



A guide to understanding your 2026 ORNL health plan

Consumer Choice Medical Plan with Health Savings Account (HSA)
for Salaried (monthly and weekly), ATLC, and IGUA Employees

United
Healthcare®

 **OAK RIDGE**
National Laboratory



Let's get started

Your health care coverage is important to your health and well-being. The more you know about how your health plan works, the more likely you are to make better decisions when you need care.

This guide will help you understand the **Consumer Choice with HSA**, including:

- 1 The basics of your plan
- 2 Using your HSA
- 3 What to do when you need care
- 4 How to find and pay for care
- 5 What resources are available when you need help

This guide also covers each part of your health care experience, so you know what to expect and what you need to do. Don't forget to complete the checklist at the end.

Note: Throughout the guide, important health care terms are *black* and *italicized*. You'll find brief definitions in the glossary toward the back.

Questions?

Call a UnitedHealthcare Advocate at **1-844-234-7925**.

Or go to **myuhc.com**® to see your plan, find a doctor, and manage your benefits.

Not a member yet?

Learn more about UnitedHealthcare at **whyuhc.com/ornl**.

Understand your health care experience

Your health plan, **Consumer Choice with HSA**, gives you more control over how you save and spend your health care dollars.

1

After enrolling in the Consumer Choice plan, you and Oak Ridge National Laboratory (ORNL) may contribute money to your *Health Savings Account (HSA)*, which you can use to pay for *qualified medical expenses*. Contributions can be made to your *HSA* as long as you are not: enrolled in Medicare or TRICARE®, covered by another health plan that isn't high-deductible, claimed as a dependent on another individual's tax return, or participating in a Health Care Flexible Spending Account through your spouse.

ORNL HSA Contributions	2026
Employee only	\$500
All other coverage levels	\$1,000



2

When you need care, you'll save money by choosing doctors and hospitals in the *UnitedHealthcare network*.



1 The basics of your plan

3 Your *provider* sends a claim to UnitedHealthcare.



4 UnitedHealthcare sends you an explanation of benefits (EOB) so you understand what insurance will cover and what you owe.



5 Your *provider* sends you a bill for the remaining balance.



6 Compare the bill with the EOB you received to make sure the amounts match. See page 26 for more details.



7 You pay your bill out of pocket or use your HSA.



Get to know the basics of your health plan

As an ORNL employee, you and ORNL contribute to the overall cost of the **Consumer Choice with HSA**. By understanding how this health plan works and making smart health care decisions, you help to keep health care costs down for you and other ORNL employees.

How the plan works

- **Preventive Care:** Covered at 100% when using network providers.
- **Deductible:** You pay the full cost of care until you meet your deductible.
- **Coinsurance:** After meeting the deductible, you pay a portion of costs:
 - **Medical:** 10%
 - **Pharmacy:** 20% (with min/max copays)
- **Out-of-pocket maximum:** Once reached, the plan pays 100% of covered services.



Deductible and out-of-pocket maximum

Coverage level	Deductible	Out-of-pocket maximum
Employee Only	\$1,700	\$2,500
All Other Coverage	\$3,400	\$5,000



ORNL

ORNL subsidizes a considerable portion of your health care costs in a variety of ways:

- ORNL funds a large percentage of your **Consumer Choice with HSA** premium.
- ORNL makes an annual employer contribution to your *HSA*.
- ORNL pays 90% of your health care *claims* and 80% of your prescription drug *claims* after you meet the *deductible* and 100% once you reach the *out-of-pocket maximum*.

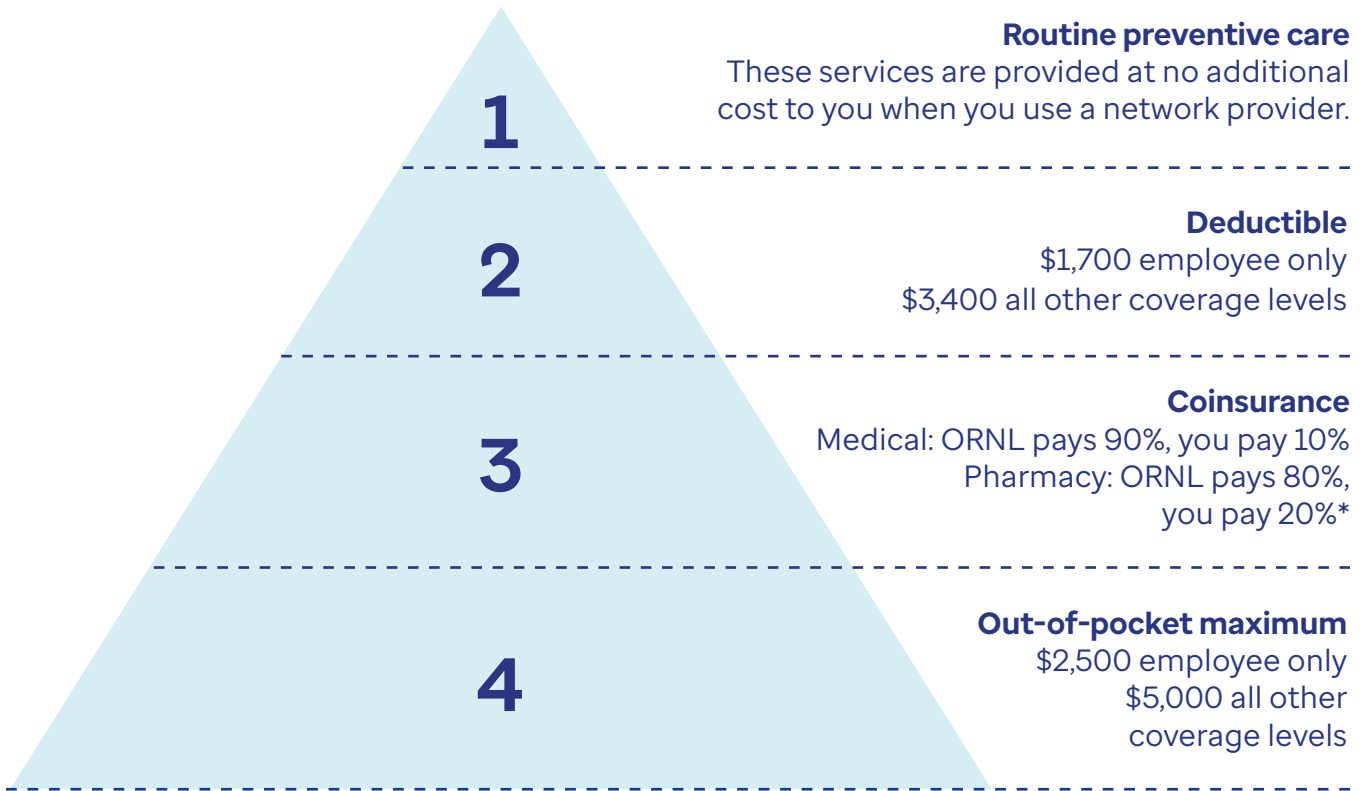


Support and tools

- **Advocates:** Help with claims, billing, and finding care.
- **myuhc.com** and **UnitedHealthcare® app:** Estimate costs, find providers and manage your benefits.
- **24/7 Virtual Visits:** Access care anytime for minor, non-emergency issues.



Take a moment to review what your health plan covers



*Minimum and maximum copayments apply. Check your plan documents for more details.



The **Consumer Choice with HSA** health plan is made up of 4 connected levels, including *preventive care*, an annual *deductible*, *coinsurance*, and an *out-of-pocket maximum*.



Level 1:

Routine *preventive care* includes 100% coverage for annual physicals, age-appropriate screenings, and preventive medications as mandated by the Affordable Care Act. These services are provided at no additional cost to you when you use a *network provider*.

Level 2:

All other services, including physician visits and prescription drugs, are subject to the annual *deductible*. You are responsible for 100% of the allowed cost until you reach the employee-only or family *deductible*.

Level 3:

Once you meet the *deductible*, you share the costs by paying *coinsurance* for medical services and prescription drugs, up to the plan's *out-of-pocket maximum*.

Level 4:

Once you reach the *out-of-pocket maximum*, the plan pays 100% of eligible covered medical services and prescription drugs for the rest of the year. The annual *deductible* and your *coinsurance* payments are included in the *out-of-pocket maximum*.

Review required actions for your Health Savings Account (HSA)

With the **Consumer Choice with HSA** health plan, you own a tax-advantaged account with Optum Financial™ that can help you save for *qualified medical expenses*.

Get a boost from employer contributions

ORNL offers employer contributions that are automatically deposited to your *HSA* in early January. If you enroll in the plan at another time during the calendar year because of a qualifying life event, ORNL will deposit the employer contribution within 30 days.

ORNL HSA contributions		
Year	Employee only	All other coverage levels
2026	\$500	\$1,000

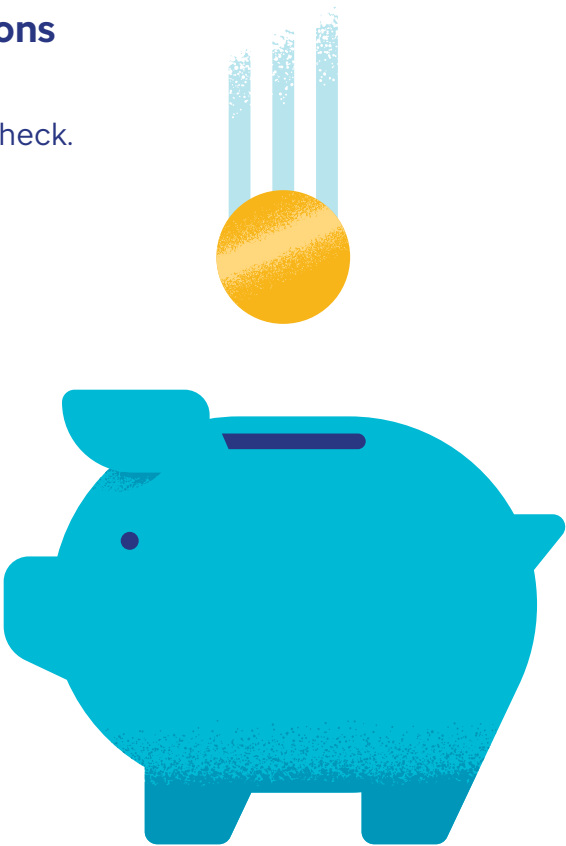
Sign up right away for pretax payroll deductions

ORNL offers pretax payroll deductions so you can make tax-free contributions to your *HSA*, right from your paycheck. Participating saves you money in income taxes and FICA expenses.

Internal Revenue Service (IRS) HSA contribution limit

Year	Individual	Family
2026	\$4,400	\$8,750

Those age 55 or older can make an additional catch-up contribution of up to \$1,000. Contributions from ORNL and the funds you contribute all count toward the limit.



Activate your Optum Financial Mastercard® debit card to access your HSA funds

Use your Optum Financial debit card to pay for doctor office visits, prescriptions, and other *qualified medical expenses*. Request additional debit cards (for your spouse or tax dependents) at **optumbank.com**.

Pay for qualified medical expenses

Use your *HSA* funds for *qualified medical expenses*, including:



Doctor office visits



Dental care, including extractions and braces



Vision care, including contact lenses, prescription sunglasses, and laser vision correction



Prescription medications



Physical therapy and chiropractic services



Hearing aids and batteries

The IRS determines what counts as a *qualified medical expense*. See Publication 502 at **IRS.gov**, call the IRS Helpline at **1-800-829-1040** or find a list of *qualified medical expenses* at **optumbank.com**.

Reimburse yourself when you pay out of pocket

If you forget your Optum Financial debit card or choose to pay with other funds, you can reimburse yourself later for out-of-pocket payments. Just save the receipts to track your *qualified medical expenses*. To reimburse yourself, visit your *HSA* dashboard on **optumbank.com**.

Save now and in the future

Your *HSA* balance rolls over each year so you don't lose unspent money and can plan ahead on how to save and spend your funds. Some years, you may rely on your *HSA* to help cover your *deductible* and out-of-pocket expenses. Other years, you may save your funds and let them grow tax-free through interest or investments.

An *HSA* is also a great way to save for retirement, especially if you max out your annual contributions. **Remember, you must elect your employee contributions annually. You can change your election during the year without a qualifying life event** by logging into your **my.adp.com** account or calling the Benefits Service Center at **1-800-211-3622**.



For help, call a UnitedHealthcare Advocate at **1-844-234-7925**.

Get your recommended preventive care

Your health plan covers routine preventive care 100% when you see a network provider.

Even if you live a healthy lifestyle, it's important to see your primary care physician each year for an annual checkup. Over time, your doctor will get to know you and your medical history. Developing a relationship with your doctor also gives you a chance to talk about your health, ask questions, and get recommended vaccinations and screenings.

More important, your doctor may be able to catch health issues before they become serious. The sooner you identify an issue, the better your chances of treating it.

For questions about *preventive care*, help scheduling appointments, and coverage details, call a UnitedHealthcare Advocate at **1-844-234-7925**.

Employees can visit the WellOne Clinic for preventive care and more.

The WellOne Clinic offers convenient, onsite access to everything from annual checkups and vaccines to minor illnesses, injuries, and more:

Preventive care: Screenings, biometric testing, flu shots, immunizations

Illnesses: Colds, flu, strep throat, bronchitis, pink eye, respiratory, skin ailments, ticks and Lyme disease, UTI, gastro illnesses, ear infections

Injuries: Cuts, tears, bites, burns, strains/sprains



Preventive care vs. diagnostic care: What's the difference?

Your insurance coverage is different depending on the type of care you receive –preventive or diagnostic. It's important to understand the difference before you make an appointment so you can anticipate any costs you may need to cover.

- *Preventive care* visits help you stay healthy – before you have symptoms. Certain *preventive care* services are covered 100% when you use a *network provider*. Examples include annual routine exams, age-specific screenings, and immunizations.
- When you have new symptoms or changes to an existing health condition, you need *diagnostic care*. You may need to share some of the costs – like *coinsurance* or a *deductible*. Examples include labs, tests for a certain condition, or a specialist visit.

In some cases, diagnostic testing or lab work can occur during a *preventive care* visit.

Preventive care guidelines

Below are some guidelines based on the recommendations of the U.S. Preventive Services Task Force (USPSTF), U.S. Department of Health and Human Services, and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Ask your doctor about how often and what type of routine *preventive care* is recommended for you.

For questions about coverage based on your health plan, call a UnitedHealthcare Advocate at **1-844-234-7925**.

Test/Screening	Guidelines ¹ (not coverage details)
Routine physical	Recommended every year
Body mass index (BMI)	Recommended every year
Blood pressure	Ages 18+
Depression	Ages 18+
Cervical cancer (Pap test) (for women who have not had a total hysterectomy for benign disease)	Every 3 years for women ages 21–65 or every 5 years for women ages 30–65 with an HPV test
Cholesterol and lipid screening	Recommended annually for ages 40–75 and if at increased risk for coronary artery disease
Breast cancer (mammogram)	Ages 40–49: talk with your doctor; ages 50+ every 2 years
Diabetes screening	Ages 40–70 for adults who are overweight or obese
Colorectal cancer screening	Ages 45–75; talk to your doctor about which test is right for you
Lung cancer screening	Ages 55–80 who have a 30-pack/year smoking history and currently smoke or have quit within the past 15 years

¹These guidelines are based on the recommendations of the U.S. Preventive Services Task Force (USPSTF), U.S. Department of Health and Human Services, and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. They are provided for informational purposes only and do not constitute medical advice. Individuals with symptoms or at high risk for disease may need additional services or more frequent interventions. Discuss with your doctor how these guidelines may be right for you, and always consult your doctor before making any decisions about medical care. These guidelines do not necessarily reflect the vaccines, screenings, or tests that will be covered by your benefit plan. Refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the back of your health plan ID card.

It's easy to use your pharmacy benefits

Express Scripts® is your pharmacy care *provider*. Your pharmacy care experts are committed to providing easy, cost-effective ways to help you get the medications you need.

Have your prescriptions delivered to your home

The home delivery option, designed for maintenance drugs, provides up to a 90-day supply of a drug. *Express Scripts* will deliver your medications right to your home, saving you a trip to the pharmacy. It's convenient – and often less expensive.

There's no charge for standard shipping to U.S. addresses. If you have medications you take currently, be sure to have a 1-month supply on hand while you transition to home delivery. If you prefer to call to set up home delivery, have the following information:

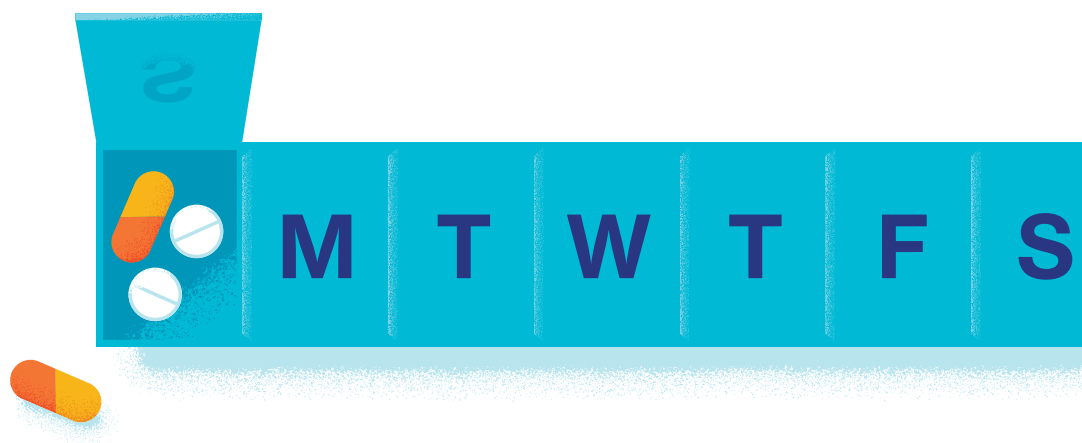
- Your doctor's contact information
- Names and strengths of current medications
- Payment information

Visit **[express-scripts.com](https://www.express-scripts.com)** to sign up for home delivery or call the number on your prescription plan ID card.

Pick up your prescriptions at a pharmacy

You can use a *network* pharmacy for up to 3 30-day fills for your *maintenance medications*. After the third fill, you will need to switch to a 90-day supply, at retail or home delivery, otherwise you will pay the full cost of the medication, and these charges will not apply to your *deductible* or out-of-pocket expenses.

For nonroutine medications or controlled substances, we recommend that you use a *network* pharmacy. Find one at **[express-scripts.com](https://www.express-scripts.com)**.



Tips to lower your pharmacy costs

Use generic equivalents vs. brand-name medications

Be sure to fill your prescriptions with generic equivalents when they're available. If you choose a brand-name drug instead of a generic equivalent – whether you or your doctor requests it – you will have to pay the difference between the gross cost of the brand-name drug and the generic drug, plus the generic copayment or *coinsurance*. The difference for filling the brand-name drug will not apply toward your *deductible* or out-of-pocket expenses.

If you can't take the generic drug for clinical reasons, you may qualify for paying only the brand-name copayment or *coinsurance* through the *Express Scripts* coverage review process.



Call us with questions.

If you have questions about your pharmacy benefits, visit [express-scripts.com](https://www.express-scripts.com) or call 1-866-749-0097.

Compare the costs of medications

The *Price a Medication* tool at [express-scripts.com](https://www.express-scripts.com) can help you find drug information, compare prices, and learn about lower-cost options.

Know your plan's coverage requirements

Some medications may have coverage requirements, and you may need to take action before you can fill the prescription. Your plan may require one or more of the following:

- **Prior authorization (PA):** Your doctor will need to request and receive approval before *UnitedHealthcare* will cover the medication.
- **Supply/quantity limits (SL):** Limits define how much of a drug you can fill during a specific time period.
- **Specialty medication (SM):** You can use a retail network pharmacy or Accredo®, the *Express Scripts* specialty pharmacy, for certain medications that treat complex or rare conditions.

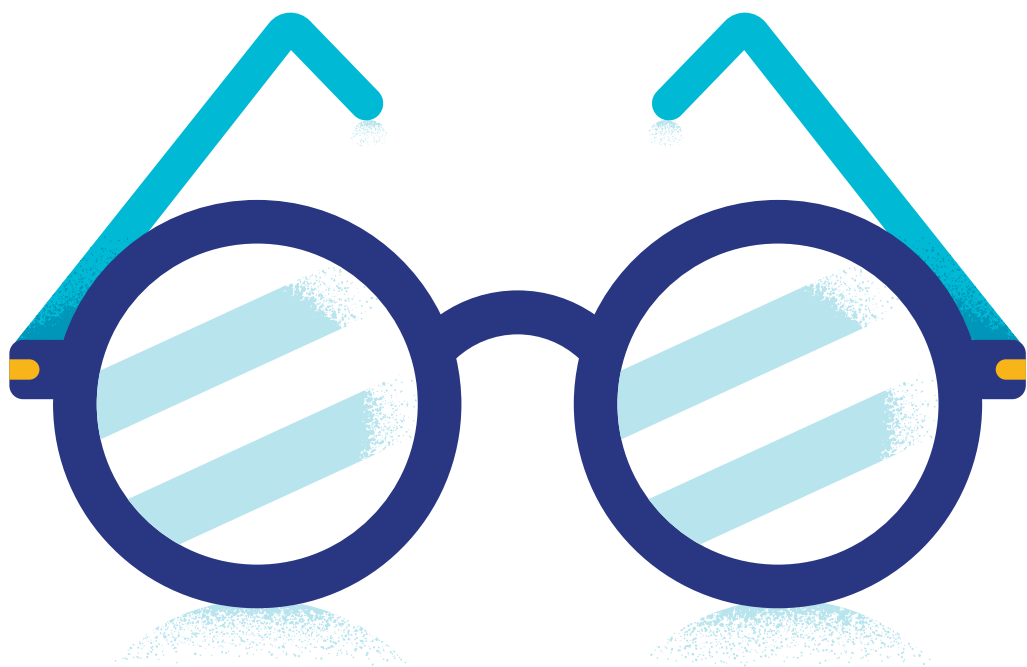
Be sure to check if any requirements apply to your medications. Your plan may use these requirements to help manage costs or make sure the medication you're taking is appropriate for your condition.

Your medical plan includes vision coverage through Vision Service Plan (VSP)

Please note any VSP® vision charges do not apply toward your deductible or out-of-pocket maximums.

You are offered a choice of a basic or enhanced vision plan. Both plans allow for exams and lenses every year. The differences between the plans are outlined below in the chart.

	Basic Plan	Enhanced Plan
Frame Allowance	\$120 every other year	\$200 every year
Contact Lenses	\$120 every year	\$200 every year
VSP Light Care	N/A	Frame and lens allowance can be used toward non-prescription sunglasses or non-prescription blue light filtering glasses



When you need a doctor, you have options

When a health issue comes up, it isn't always easy to know what to do. Your health plan gives you access to a variety of care options to help you save time and money. Take a moment to consider your options now so you can make a confident decision when the time comes. Being prepared can help you stay calm in a stressful situation. Plus, you may be able to get care sooner by choosing the option that's right for you.

Remember, where you get care determines the cost of your services. You'll always pay less when you stay in the *UnitedHealthcare network*.

3 easy ways to find care when you need it:



Go to **myuhc.com** to access the *Find Care and Costs*.



Download the **UnitedHealthcare app**.



Call a UnitedHealthcare Advocate at **1-844-234-7925** for help finding care that's in *network*.



Estimate the cost of care ahead of time.

Find Care and Costs on **myuhc.com** can help you decide the best place to seek care, so you get the most from your health care dollars.

Get to know your care options



WellOne Clinic – \$

When you're onsite at ORNL, choose this option for *preventive care*, illnesses, and health conditions when it's not an emergency.



24/7 Virtual Visits – \$

See a doctor using your smartphone, tablet, or computer for minor, nonemergency care.* The service is available from wherever you are. No need to drive or spend time in a crowded waiting room. Learn more at myuhc.com.



Your doctor – \$\$

Your primary care physician (PCP) knows you and your medical history, so seeing your doctor is usually best for most nonemergency conditions and *preventive care*.



Virtual Primary Care – \$\$

Now, through myuhc.com or the **UnitedHealthcare app**, you can choose to connect remotely with a virtual PCP – and their team of health care professionals.* Make an appointment 24/7 to start your virtual primary care relationship today.**



Convenience care clinic – \$\$

Clinics are located in many retail, grocery, and drug stores. Choose this option for minor health conditions when it's not an emergency and your doctor isn't available. No appointment is needed and waiting times are usually shorter than other options.



Urgent care – \$\$\$

Consider this option if your health concern is not life-threatening but you need care quickly and your doctor isn't available. No appointment is needed and waiting times are usually shorter than the emergency room.



Emergency room services – \$\$\$\$

Your health plan covers emergency room services to treat serious medical conditions and symptoms (including severe pain) resulting from injury, sickness, or mental illness that arise suddenly and require immediate care and treatment, generally received within 24 hours of onset, to avoid jeopardy to your life or health.

*Data rates may apply.

**Virtual primary care is applied to primary care benefits – it is not applied to 24/7 Virtual Visits benefit

Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage.

You have confidential access to mental health and substance use services

The Magellan Employee Assistance Program (EAP) is available at no additional cost to all ORNL employees, their spouses, and dependents. Call **1-800-888-2273** to speak to a licensed counselor. If you prefer, you can discuss your concerns during a telehealth visit. Or you can contact the onsite counselor at **1-865-241-4673**.

What type of counseling is available?

Access the EAP for issues such as

**stress,
family,
relationships,
anxiety,
depression, and
substance use.**

Counselors are available to provide caring support tailored to your unique situation.



We take confidentiality seriously

EAP services are 100% confidential, so your information will never be shared with anyone unless you provide specific permission. Given that licensed counselors provide all services, all conversations are confidential in accordance with state and federal law.

Accessing EAP services is not a reportable incident and will not affect your security clearance.

Mental health and substance use disorders are treatable conditions

You also have access to mental health and substance use *providers* through United Behavioral Health. Along with full resources for both in-person and virtual behavioral health, services include access to a network of specialty *providers*, behavioral health services, health and wellness programs, and integration between mental and medical health care.

Call United Behavioral Health anytime at **1-844-234-7925**. You can also visit or contact the WellOne Clinic at **1-865-574-9355**.

Take action

The help you need is here. Find a *provider*, discover community and work-life resources near you, and confidentially connect to expert guidance at **liveandworkwell.com**.

Access code: ORNL.

If you or a family member is thinking about harming yourself or others, help is available 24/7 through the 988 Suicide & Crisis Lifeline. Call or text 988 to get started.



See your health plan in action

Example: Employee-only coverage with the Consumer Choice with HSA (under age 55 account owner).

Your monthly/weekly payroll deduction pays the premium.

\$4,400 HSA total for 2026 – includes a \$500 contribution from ORNL and \$3,900 in contributions from the employee

\$1,700 individual deductible and a \$2,500 individual out-of-pocket maximum

Example: How medical expenses are paid over a calendar year. Actual costs may vary.

Your network health care expenses	Cost	How the expenses were paid	The plan paid	You paid
In January, you turned 40 and had a mammogram.	\$200	Because the visit was for routine preventive care, the plan paid 100% of the cost of the visit.	\$200	\$0
In February, you went to the doctor to have your throat checked.	\$150	Because you had not met your deductible, you used \$150 from your HSA to pay the bill.	\$0	\$150 HSA dollars
In February, you were in a skiing accident. You were taken by ambulance to the hospital where you were treated for a broken femur.	\$25,000	You paid \$1,550 to reach your deductible (\$1,700), using \$1,000 from your HSA. You also paid 10% in coinsurance (\$800) out of your pocket to reach your out-of-pocket maximum (\$2,500). The plan paid the rest of the bill (\$22,500).	\$22,500	\$1,000 HSA dollars \$1,350 in cash
In March, you had physical therapy to address range-of-motion issues resulting from the broken femur.	\$100	Because you met your annual out-of-pocket maximum, you paid \$0 and the plan paid 100% of the bill.	\$100	\$0

The costs in the example above are for illustrative purposes only. They are not actual amounts.

Example: Employee plus 1 or more coverage with the Consumer Choice with HSA (age 55 or older account owner).

Your monthly/weekly payroll deduction pays the premium.

\$9,750 HSA total for 2026 – includes a \$1,000 contribution from ORNL and \$8,750 from the employee. The employee contribution of \$8,750 can include an additional \$1,000 catch-up contribution.

\$3,400 family deductible and a \$5,000 family out-of-pocket maximum

Example: How medical expenses are paid over a calendar year. Actual costs may vary.

Your network health care expenses	Cost	How the expenses were paid	The plan paid	You paid
In January, you went to the doctor for your annual preventive care exam.	\$200	Because the visit was for routine preventive care, the plan paid 100% of the cost of the visit.	\$200	\$0
In February, your daughter broke her foot while biking and went to the emergency room.	\$1,500	Because you had not met your family deductible, you used \$1,000 from your HSA to pay a portion of the bill. You paid the rest (\$500) out of your own pocket.	\$0	\$1,000 HSA dollars \$500 in cash
In March, you had an angioplasty to clear your clogged coronary arteries.	\$30,000	You paid \$1,900 to reach your family deductible (\$3,400) and 10% coinsurance (\$1,600) to reach your family out-of-pocket maximum (\$5,000). The plan paid the rest of the bill (\$25,000).	\$25,000	\$3,500 HSA dollars
In April, your wife had a hip replacement.	\$40,000	Because you met your annual family out-of-pocket maximum, you paid \$0 and the plan paid 100% of the bill.	\$40,000	\$0

The costs in the example above are for illustrative purposes only. They are not actual amounts.

Using a network provider can save you money

Your *UnitedHealthcare* plan offers access to a large, national *network* that includes more than 1.7 million health care *providers* and 7,000 hospitals. *UnitedHealthcare* negotiates rates with *network providers*, which means you may save money. *Network providers* secure any necessary approvals for services and submit your *claims* to *UnitedHealthcare* for you.

Compare the costs: Network providers vs. out-of-network providers

The following example shows how you may be able to save money by seeking care from a *network provider* rather than an out-of-network *provider*.

Example is for illustrative purposes only and assumes employee-only coverage and that the annual deductible has been met.

CT scan	Network	Out-of-network
Provider billed	\$1,384	\$1,384
Network discount	\$1,076	Not applicable
Allowed amount	\$308	\$200
Health plan paid	\$277 (benefit is 90%)	\$140 (benefit is 70%)
Your itemized responsibility to provider		
Deductible	Already met	Already met
Coinsurance	\$31 (10%)	\$60 (30%)
Not covered	\$0	\$1,184
Your total out-of-pocket	\$31	\$1,244

Naviguard

Whether an out-of-network service was unexpected or not, Naviguard® may help reduce out-of-network bills. This service is available at no additional cost as part of your health plan. If you receive a balance medical bill for out-of-network medical services, call **1-844-234-7925** to initiate your case with Naviguard, and we will help you navigate the resolution process every step of the way.

Quality care that's next door and nationwide

Our national network of over 1.7 million providers and 7,000 hospitals helps make it easier to access care when and where you need it.*

**Our broad national
network includes:**

1.7M+
physicians and
health care professionals*

≈6K+
hospitals*



Get access to leading health care facilities

If you have a special condition, the UnitedHealthcare Centers of Excellence (COEs) network provides help finding a doctor and medical center as well as help with understanding your illness. COEs are intended to complement local hospital and physician care and offer benefits that may include:

- Higher rates of accurate diagnoses and appropriate therapy.
- Fewer complications.
- Planned and coordinated care provided by a team of experts.
- Improved outcomes, shorter stays and decreased costs.
- Expanded treatment options.

COEs are here to offer access to care when you need it.

*Providers and hospitals, Q1 2024 data.

Consider the quality of doctors

The UnitedHealth Premium® program works to help you find doctors who have met quality and cost-efficiency guidelines – it's a benefit designed to help you save time and money.

To find a Premium Care Physician, go to the **UnitedHealthcare app > Find Care** or **myuhc.com > Find Care & Costs** and look for the blue hearts (♥♥) next to the provider's name, and a blue vial symbol for medical lab recommendations.

It is a good idea to confirm your doctor's status on the **UnitedHealthcare app** or **myuhc.com** before making an appointment.

Using a network provider could save you money



Better coverage

Your UnitedHealthcare medical plan offers access to a large, national network that includes more than 1.78 million health care providers and 7,000 hospitals.



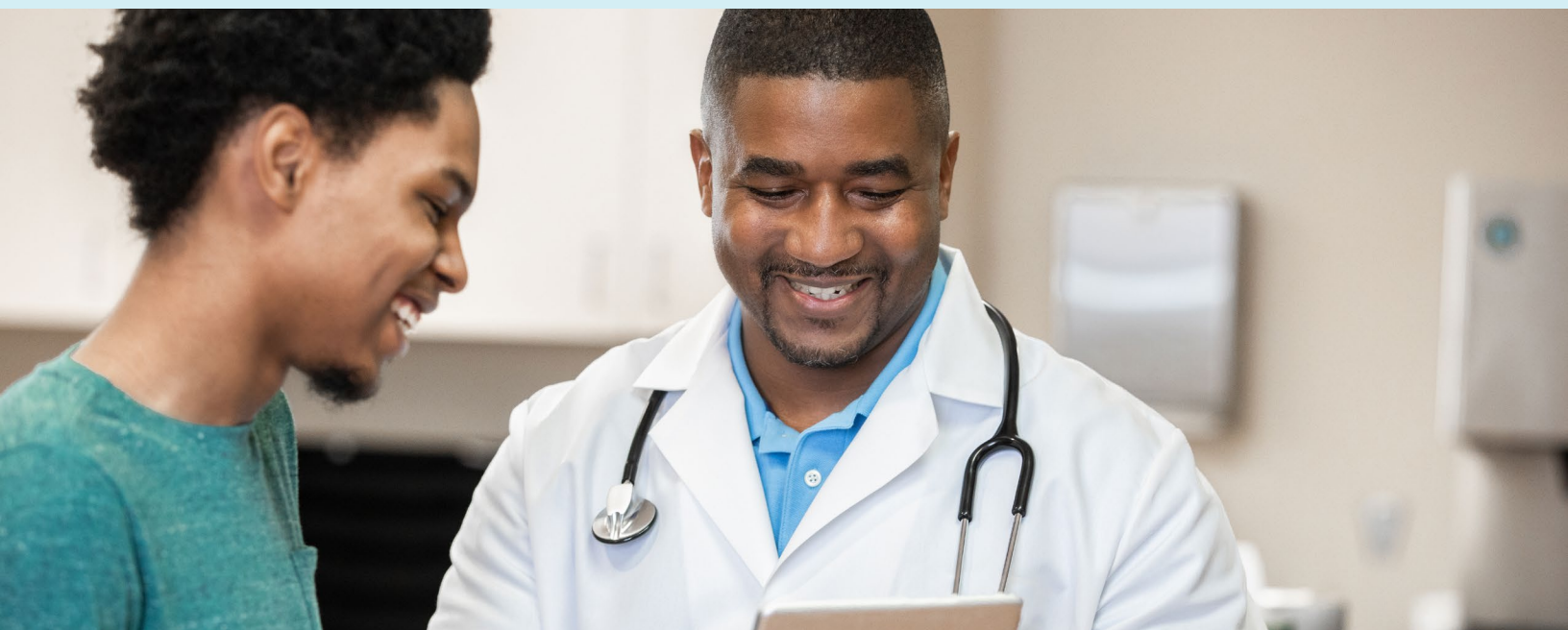
Lower costs

Negotiated rates with network providers may help you spend less.



Less paper work

Network providers secure approvals for services and submit your claims to UnitedHealthcare for you.



In this example, you may owe up to \$6,640 if you seek care at an out-of-network provider*

The following example shows how your financial responsibility may be lower when you seek care from a network provider rather than an out-of-network (OON) provider.

ACL knee repair at outpatient ambulatory surgery center

	Network	Out-of-Network
A. Provider billed	\$10,000	\$10,000
B. Network discount	\$6,500	Not applicable
C. Amount allowed**	\$3,500	\$4,200
D. Health plan paid	\$3,150	\$2,940
E. Your responsibility***, †	\$350	\$1,260
F. Potential balance bill from the provider to you ‡	Not applicable	\$5,800
Potential member responsibility (E+F)	\$350	\$7,060

**Difference of
\$6,710**



To find providers and facilities within your network:

Call **1-844-234-7925**, download the **UnitedHealthcare app** or visit **myuhc.com**.



To seek help with resolving out-of-network balance medical bills:

Whether an out-of-network service was unexpected or not, Naviguard may help reduce out-of-network bills. This service is available at no additional cost as part of your health plan. If you receive a balance medical bill for out-of-network medical services, call **1-844-234-7925** to initiate your case with Naviguard, and we will help you navigate the resolution process every step of the way.

* Example is for illustrative purposes only and assumes that the annual deductible has been met. Billed and allowed amounts vary by provider. Out-of-network providers set their own rates and may bill you for the difference between their rates and what UnitedHealthcare pays.

**The amount contracted between network providers and UnitedHealthcare for this service. The \$4,200 in row C is the allowed amount for an out-of-network provider. This is an illustrative claim example and does not represent your actual claim situation.

***This example assumes that the deductible has been met.

† Network coinsurance is 10% of row C.

‡ Difference between rows A and C for out-of-network. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

Review the claims and payment process

1	Present your <i>UnitedHealthcare</i> member ID card at your <i>provider's</i> office.*
2	Your <i>provider</i> submits a <i>claim</i> to <i>UnitedHealthcare</i> for the cost of the visit.
3	<i>UnitedHealthcare</i> processes your <i>claim</i> and then sends you an <i>EOB</i> .
4	<i>UnitedHealthcare</i> pays the <i>provider</i> , up to the amount covered.
5	Your <i>provider</i> sends you a bill for any remaining balance.
6	Compare the bill with the <i>EOB</i> you received to make sure the amounts match.
7	Pay your bill out of your pocket or...
8	Use any available <i>HSA</i> dollars to pay your bill.
9	Keep all <i>HSA</i> receipts. For any money that comes out of your <i>HSA</i> , the IRS requires a receipt showing that it was a <i>qualified medical expense</i> .
10	For questions related to your claim or a bill you received, please call a UnitedHealthcare Advocate at 1-844-234-7925 .

Note: For most medical appointments and services, you should wait until you receive the invoice from your physician that includes UnitedHealthcare discounts. However, if you are receiving elective surgery, you may be asked to pay in advance.

*If you are an existing UnitedHealthcare member enrolled in a medical plan provided by ORNL and have elected paperless for required communications, you will not receive a physical ID card in the mail. You can access your digital ID card on myuhc.com or the UnitedHealthcare app. You may also call UnitedHealthcare to request a physical ID card.

Explanation of Benefits (EOB)



Legal Entity
Service Center
Address
City, State, ZIP Code

ROBERT TEST
Address
City, State, ZIP Code

Explanation of Benefits

Member/Patient: ROBERT TEST
Member ID: A123456789
Relationship: EE
Group name: TEST CUSTOMER
Group number: 0123456



The layout of the EOB may change at any time.

Hi, ROBERT.

THIS IS NOT A BILL. This Explanation of Benefits (EOB) is a summary of services received and how plan benefits were applied.

To the right is the total amount you may owe for the services included in this statement – but, depending on when you receive this statement, that amount may not reflect payments you’ve already made. Visit myuhc.com to see the most up-to-date amounts.

Use this EOB as a reference or retain as needed.

Services in this statement occurred between Sep. 1, 2023 - Sep. 1, 2023

Provider billed	\$320.66
Your total amount owed	\$153.68

See claim details on following pages or go directly to myuhc.com to view.



Plan balances

As of 09/21/2023 for plan year 2023

Balances for ROBERT

		Maximum amount	Progress so far	Remaining amount
Network	Deductible	\$1,000.00	\$1,000.00	Met
	Out-of-pocket limit	\$6,500.00	\$4,996.35	\$1,503.65
Out-of-Network	Deductible	\$5,000.00	\$95.00	\$4,905.00
	Out-of-pocket limit	\$10,000.00	\$95.00	\$9,905.00

Got questions?

Get in touch with customer service at 888-888-8888

STD-EOB
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Page 1 of 4

United
Healthcare



Questions about your claims?

Call a UnitedHealthcare Advocate at 1-844-234-7925.

Access these helpful resources and tools when you have questions or need help

UnitedHealthcare Advocates

Have questions about your health? Call *UnitedHealthcare* at **1-844-234-7925** to speak with an advocate who can help you decide where to go for care, find resources to help you manage a chronic condition, explain a *claim*, enrollment options, qualifying life events, and more.

myuhc.com

Your personalized member website can help you access and manage your health plan information 24 hours a day, 7 days a week. You can find and price the *network* care you need, see what's covered, view *claim* details, manage your financial accounts, and more.

UnitedHealthcare app

The app provides instant access to your health information – anytime, anywhere. With the *UnitedHealthcare* app, you can find a *network* doctor near you, check the status of a *claim*, speak directly with a customer care professional, and more. The *UnitedHealthcare* app is available to download for free from the App Store® or Google Play®.

Manage My Claims

Understand and track your health care *claims* by visiting the *Claims and Accounts* section on **myuhc.com**. It explains your *claims*, treatments, and costs in an easy-to-understand way and allows you to pay your bills online.

Price a Medication

The Price a Medication tool at **express-scripts.com** can help you find drug information, compare prices, and learn about lower-cost options.

Find Care and Costs

Quickly and easily compare costs before you get care by clicking on *Find Care and Costs* on **myuhc.com**. The information is personalized to calculate out-of-pocket expenses based on your plan and current benefit status. Estimated costs are based on available charged rates from *network providers*.

24/7 Virtual Visits

Whether by mobile device or computer, 24/7 Virtual Visits let you and your covered family members see a doctor for nonemergency medical conditions. A time-saving, convenient solution, 24/7 Virtual Visits puts you in touch with a doctor who can diagnose your situation and prescribe medications.

Optum Financial

One of the ways to balance medical costs and get the most out of your health care dollars is by opening a *Health Savings Account (HSA)*. *UnitedHealthcare* conveniently links your *HSA* through Optum Financial. For more information call **1-800-791-9361** or visit **optumbank.com**.



Call us with questions.

We're here to help.

Call the ORNL Benefits office toll-free: **1-866-576-7766**.

If you have questions about your pharmacy benefits call **1-866-749-0097**.

Visit WellOne Clinic for annual health exams, screenings, and minor illnesses

Oak Ridge National Laboratory's WellOne Clinic offers convenient, onsite access to everything from annual checkups and vaccines to minor ailments, injuries, and more.

Preventive care

Biometric testing
Flu shots
Immunizations
Routine screenings

Illnesses

Bronchitis
Colds and flu
Ear infections
Gastro illnesses
Pink eye
Respiratory illnesses
Skin ailments
Strep throat
Ticks and Lyme disease
UTI

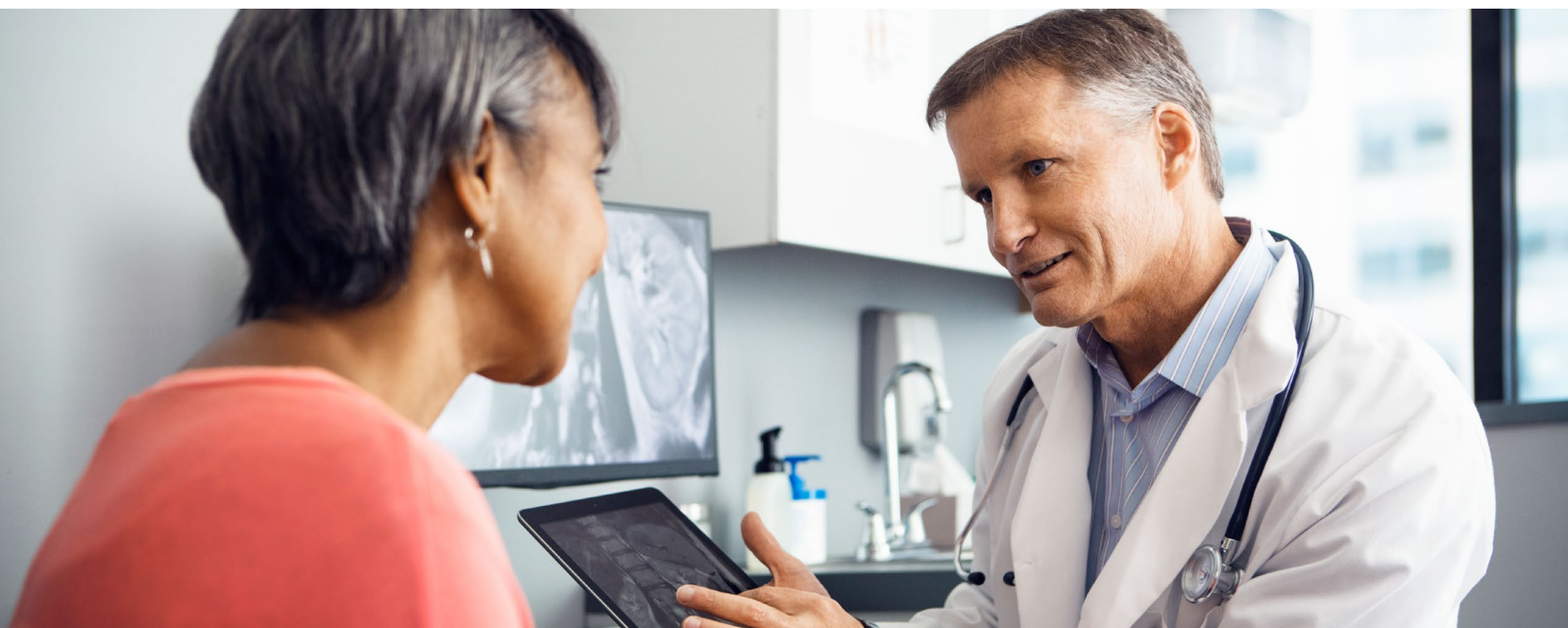
Injuries

Bites
Burns
Cuts and tears
Strains/sprains



**WellOne Clinic is open
Monday–Friday,
7 a.m.–4 p.m.**

All visits between 7 a.m. and 8 a.m. are by appointment only. **Patients should call WellOne at 1-865-574-9355 prior to coming into the clinic.**



Get to know these health care terms

C

Centers of Excellence

UnitedHealthcare is one of the leaders in identifying Centers of Excellence that use safe, evidence-based, cost-effective treatment options for many complex medical conditions at leading treatment centers.

Claim

An itemized statement of your services and costs sent from your *provider* to *UnitedHealthcare* for payment.

Coinsurance

After reaching your *deductible*, you and your plan each pay a percentage of the health care expense.

Copayment

Also known as a copay. This is a fixed amount you pay for a covered health care service, usually when you receive the service.

The amount can vary by the type of covered health care service.

D

Deductible

The amount of money you pay before *coinsurance* begins.

Diagnostic care

Diagnostic care is any care you receive for new symptoms or changes to an existing health condition. Examples include labs, tests for certain conditions, or specialist visits.

E

Eligible expense

The amount *UnitedHealthcare* determines that the plan will pay for benefits.

Explanation of benefits (EOB)

After you visit a *provider*, your health plan may send you an explanation of benefits. It gives you important details about what your plan covers and what you may owe.

Express Scripts

Express Scripts is your pharmacy benefit manager.

H

Health Savings Account (HSA)

A tax-free health care account available with the HSA Plan that your employer funds to help pay for eligible health care costs. You can also make contributions, up to IRS limits, in addition to the *premiums* you pay. You own the account, and any unused dollars roll over from year to year. You can invest funds over \$2,000. Visit optumbank.com for additional information.

M

Maintenance medication

Maintenance medications are prescription drugs that you need to take regularly to treat ongoing conditions such as asthma, diabetes, birth control, high cholesterol, high blood pressure, and arthritis. A maintenance medication can also be a drug that you take for 3 to 6 months and then discontinue (e.g., an allergy medication).

N

Network

Network refers to doctors, *providers*, and health care facilities with which your health plan has negotiated a discount.

O

Out-of-pocket maximum

The total amount – including *deductible* – that you could pay for health care during the plan year. Does not include *premiums*.

P

Premium

The amount deducted from your paycheck each pay period to cover your share of the cost for health plan coverage.

Preventive care

Recommended exams and routine screenings used to determine current health status and identify any potential health issues.

Provider

A health care professional or facility that provides you with health care services.

Q

Qualified medical expenses

They include medical, dental, vision, and prescription expenses. Funds withdrawn from your *HSA* are tax-free when used to pay for *qualified medical expenses*, as described in Section 213(d) of the IRS Tax Code.

U

UnitedHealthcare

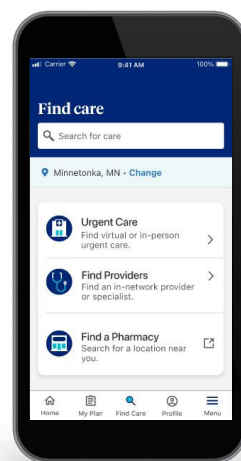
The health insurance company that administers your benefits and provides you with access to a network of health care professionals, including advocates who can assist with benefit and claim questions.



Get more from your health plan

This guide can help you better understand how your health plan works. Keep it handy and use this checklist to make the most of your health plan benefits. Share this information with family members and anyone who makes health care decisions.

- ☐ Locate a *network* primary care *provider* and familiarize yourself with ORNL's onsite WellOne Clinic and your local urgent care facility. Add the phone numbers to your phone contact list.
- ☐ Schedule any *preventive care* appointments recommended for you and your family.
- ☐ Make a list of questions for your doctor and bring them to your visit. Remember the difference between *preventive care* and *diagnostic care* so you can anticipate any costs you may need to cover.
- ☐ Register for **myuhc.com** and review the tools and resources available to help you make informed health and benefit decisions.
- ☐ **Download the UnitedHealthcare app** from the App Store or Google Play for instant access to your health information or to speak with a customer care professional.
- ☐ **Download the digital wallet card.**
Add ORNL benefit contacts to your smartphone for quick access to resources when you need them. Encourage your covered family members to do the same.



It just takes a minute (or less) to add this free resource to your phone.

- 1 Text **ORNL** to **67936**.*
- 2 Tap the *Share* button on your iPhone®.
Tap the *Option* button on your Android®.
- 3 Tap *Add to Home Screen*.

Wherever you are, you'll have quick and easy access to important benefits contact numbers, websites, and mobile apps. Note: This is a mobile site found at **ornlbenefits.com** and is not found in the App Store or Google Play.

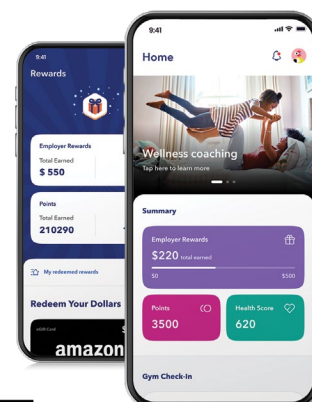


Welcome to Rally Engage!



Earn healthy rewards when you complete the Rally Engage Rewards Program.

Starting Nov. 1, 2025, Rally® will have a new name: Rally Engage. Rally Engage is a personalized digital experience that can help you make small changes to improve your health. You can earn a reduction in your health plan *premium* when you complete the Rally Engage Rewards Program. After Nov. 1, 2025, you will need to switch to Rally Engage. You can log in with HealthSafe ID® in two ways: Go to rallyengage.com/landing/client/ornl, or download the Rally Engage app by scanning the QR code. Note: You must accept the new Terms and Conditions to be able to have access to the app.



Starting Jan. 1, 2026, Rally Engage will become Optum® Engage.

You don't need to do anything. The app will update on its own, and your login will stay the same.



Your health plan gives you access to One Pass Select® gym membership.

Use One Pass Select to visit thousands of fitness locations, join live or online classes, and more. To learn more, visit onepassselect.com.



Try Calm Health for mental health support at your pace

Get access to some of the Calm Health app's best content including sleep stories, breathing exercises, daily mindfulness, music and soundscapes for relaxation, and more with the Calm Health app! **Available through your ORNL medical plan benefits at no additional cost.**

With the Calm Health app, you can take a short screening that can help you understand where you are in your journey and get a more personalized app experience. You can also access content for a wide range of mental and physical conditions and guidance for some of life challenges. If needed, Calm Health can even help guide you to additional solutions and services from your medical plan, such as therapy.

To get started, sign into myuhc.com/mental-health and look for Calm Health, then download the Calm Health app.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

هذه الخدمة متاحة للأشخاص الذين يتحدثون اللغة العربية (**Arabic**)، الذين يحتاجون إلى مساعدة في فهم اللغة العربية. يرجى الاتصال بالرقم المجاني على بطاقة الهوية.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação. ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नैऋत्यक उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anida'awo'ígíí, t'áá jiik'eh, bee ná'ahóót'i'. T'áá shqoodí ninaaltsoos nítł'izí bee nééhozinígíí bine'déé' t'áá jiik'ehgo béésh bee hane'i biká'ígíí bee hodiilnih.



Important Note: This information describes only certain highlights of the company's medical plan. It does not supersede the actual provisions of the applicable plan documents, which in all cases are the final authority. Company plans, programs, practices, or processes may be amended, changed, or terminated by the company at any time without prior notice to, or consent by, participants. This notice does not constitute a contract of employment between the company and any individual or an obligation by the company to maintain any particular benefit program, practice, or policy.

The programs and services described here are for informational purposes. Please refer to your benefit plan documents for detailed plan coverage information.

UnitedHealth Premium® is proprietary to UnitedHealthcare. UnitedHealth Premium evaluates physicians based on safe, timely, effective and efficient quality care criteria to help members make more informed choices for their health care. **It's intended only as a guide and should not be the sole factor considered when selecting a physician. Designations have a risk of error and members should discuss designations with a physician before choosing one. If a member already has a physician, they should also consult with them for advice on selecting other physicians.** The fact that a physician does not have a Premium Care Physician designation does not mean that the physician does not provide quality health care services. All physicians in the UnitedHealthcare network have met certain minimum credentialing requirements (separate from the UnitedHealth Premium criteria). Please visit the medical care directory specific to the member's benefit plan for physician designations and detailed information about UnitedHealth Premium and the evaluation methodology.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

The UnitedHealthcare plan with Health Savings Account (HSA) is a qualifying high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

In the event that the content of this communication or any representations made by any person regarding the employee benefits plans and programs conflict with or are inconsistent with the provisions of the governing documents, the provisions of the plan documents are controlling. To the fullest extent permitted by law, your employer has reserved the right to amend, modify, suspend, replace or terminate any of its plans, policies, or programs, in whole or in part, at any time and for any reason, by appropriate company action.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

App Store is a registered trademark of Apple, Inc. Google Play is a registered trademark of Google LLC.

Brought to you by UnitedHealthcare for Oak Ridge National Laboratory

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