated in our prior correspondence, the official MEWA plan document is in the process of restatement (i.e., simplifying and updating), and this updated document is expected to be available for review by January 1. If you would like to receive currently available documents, please formally submit your request to UCOR HR Benefits at: P.O. Box 4699, Oak Ridge, TN 37831-7020.

Received October 7, 2014  •  Responded October 7, 2014

**Question** So under the CY15 prescription plan, if I have a specialty drug that the cost for Aetna member is $2,800 for a 28-day supply (i.e. one month). Presently, I pay a co-pay of $50 at a local drugstore. Will I be paying $1,240.00 for this one medication? That is 30% of the Aetna member cost + $400 Retail cost. If so, I will either be forced to do without the medication I need, go out and buy a secondary prescription coverage or go out and get a second job just to help pay for my medications. I am on about 20 meds, but this one is the most expensive. Why can we not just have co-pays through Aetna Rx mail in or local drugstores? If this figure is correct, this is outrageous! Our raises are just a drop in a huge bucket and amount to absolutely nothing. Everything is
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going sky high, our benefits are eroding more and more, but our raises are the worst I have ever experienced in my whole career. I am beginning to see more clearly why folks go on welfare and let us pay their bills. This is all so disheartening and depressing. And it just keeps getting worse, day after day. Is there any good news?

Answer Currently, depending on whether the specialty medication is preferred or non-preferred, you pay 30% coinsurance per script, up to a maximum of $50 (specialty preferred brand) or $80 (specialty non-preferred brand).

Effective January 1, 2015, participants will pay 30% coinsurance per script up to a maximum of $400 per script for specialty medications. Please note that beginning in 2015, there will be an annual prescription out-of-pocket maximum of $1,500 per individual or $3,000 for a family. This means that when any individual reaches $1,500 in out-of-pocket prescription expenses (including deductible and coinsurance), they will have no further prescription expenses for the remainder of the year. The $3,000 annual family out-of-pocket prescription maximum may be reached by any combination of family members without any one individual reaching the individual OOP maximum (e.g. If 3 family members each have $1,000 in OOP prescription expenses, then the family OOP maximum of $3,000 has been satisfied for the year.

Participants are encouraged to consider enrolling in the Health Care Flexible Spending Account. A Flexible Spending Account, or FSA, is an employee benefit program that allows you to set aside money, on a pre-tax basis, for certain health care expenses. A Health Care FSA is used to pay for eligible health care expenses that are not covered under your insurance plan, such as co-payments, deductibles, some medications and some other health care costs. Some expenses you can pay with your health care FSA include: Dental work and orthodontia, Eye exams and eyeglasses, Contact lenses and saline solution, Hearing aids. All expenses must be qualified medical, vision, pharmacy or dental benefit expenses, as defined in Section 213(d) of the Internal Revenue Code.

Answer Please note that the maximum payment for a Tier I, II, or III script at retail is $150 per 30-day supply. The maximum payment for a Tier I, II, or III script at mail order is $300 for up to a 90-day supply. There would be a potential out-of-pocket savings of $150 by ordering the 90-day supply through mail order.

Answer Although the details on the retiree health care exchange program and stipend that will commence in calendar year 2016 are still being developed, the plan design is for the stipend amount to be factored (as an offset) into the price of the health care coverage. The enrolled participant (retiree) will be required to pay only the applicable premiums (after the stipend offset) each month for the insurance coverage elected. Eligible retirees, that are enrolled, will not have to remit the full coverage costs and then seek reimbursement each month for the stipend amount.

Answer I need a copy of the Plan Documents and insurance contracts. Are these going to be mailed to the employees?
**Answer** Effective January 1, 2015, for Non-Represented (Salaried) and Pre-65 Retirees, the Pharmacy benefit provisions will change as follows:

UCOR acknowledges the request to provide a copy of the MEWA Plan document and insurance contracts. Please realize these documents are currently being revised to reflect the 2015 benefit changes. The MEWA restatement should be completed by January 1 and the updated insurance contracts are about 60 days outstanding from being formally issued by the carriers to UCOR. Thus, the current MEWA Plan and insurance contracts will reflect only the 2014 benefit information. Updated documents will be posted to the applicable web sites when available. If you would like to receive the current MEWA Plan and insurance contracts, which will reflect only current plan rules and benefits information (i.e., 2014), please formally submit your request to UCOR HR Benefits at: P.O. Box 4699, Oak Ridge, TN 37831-7020

*Answer* I'm totally confused by the prescription drug information that was released in the last correspondence. It has 30% listed as Participant co-insurance. Does that mean we pay 30 percent of the cost? The plan covers 30 percent of the cost? What about the standard copays we used to have for mail-n medications. Do those not apply anymore?

**Answer** Effective January 1, 2015, for Non-Represented (Salaried) and Pre-65 Retirees, the Pharmacy benefit provisions will change as follows:

- Benefits will be available for covered services through in-network Pharmacies only. There will be no out-of-network coverage. To verify in-network pharmacies, contact Aetna Rx Member Services at 888-792-3862 or at [www.aetna.com](http://www.aetna.com).
- There will be a $100 Individual Annual Deductible. This applies to each covered person.
- Mail Order copays are no longer applicable.
- Participant Coinsurance (amount the participant pays) will be 30% for Retail (30-day supply) and 30% for Aetna Rx Home Delivery (up to 90-day supply) prescriptions. The Plan pays 70% of the prescription cost.
- Members can still realize out-of-pocket savings by utilizing Aetna Rx Home Delivery (Mail Order) for Tier I, II and III medications.

**Question** For what cost items may the monthly retiree stipend be used? For what time period may the monthly retiree stipend be retained in the "account"?

**Answer** The monthly stipend to eligible retirees that will commence for the 2016 calendar year can only be applied toward the monthly cost for the health care exchange elected by the individual retiree. Information on the actual private health care exchanges that will be offered beginning 2016 and the period that the monthly stipend may be retained in the "account" will not be known until late 2015. UCOR will communicate this information when the details are fully developed.

**Question** Where can we find out the In-Network Providers for prescription drugs?

**Answer** The Aetna Pharmacy Directory may be accessed on-line at: [www.aetna.com](http://www.aetna.com).

- On the Aetna home screen, click on 'Menu'
- Under 'Plans and Services', click on 'Pharmacy'
- In the middle of the next screen, you will see a blue box that says ‘Find a Pharmacy Fast’. Click on that box.
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You will then have a screen that will allow you to search for pharmacies by location or name. Please be sure to enter all required information including zip code and distance for search. When asked to ‘Select a Plan’, click on the dropdown arrow and click on ‘Aetna National Pharmacy Network’.

If you prefer, you may contact Aetna Rx Member Services 24 hours a day toll free at 888-792-3862. Press zero and you will be connected to an Aetna representative who will assist you with information regarding pharmacy or prescription medications.

Question In question 708 it was stated that the benefit information will be provided no later than September 30. When can we expect to receive this information regarding rates?

Answer The 2015 Benefits Changes Summary information including premium rates for UCOR employees was published on October 2 through an all-hands communication and listed on the 2015 Benefit Changes website internal and external websites. Due to additional reviews, the information was delayed from September 30. Website information is listed below:

Internal: http://intranet.ettp.gov/hr/2015_benefit.html
External: http://www.ucor.com/benefitsRMP.html

Question CNS is making retirees go to health exchanges in 2015, and in the material they sent out, they said they couldn't guarantee that they would continue giving stipends to retirees. Is that where UCOR is headed--eventually washing their hands of all retirees and leaving them having to pay the entire cost of their health care coverage out of pocket? Do we have any guarantees this won't happen?

Answer UCOR, commencing with calendar year 2016, will provide a monthly stipend to eligible retirees which can be applied toward the monthly cost for health care exchange elected by the individual retiree, under the ETTP Retiree Medical Plan. The stipend will be monthly "fixed dollar amount" subject to annual reviews by UCOR and DOE. The Ben Val studies are completed on a two-year cycle and it is a possibility with the next Ben Val required valuation that benefits could change again. UCOR cannot provide any guarantees that benefits will not change and the company reserves the right to change benefits in whole or in part at any time.

Question How is salary planning done under UCOR? Why can't we get raises that at least keeps up with the rate of inflation? Everyone's financial situation (at least for the non-management folks) continues to decline, yet we keep hearing hollow statements about how important employees are to UCOR. Except for the pay freeze years, the last two raises I got from UCOR were the lowest I've ever received in my almost 30 years working at the site. And now our benefits are being gutted. Do you realize what an unhappy work force you have right now?

Answer In an effort to keep pace with the external wage market, Human Resources annually conducts an in-depth analysis of internal and external market salary data, nation-wide salary trends, and other factors, and prepares a Compensation Increase Fund (CIP) request to DOE based on the analysis of this data.

The total CIP fund (the amount allowable for UCOR to spend annually on merit increases, promotions, and other salary adjustments) is subject to DOE approval. Upon DOE approval of funds, Human Resources provides each Level 1 Manager a salary planning allocation schedule and guidelines for implementation. Ultimately, UCOR must implement a salary program consistent with DOE approval regardless of what we may have requested.
**Frequently Asked Questions: 2015 Benefit Changes**

**As received through December 17, 2014**

**Question** Will there be another premium holiday as there has been in the past 2 years where we do not have to pay for health insurance for October, November, and December?

**Answer** No, there will not be another health insurance premium holiday. In the past, the health insurer (Aetna) required that the group health insurance policy be of a type (called a “participating contract”) that can generate either surpluses or deficits in premiums. Whether there is a surplus or a deficit for any given year generally depended on whether employees as a whole incurred less medical expenses than the budgeted amount (resulting in a surplus and the decision to use it for premium holidays) or more medical expenses than the budgeted amount (resulting in a deficit and additional payments to Aetna). In view of the extremely complex federal law requirements associated with this uncommon type of insurance, and to eliminate the uncertainty associated with surpluses and deficits, the group health insurance policy has been modified in 2014 to a more traditional policy type (called a “non-participating contract”). The result is a more predictive and stable arrangement that allows the medical insurance program to continue with less potential for disruptions and uncertainties.

**Question** Will we be receiving new medical cards in January?

**Answer** Aetna will issue new Medical ID Cards. You may also go online to www.aetna.com and register in Aetna Navigator (if you have not already done so). You will be able to print a copy of your ID card effective January 1, 2015.

**Question** Does the out-of-pocket maximum apply to type of coverage or the individual? For instance, if my husband has expensive surgery, will the out-of-pocket for that surgery be $13,200 as part of family coverage, or would it be $6,600 for him, and then another $6,600 if I have some kind of expensive medical procedure? This is important to know. Most of us don’t have $6,200 sitting around, much less $13,400. We need information on this soon.

**Answer** The family OOP max is a cumulative max and can be met by any combination of covered family members. Once the $13,200 OOP limit is met, it counts for the whole family, even though no one individual necessarily met the individual limit. However, if an individual meets the $6,600 individual out-of-pocket maximum, that particular individual would have no further out-of-pocket copays, deductibles or coinsurance expenses.

With respect to your specific situation, since you indicated that you have two covered family members, you would both have to meet the $6,600 individual out-of-pocket maximum in order to satisfy the $13,200 family out-of-pocket maximum.

**Question** Why are retirees being forced into health care exchanges in 2016? That doesn’t seem like something that was required by the benefits study because it’s not taking place in 2015 like the other changes? How will the stipends be determined (a percentage of income, a flat fee for everyone)?

**Answer** Through the Ben Val corrective action plan, UCOR proposed benefit changes that encompasses both CY 2015 and CY 2016 in order to align UCOR with DOE’s cost management guidelines for benefit programs. The transition to Health Exchanges for retirees is a common trend in the marketplace and several contractors have previously made this coverage change. Effective, January 1, 2016, a monthly flat dollar employer stipend will be made available to eligible participants in the ETTP Retiree Medical Plan. The stipend is based on the employer contribution premium cost share currently in effect for retiree health care coverage.
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Question Because of the change coming in 2016 regarding monthly stipends for retirees less than 65 years old and/or for those 65 or older, what option will be offered for continued family coverage? What about those dependent children who have not yet reached 26 years of age?

Answer The stipend for all eligible retirees is intended and was calculated using current employer subsidy valuation so that coverage for all eligible dependents of a retiree could have coverage under the exchange option if so elected by the retiree. Coverage for dependents of a retiree will only be available through the stipend and exchange option selected.

Question There really wasn’t an answer given to the question about how the stipend for retirees will be determined when they are force to health care exchanges. Is this going to be a stipend that will allow for full purchase of health coverage, or just a fraction of what we will need for health care coverage? This is a huge concern not just for retirees but for those of us who will eventually be retirees.

Answer The monthly stipend to eligible retirees commencing for the 2016 calendar year can only be applied toward the monthly cost for the health care exchange elected by the individual retiree. Given the exchange selected is an individual choice based on coverage needs, the monthly stipend may or may not cover the level of coverage selected. The stipend is based on the employer contribution premium cost share currently in effect for retiree health care coverage. The actual private health care exchanges that will be offered beginning in 2016 will not be known until late 2015, you may wish to review information about health care exchanges at this website: www.healthcare.gov.

Question How will the amount of that "monthly flat dollar employer stipend" be determined? As insurance rates are increased, will the amount of the stipend increase to match them? What a terrible loss for our retirees (of which many are suffering today because of the associated hazards of working at the K-25 plant during the cold war). What's next on the agenda for employee benefit losses?

Answer As to whether it is a "loss" to retirees or not cannot be ascertained as that is an assessment and personal opinion to be formed by each individual participant. Coverage options available through private health care exchanges are numerous and allow for more personal selection of coverage suited to individual needs than a single employer plan. Feedback from retirees in this geographic area who are already using private health care exchange options has been excellent, as other local and national employers, including DOE affiliated organizations, have already made this change.

Question Can you give us a more specific timeline of when we are going to receive complete information about our benefit changes (other than just saying in October)? Open enrollment is just weeks away (if its at the same time it usually is), people are wondering what exactly is going on with our benefits, and we are getting little information other than that initial message. I don't even know what our copays will be or what our prescription coverage will be. People have decisions to make and planning to do, and the sooner we have complete information, the better.
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**Answer** Details about the changes to specific benefit plans for 2015 will be distributed no later than September 25, 2014. Annual Enrollment is tentatively scheduled for mid-November. Prior to the Annual Enrollment Period in November, a schedule for Town Hall Meetings to be held in October will be published. These meetings will allow participants to learn more about upcoming changes and a portion of each meeting will be allotted to a questions and answers period.

Addendum: Previously UCOR indicated that additional details to the specific benefit plans for 2015 will be distributed no later than September 25, 2014. Unfortunately, as we continue our interactions with the insurance carriers and Mercer (plan consultant) on finalizing the 2015 plan rates, the pending communication plan details, including rates, will be now available no later than September 30, 2014. We appreciate your patience as we complete these remaining actions to finalize the benefit rates, etc.

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**Question** Just read the answer about the question regarding subsidies for retirees. Does this mean that all retirees will be forced to go to health care exchanges starting in 2016, or is this optional?

**Answer** Effective January 1, 2016, a monthly flat dollar employer stipend will be made available to eligible participants in the ETTP Retiree Medical Plan. The stipend can only be used toward monthly premium costs associated with private and/or federal health care exchange offerings. There will be no optional method of coverage through Aetna commencing January 1, 2016.

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**Question** Will there be an option for UCOR to provide subsidies for retirees who may want to go to Health Exchanges for better coverage rather than take the insurance that the company is offering?

**Answer** For 2015, there will be no employer stipend for retiree health care coverage selection through public health care exchanges. Beginning January 1, 2016, all eligible participants for the ETTP Retiree Medical Plan will receive a monthly employer stipend (fixed dollar amount) and can elect health care coverage through health care exchanges. Exploration and evaluation of private health care exchanges offering retiree medical benefits will commence early in 2015 with more details announced later in 2015.

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**Question** Will there be a potential for a premium holiday in the future?

**Answer** No, there will not be another health insurance premium holiday. In the past, the health insurer (Aetna) required that the group health insurance policy be of a type (called a “participating contract”) that can generate either surpluses or deficits in premiums. Whether there is a surplus or a deficit for any given year generally depended on whether employees as a whole incurred less medical expenses than the budgeted amount (resulting in a surplus and the decision to use it for premium holidays) or more medical expenses than the budgeted amount (resulting in a deficit and additional payments to Aetna). In view of the extremely complex federal law requirements associated with this uncommon type of insurance, and to eliminate the uncertainty associated with surpluses and deficits, the group health insurance policy has been modified in 2014 to a more traditional policy type (called a “non-participating contract”). The result is a more predictive and stable arrangement that allows the medical insurance program to continue with less potential for disruptions and uncertainties.

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**Question** Where do savings go from benefit reductions?

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Frequently Asked Questions: 2015 Benefit Changes
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Answer At this time, savings from 2015 benefit plan changes, if any, are expected to be minimal. Any savings will not be realized until 2016, at the earliest. As an example, the Medical Plan has experienced a 20% increase in costs from 2013 to 2014 to date. National health care cost trend is averaging 6.5%. So, the ETTP Medical Plan cost increase is 13.5% above national average. Even with 2015 plan design changes, such cost increases must be still be paid and 2015 premiums must reflect retroactive payment of such cost increases. Should utilization continue to cause such dramatic cost increases in 2015 and beyond, it is feasible no cost savings will be realized at all and costs could actually increase. Any cost savings by UCOR, including those any savings that might result from benefit plan changes remain with UCOR and are directed to the project to fund additional work.

Received September 11, 2014 • Responded September 11, 2014

Question Will premiums be increasing in 2015?

Answer We do anticipate an increase in monthly premiums in 2015 but are continuing to work diligently to negotiate to the lowest increase possible. The historical, current and future actual utilization and costs incurred by all participants influence premium costs. Plan design does have some impact but not to the degree that actual claim costs incurred have.

Received September 11, 2014 • Responded September 11, 2014

Question In order to carry company health insurance when retired (but pre age 65), are we required to have carried it while employed. For example, while employed Joe chooses not to carry company medical insurance. At age 62 he retires and then wants to carry it. Can he?

Answer Currently, an employee who would otherwise be eligible for retiree benefits (Medical, Vision, Dental, Life) must have been participating in those benefits as an active employee immediately prior to their retirement in order to enroll at retirement. If the eligible retiree had not been participating in the benefits as an active employee, they would be eligible to enroll in the retiree benefits at the next annual enrollment period or as the result of another event permitting a change. UCOR reserves its right to review and change this requirement in the future.

Received September 10, 2014 • Responded September 11, 2014

Question Taking note that this notice does not apply to represented employees, are corresponding increases are being made throughout the DOE complex, including all DOE employees and employees of prime contractors, regardless of pay grade? Is there someone, some entity that represents and looks out for the rights and welfare of the grandfathered employee?

Answer We cannot speak to any actions DOE may be taking throughout the DOE complex. We can only address the actions we are required to take to comply with the requirements of our contract. Also, there is no entity that we are aware of that oversees the benefits of grandfathered employees.

Received September 10, 2014 • Responded September 11, 2014

Question With regards to the short term disability, PTO must be used for the first 40 hours. In the current plan the employee is reimbursed for the first period if they are out more than a certain number of days as the short term goes back and picks those days up. In the new plan will the employee's PTO be reimbursed if they are out longer than the initial 40 hours? Will the new plan be retroactive and go back to pick up the first week if the employee is out for a month?

Answer Under the current Short-Term Disability (STD), PTO can be restored only for certain qualifying events such as in-patient hospital admission for a minimum of 24 hours, outpatient surgery requiring seven consecutive days of absence or incapacitating
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accidental injury and if approved for STD benefits. Only for such events, which are typically not planned absences, can PTO currently be restored. Beginning in 2015 prior to any Short-Term Disability benefit being payable, if your claim is approved will require use of PTO for the first 40 hours of absence from work due to the disabling event regardless of the reason. If, based on timing of being able to file a claim for Short-Term Disability Benefits or unforeseen delays with required response from your medical provider, you must use more than 40 hours of PTO, your PTO balance would be restored for amounts over 40 hours.

**Question** How much money does UCOR expect to recoup from initiating these benefit changes and since we are the ones being impacted where can we find access to the numbers?

**Answer** At this time, savings, if any, are expected to be minimal. And, any savings will not be realized until 2016, at the earliest. As an example, the Medical Plan has experienced a 20% increase in costs from 2013 to 2014 to date. National health care cost trend is averaging 6.5%. So, the ETTP Medical Plan cost increase is 13.5% above national average. Even with 2015 plan design changes, such cost increases must be still be paid and 2015 premiums must reflect retroactive payment of such cost increases. Should utilization continue to cause such dramatic cost increases in 2015 and beyond, it is feasible no cost savings will be realized at all and costs could actually increase.

Increased utilization and expense for Short-Term and Long-Term Disability and Dental has also exceeded expected levels for the past 3 years resulting in higher than expected costs that the insurance companies have the right to recoup in following years. Thus, even with 2015 changes, savings if any would not be realized or determined until the earliest in 2016. Same as above, if participant utilization continues to exceed planned levels, no savings could occur.

**Question** I appreciate the fact that a focus group of employees was used to determine what cuts to make to our benefits. For the next BenVal study, could we perhaps have similar participation in the selection of comparator companies? There is an overwhelming sense among employees that UCOR chose comparator companies that would cause benefit reductions, which would then save costs that are pumped back into the project (at the employees' expense). A more open selection process might help alleviate the suspicions.

**Answer** The selection of comparator companies for the market value comparison is set forth very specifically under our contract with the DOE. Using a focus group for the selection of comparators would most likely not be feasible as there is minimal latitude in selection. See Question and Response #530 in which the comparison selection requirements were summarize.

For ease of reference, here is that explanation again:

In selecting comparator companies, DOE requires selected companies represent contractor's parent organization, where applicable, and organizations in same industries from which contractor competes for exempt level professional staff employees in same industry; thus, comparators are selected, based on companies who provide data to the Benefits Index Database (maintained by Aon Hewitt), using URS and CH2M business functions. Participating companies are identified by Business Sector using the "Standard Industrial Code, or “SIC”. SIC codes for the benefits data base are grouped progressively into broader industry classifications; industry group, major group, and division. Using the primary SIC, comparators are selected.

Another selection criteria is that the same comparators from previous studies be used again unless necessary to drop them from the group. Denso, Raytheon and Westinghouse Electric were all in the comparator group from the 2011 study as well as the last BenVal study performed by BJC. These three comparators continue to be relevant for our study; Denso is a local major manufacturing firm.
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which has like exempt positions; Raytheon has similar market sectors akin to URS and CH2M; and Westinghouse Electric competes
with URS and CH2M in the nuclear/energy sectors.

As we mentioned above, there is a data base maintained by Aon Hewitt that contains the proprietary benefits information for all the
companies in the data base. The data base contains benefits information for over 1100 companies that our BenVal information is
pulled from. UCOR has no prior knowledge of benefits information for the fifteen specific comparator companies.

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**Question** Are the changes to the Medical Plan in 2015 the same for retirees as it is for active employees?

**Answer** Yes, the 2015 changes will be the same for the pre-Medicare eligible retirees.

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**Question** Would UCOR consider going ahead and telling all the benefit information they have? This trickling out of information is
like picking a scab each time and not letting the wound heal. The waiting is cruel.

**Answer** We understand the need for more information and are working diligently to finalize all necessary details, prepare written
communication summaries and distribute not only to UCOR eligible employees but to eligible employees at other DOE sites and
applicable retirees. The initial summary will include as much detail as is known at the time distributed.

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**Question** In the 5’12 BenVal study release you announced a change to "pensionable earnings", which excluded bonuses from the
pensionable earnings definition. If someone were to retire today and one or more of their three highest years of earnings included
bonuses and were pre 2013, will the pension calculation use those years earnings, with bonuses. For example, an employee has
earned $100K since 2010. In 2010, 2011 and 2012, she received a 10% bonus each year, bringing her total pay to $110K/yr. Her base
pay remains at $100K for 2013 and 2014, she retires at the end of 2014, and we know from your 5’12 release that bonuses are
excluded from her pensionable earnings for those two years, so they max out at $100K. Will the $110K earnings of 2010 - 2012 be
used to determine her pension?

**Answer** If eligible compensation for determining a benefit from the ETTP Pension Plan for Grandfathered Employees were to
include eligible earnings for a period of time prior to the date that bonus pay became excluded, such eligible earnings would be
included for benefit calculation purposes. In summary, the Plan defines eligible compensation as the greater of (a) 1/36th of
compensation for the three full Business Years in which compensation as a Participant was largest during the 10 full Business Years
next preceding the date of retirement; and (b) 1/36th of Compensation for the 36 full Business Months next preceding the date of
retirement.

Participants in the ETTP Pension Plan who have not yet retired, can contact the ETTP Pension Plan Help Line at (866) 633-1767 and
request an estimate of their projected benefits once every 24 months. The calculation detail will include the eligible compensation
used to prepare the estimated benefit. You may also contact the Help Line with any other questions you may have about the Plan.

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**Question** Will the rates we are charged be based on the total amount of participation in health care coverage? That is, if people
start dropping UCOR coverage to go on their spouse's coverage, are we going to be hit with even higher rates?
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**Answer** The annual premiums are based on numerous key factors which do include the eligible participant demographics and ability to spread unpredictable risk over a period of years. However, a key component of the influencing factors on health care premiums is the cost of claims paid and for what conditions. So, if those who might move to available coverage via their spouse caused claim costs, among many other factors, to reduce dramatically, such movement might have no impact. Of course, the opposite could also occur; those who incur no claims or are perhaps healthier could move out of the ETTP plan and claim costs could increase disproportionately.

Received September 2, 2014  
Responded September 2, 2014

**Question** Did the benefit areas evaluated in the BenVal study include salaries?

**Answer** No; the BenVal is focused entirely on the value of benefit plan design as compared to selected comparators.

Received September 2, 2014  
Responded September 2, 2014

**Question** Based on the answer to the question about tiered coverage and considering our small population, has there been any consideration given to allowing people to transfer coverage to the health exchanges that were created under the Affordable Care Act? Would employees fare better considering we would be in a bigger pool, or would we end up paying significantly more? There’s a lot of people worried about this loss of coverage and what it will mean for their families and financial situation, especially for those who have special medical needs. It would be good to know if there are options for keeping coverage that won’t create a financial hardship.

**Answer** Under the ACA at this time, employers are required to continue to offer health care coverage to eligible actively-employed or face an IRS penalty for each eligible employee not provided the opportunity for coverage. At this time, such penalty is not considered an allowable expense by the DOE under the terms of our DOE Contacts. In addition, the state of Tennessee has currently defaulted to the Federal health care exchange which requires that to be eligible, individual and/or family income levels be at prescribed levels to qualify for low premium and out-of-pocket maximums, among other requirements. The intent of the ACA is currently not to provide health coverage to those who have coverage available from their employer if the employer plan meets minimum coverage requirements --- the ETTP Medical Plan significantly exceeds the minimum coverage requirements. You may compare the ETTP Medical Plan Option to the Federal Health Care Exchange Option, to see if you and your family might qualify. You will need to answer several questions and provide very specific household information. Also, remember there would be no employer subsidy for required premiums through the Federal exchange and you must meet and continue to meet all qualifications for coverage through an Exchange. For more details and information on the Federal Health Care Exchange, visit the official website at: [www.healthcare.gov](http://www.healthcare.gov).

Received September 2, 2014  
Responded September 2, 2014

**Question** Would UCOR ever consider a tiered approach for health care coverage, where you can pay more to get better coverage? I would rather pay more for and receive adequate coverage than lose all of the health care coverage we are set to lose in 2015. Thank you.

**Answer** Given the small size of the participant group under the ETTP Medical Plan, having two options is not feasible at this time. Since the active eligible participant count is less than 1,000, insurance carriers are reluctant to offer more than one health care option. This is due to potential adverse selection: those with greater health issues and typically higher medical costs drive the premium costs beyond what an insurance carrier finds acceptable risk. In addition, offering a “richer” health care option would
Question Can you please explain to us which changes are being made because of the Health Care Reform (Obamacare, the Affordable Care Act)?

Answer The Affordable Care Act (ACA) impacts the ETTP Medical Plan since it is a fully insured plan with Aetna. The primary impacts at this time are the annual Out-of-Pocket participant maximums, additional coverage for specific preventive care services and insurance fees which are passed back to an employer plan in total premiums required. In addition, in future years ACA will impose a tax should the total premiums for health care coverage exceed certain annual dollar maximums. The ETTP Medical Plan premiums, without changes to plan design, would be subject to such taxes. The DOE has communicated any such tax imposed on a health plan of a DOE Contractor is not an allowable expense. Accordingly, UCOR has made design changes to the plan for 2015 to position the plan to try to avoid the tax when it becomes effective. However, given that the cost of health care continues to increase, we could continue to face challenges to avoid this tax, referred to as the “Cadillac Tax.”

Question On the new Short Term Disability, could we be allowed to take the First 40 hours without Pay if we want to instead of making us use our PTO?

Answer Yes, you could elect not to use PTO for the first 40 hours (regularly-scheduled work week) required before any Short-Term Disability benefits could be approved. If you choose this option, you will be required to make arrangements to pay required benefit plan premiums (medical, dental, life, etc.) by personal check or money order. In addition, any 401(k) contributions, matching employer contributions and discretionary 401(k) contributions would not be made for the period in which no eligible pay is applicable.

Question I’ve not seen any information about our Vision Plan. Are there any changes to it?

Answer Benefit provisions for vision benefits under the medical plan will remain unchanged for 2015. Details regarding premiums will be forthcoming as part of the comprehensive communications plan which will be rolled out over the next several months.

Question It's hard to understand how we don't know what the copays will be. Were they not detailed in the benefit reduction plan that DOE approved? That's a very important aspect of our coverage, and it seems illogical that those have not been determined, or if determined, not released yet. I can understand not knowing rates since those have to be negotiated, but I don't see how this major of an item wasn't in the plan that DOE approved. Do you have a time frame when we will know this information? People have decisions to make about retaining coverage or looking elsewhere.

Answer Due to the highly sensitive nature of these changes UCOR has planned to release all plan provision information at one time as opposed to "piece meal" it to our eligible participants. We have chosen to do so in order to avoid confusion within our populations. We will be providing a 2015 Benefit Changes Summary in October, information available through numerous websites
Frequently Asked Questions: 2015 Benefit Changes
As received through December 17, 2014

and employee meetings prior to the Annual Enrollment Period for 2015 planned tentatively for late October 2014. We appreciate
your patience as these remaining details are finalized.

Question Is there a minimum standard of benefits that must be offered to gov. contractor employees, or can we expect to
continue seeing our benefits erode every two years when these Benval studies are performed until we are on par with a fast food
restaurant?

Answer As part of our contract with the Department of Energy (DOE), UCOR is required to complete an actuarial evaluation of
the value of our benefit plans compared to those competitors selected (e.g. comparator group) within the guidelines of our DOE
contract. The most recent study indicated that UCOR was well above the acceptable actuarial value level in this comparison,
commonly referred to as a BenVal Study. These studies are completed on a two-year cycle and it is a possibility with the next Ben
Val required valuation that benefits could change again.

Question Can you tell us when we will have all the details of the medical coverage (or at least provide a time frame)? I was
shocked at just how much we’re losing, and now I need to decide if I want to drop UCOR coverage. Many people are probably in the
same position—wanting details so they can decide if they need to go on a spouse’s coverage or obtain independent coverage. What a
shame that the great benefits that had always been a part of working at this site has been left in shambles. Working at the sit,
at least in years past, was always a health risk but people stayed on because of the benefits.

Answer UCOR has developed a comprehensive communications strategy to inform employees about the changes for 2015. You
will receive more details about the changes over the coming months. Look for a 2015 Benefit Changes Summary in October,
information available through numerous websites and employee meetings prior to the Annual Enrollment Period for 2015 planned
tentatively for late October 2014.

Question Why is UCOR making such significant benefit changes this year?

Answer As part of our contract with the DOE, UCOR is required to complete an actuarial evaluation of the value of our benefit
plans compared to those of competitors selected within the guidelines of our DOE Contract., UCOR was well above the acceptable
actuarial value level in this comparison, commonly referred to as a BenVal Study. As a result of UCOR needing to adjust the overall
value of our benefit programs, UCOR is required to change the benefits package to come into compliance with DOE requirements
UCOR has worked hard to meet the DOE’s requirements while maintaining a benefits package that provides continued protection
against financial devastation for unexpected health care expenses, prolonged inability to work due to a short or long term disability
and survivor benefits in the event of your untimely death.

Question Is UCOR making these changes because of Health Care Reform (Obamacare, the Affordable Care Act)?

Answer While some changes are being driven by the Affordable Care Act, the majority of the changes are to align UCOR with
DOE’s cost management guidelines.
**Frequently Asked Questions: 2015 Benefit Changes**

**As received through December 17, 2014**

**Question** What benefits are changing?

**Answer** There will be changes to medical, dental, short-term disability (UCOR only), and long-term disability. In addition, due to IRS rules, rates for Optional Life Insurance must be adjusted.

Received August 27, 2014 • Responded August 27, 2014

**Question** Is UCOR taking away my PTO or holidays?

**Answer** No. There are no changes planned to your time off benefits during the 2015/16 time period.

Received August 27, 2014 • Responded August 27, 2014

**Question** Will there be changes to the retirement plans—the pension and the 401(k)?

**Answer** No. There are no changes planned to the pension and the 401(k) plans during the 2015/16 time period.

Received August 27, 2014 • Responded August 27, 2014

**Question** How much will the medical and dental plans cost?

**Answer** We do not have the details at this time. That information will be provided as part of our annual enrollment process tentatively scheduled to begin in late October.

Received August 27, 2014 • Responded August 27, 2014

**Question** When will we receive information about plan costs?

**Answer** UCOR has developed a comprehensive communications strategy to inform employees about the changes for 2015. You will receive more details about the changes over the coming months. Look for a 2015 Benefit Changes Summary in October, information available through numerous websites and employee meetings prior to the Annual Enrollment Period for 2015 planned tentatively for late October 2014.

Received August 27, 2014 • Responded August 27, 2014

**Question** Will we be changing from Aetna as a medical provider?

**Answer** Not at this time. Aetna will continue to be the insurance carrier for UCOR’s plan.

Received August 27, 2014 • Responded August 27, 2014

**Question** Will I have to find a new doctor?
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Answer UCOR employees will continue to be covered under Aetna’s network. To the extent your doctor stays in the network, you will not have to find a new one.

Received August 27, 2014 • Responded August 27, 2014

Question Can I still get the $50 credit from Aetna for completing an online Health Assessment?

Answer Yes.

Received August 27, 2014 • Responded August 27, 2014

Question Will the medical plan still cover the same services?

Answer Yes, for the most part, the medical plan will cover the same services. What’s changing is how much you will pay when you receive medical care.

Received August 27, 2014 • Responded August 27, 2014

Question Will my copayments count toward my deductible?

Answer Your copayments will not count toward the deductible. They will, however, count toward your annual out-of-pocket maximum along with the deductible and coinsurance. Once you reach the out-of-pocket maximum, the plan pays 100% of covered services.

Received August 27, 2014 • Responded August 27, 2014

Question Will there be an annual out-of-pocket maximum for the Prescription Drug Plan?

Answer The Prescription Drug Plan will have a separate out-of-pocket maximum of $1,500. Once you have reached the out-of-pocket maximum for prescription drugs, additional prescriptions will be paid by the plan at 100%. The prescription out-of-pocket maximum will also count toward the overall medical plan out-of-pocket maximum of $6,600 for an individual and $13,200 for family.

Received August 27, 2014 • Responded August 27, 2014

Question Will my copayments count toward my out-of-pocket maximum?

Answer Yes, your copayments, deductible, and coinsurance will all count toward your out-of-pocket maximum.

Received August 27, 2014 • Responded August 27, 2014

Question Will preventive care still be covered at 100%?
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**Answer** Preventive care as defined by Aetna and the Affordable Care Act will still be covered at 100% both in-network and out-of-network. Check with Aetna about coverage for specific preventive care coverage in advance of receiving services.

**Question** What changes are being made to the dental plan?

**Answer** The dental plan coverage and the amount the plan pays for covered services will remain the same. What’s changing is your share of the monthly premium—in 2015 you will pay 40% of the monthly premium. The Company will pay the remaining 60%. You will receive more information about the new dental premiums during Open Enrollment in October.

**Question** There wasn’t much information about the prescription drugs in the announcement that went out today, will there be any changes to how much we pay and will there be any changes to how we do mail order prescriptions? When you say prescription drugs will be covered for in network providers only are you talking about the doctors who prescribe them the pharmacy where we get them filled--do we have to go to specific pharmacies (what does providers reference)?

**Answer** More specific details on medical plan design changes will be forthcoming in coming weeks. In-network pharmacies are the retail sites where you obtain a 30-day prescription supply. In-network pharmacy benefits and associated discounts are applicable in 2014 and can reduce your prescription expenses. In 2015, it will be even more important to utilize Aetna Network Providers with whom discounts have been negotiated to reduce your expenses. You can obtain a list of current participating pharmacies by calling Aetna Member Services at: 888-238-6203 or by logging into your private Aetna Account at: www.aetna.com.

**Question** Under the short-term disability changes, will PTO no longer be reimbursed? Currently, I believe there is a reimbursement if the disability requires hospitalization and you are out a certain amount of time.

**Answer** Under the current Short-Term Disability Plan (STD) design (2014) and Paid Time Off (PTO) policy (POL-HR-1001), if approved for STD benefits any PTO used was reinstated to the employee. Beginning January 1, 2015, for non-represented employees, the first 5 work days of absence due to a qualifying illness or injury under the STD Plan will require use of PTO for any pay continuation. There will be no reinstatement of the initial 5-days of PTO (i.e. 40 hours) used for any qualifying STD event. The STD Plan will provide a benefit of 60% of base pay for the next or remaining 175 days if approved. A non-represented participant will be able to continue to use PTO to supplement the 60% benefit up to 100% of pay.

**Question** Why don’t you know what our co-pays will be? Didn’t you say everything has been approved by DOE? Can you decide what it will be after DOE has already approved it? At this rate, in two more years, our benefits will have traveled back in time to about 1932. Everything the previous generation achieved in benefits and pay is being undone right before our eyes. With these new benefits, after a family pays their copay (whatever it is), along with the deductible, plus 20% of the cost of the procedure (and some medical procedures/treatments are very, very expensive), they could lose everything they have before they even receive a doctor/hospital bill. I feel like I am being robbed of something was mine.

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Answer  DOE approved the Benefit Valuation Corrective Action Plan (CAP) which was submitted by UCOR. The DOE approval was needed prior to UCOR initiating rate negotiations with insurance carriers. Once the rate negotiations are completed more specific details will be provided. We appreciate your patience as these remaining details are finalized.

Received August 26, 2014  •  Responded August 27, 2014

Question  What are the copayments for our medical coverage— that was not included in the email that went out today.

Answer  As noted in the announcement, more details about the changes for each plan will be communicated as soon as finalized. Copayments for certain medical services will apply, as will a deductible and payment of 20% of eligible expenses by each participant up to specific annual out-of-pocket maximums.

Received August 26, 2014  •  Responded August 26, 2014

Question  The change in our dental benefits said we would pay 40 percent of the premium. What are we currently paying?

Answer  Participants are paying 20% of the monthly premium. For 2014, a UCOR Participant is paying monthly premiums based on level of coverage as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$ 7.00</td>
</tr>
<tr>
<td>Dual</td>
<td>$ 14.00</td>
</tr>
<tr>
<td>Family</td>
<td>$ 21.50</td>
</tr>
</tbody>
</table>

Received August 26, 2014  •  Responded August 26, 2014

Question  Under the new 2015 benefits, what would the total cost be for an in-patient hospital stay for an employee or other family member that carries family coverage? Up to $6,600 or up to $13,200? Also, once the annual maximum out-of-pocket is reached, do you still have to pay co-pays for Dr. visits, hospital stays, etc. for the rest of the year? And finally, if the member has Medicare Part A, would this help off-set the cost incurred by the member?

Answer  Details about the medical plan, with examples, will be forthcoming once finalized. There will be further communication pieces forthcoming and employee meetings will be held to review changes and answer questions. Thank you for your patience as more information is being developed to share with eligible employees.

Received August 26, 2014  •  Responded August 26, 2014

Question  Would you consider putting up a document that has 2 columns, one with what we currently have and one with what we will get in 2015? I believe it would cut down questions for you.

Answer  Once all details are finalized, several communication pieces will be distributed and made available to eligible employees. We plan to include a compare of key changes between 2014 and 2015 within these communication pieces.

Received August 26, 2014  •  Responded August 26, 2014