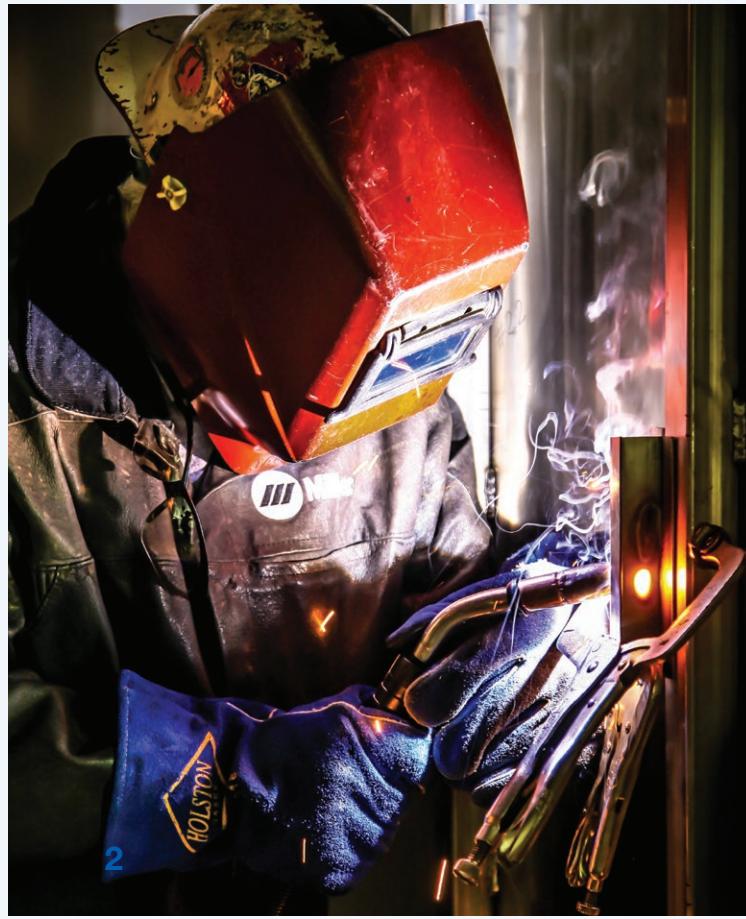




A guide to understanding your 2022 ORNL health plan

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





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**

We'll also cover 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 *blue* and *italicized*. You'll find brief definitions in the glossary towards the back.

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 your health 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 cannot be made to your *HSA* if you are enrolled in Medicare, TRICARE, another health plan that is not a high-deductible health plan or your spouse participates in a health care flexible spending account.

ORNL HSA Contributions	2022
Employee Only	\$500
Family	\$1,000

2

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





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.

Employees (and dependents)

Your health plan provides you and your family with 100 percent coverage for routine *preventive care* services and certain preventive medications. During the *deductible* phase, you'll pay 100 percent of the *eligible expense* until you meet your *deductible*. After that, you'll pay a *coinsurance* of 10 percent for medical services and 20 percent for prescriptions until you reach the *out-of-pocket maximum*. You may contribute to your *HSA* to build savings to use on medical expenses now or in the future.



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 percent of your health care *claims* and 80 percent of your prescription drug *claims* after you meet the *deductible* and 100 percent once you reach the *out-of-pocket maximum*.





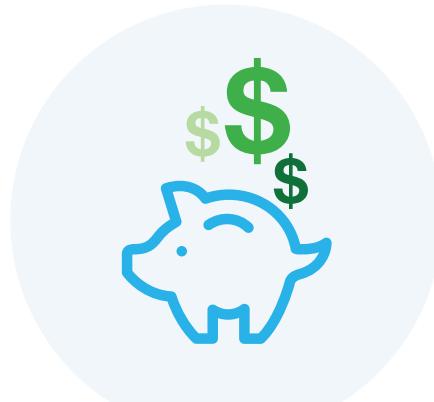
UnitedHealthcare

UnitedHealthcare reduces costs by providing the *network* and negotiating prices with doctors and other *network providers*.

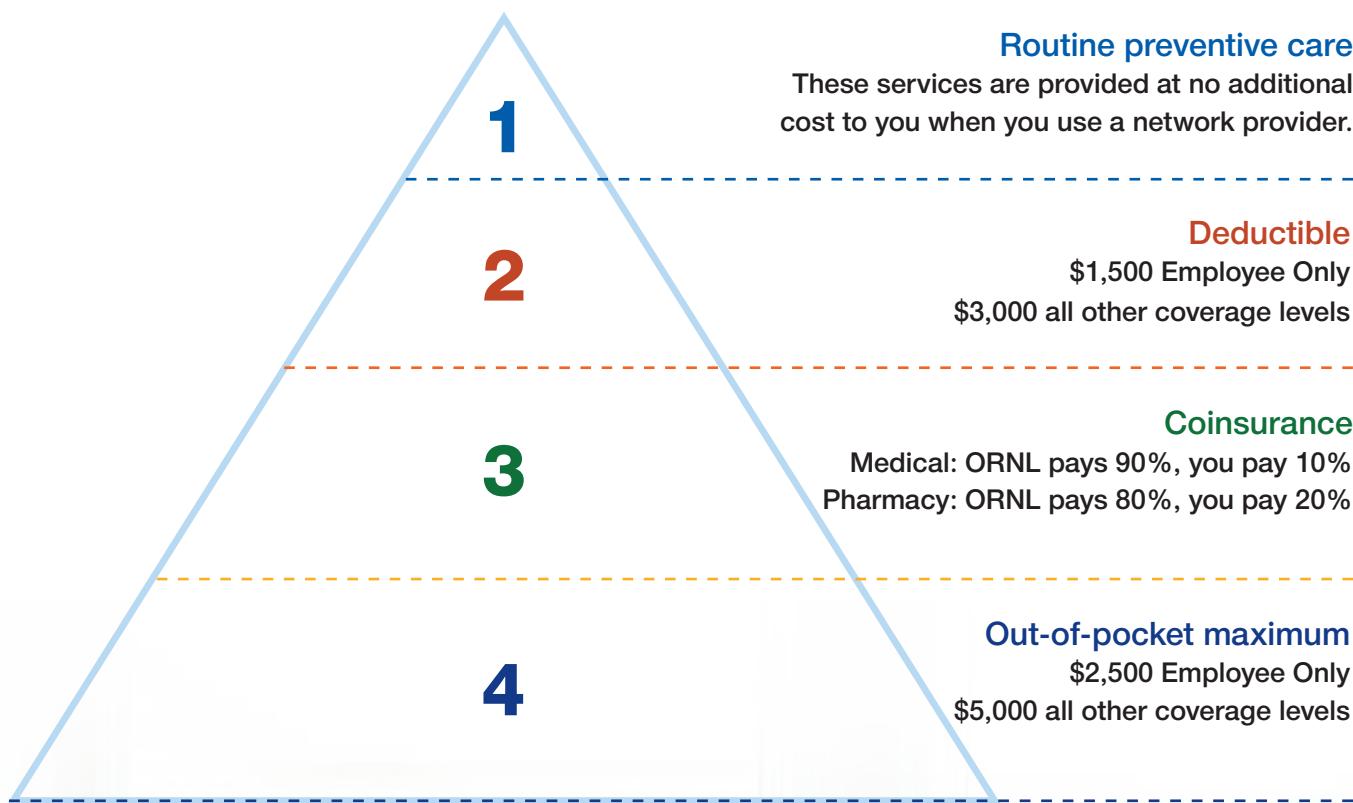
UnitedHealthcare also administers your health care *claims* and receives funds from ORNL to pay those *claims*.

The **Consumer Choice with HSA** allows you to make educated decisions about the care you receive and where to go for appropriate care. The plan offers:

- Advocate support for your health care questions.
- Tools to help you find a *network* doctor, estimate costs and manage your health care dollars.
- 24/7 Virtual Visits that let you see a doctor anytime using your smartphone, tablet or computer for minor and nonemergency care.



Take a moment to review what your health plan covers.



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



Level 1:

Routine *preventive care* includes 100 percent 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 percent of the negotiated 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 percent 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	Family
2022	\$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 weekly paycheck. Participating saves you money in income taxes and FICA expenses.

For 2022, you can contribute to your *HSA*, up to the annual amount allowed by the Internal Revenue Service (IRS). Individuals can contribute up to \$3,650, and families can contribute up to \$7,300. 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.**



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

Get your recommended preventive care.

Your health plan covers routine preventive care 100 percent 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 **UnitedHealthcare** at **1-844-234-7925**.

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 percent 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 [UnitedHealthcare](#) 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** to sign up for home delivery or call the number on your health plan ID card.

Pick up your prescriptions at a pharmacy.

You can use a *network* pharmacy for up to 3 fills for your *maintenance medications*. After the third fill, 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**.



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 expressscripts.com or call **1-866-749-0097**.

Compare the costs of medications.

The *Price a Medication* tool at 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 will need to use 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.

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*.



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.



Download the **UnitedHealthcare**[®] app.



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

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 24/7 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 knows you and your medical history, so seeing your doctor is usually best for most nonemergency conditions and *preventive care*.



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.

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 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 percent 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 completely confidential under 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 are thinking about harming yourself or others, help is available by calling the National Suicide Prevention Lifeline at **1-800-273-8255**.



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.

\$3,650 HSA total for 2022 — includes a \$500 contribution from ORNL for employee-only coverage plus \$3,150 in contributions from the employee

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

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 \$1,350 to reach your deductible (\$1,500), using \$1,000 from your HSA. You also paid 10% in coinsurance (\$1,000) out of your pocket to reach your out-of-pocket maximum (\$2,500). The plan paid the rest of the bill (\$22,650).	\$22,650	\$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: Family coverage with the Consumer Choice with HSA (age 55 or older account owner).

Your monthly/weekly payroll deduction pays the premium.

\$8,300 HSA total for 2022 — includes a \$1,000 contribution from ORNL for family coverage plus \$6,300 in contributions from the family and a \$1,000 catch-up contribution from the employee who is age 55 or older

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

Your network health care expenses	Cost	How the expenses were paid	The plan paid	You paid
In April, 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 June, 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 September, you had an angioplasty to clear your clogged coronary arteries.	\$30,000	You paid \$1,500 to reach your family deductible (\$3,000) and 10% coinsurance (\$2,000) to reach your family out-of-pocket maximum (\$5,000). The plan paid the rest of the bill (\$26,500).	\$26,500	\$3,500 HSA dollars
In November, 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 1,175,000 health care *providers* and 6,750 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 Calculated charges above the Medicare-based Maximum Reimbursement Charge (MRC)
Health plan paid	\$277 (benefit is 90%)	\$140 (benefit is 70%)
Your itemized responsibility to provider		
Deductible	Already met	Already met
Ccoinsurance	\$31 (10%)	\$60 (30%)
Not covered	\$0	\$1,184
Your total out-of-pocket	\$31	\$1,244

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 based on 140 percent of the Medicare-based MRC in your geographic area for similar services, as they are not contractually required to accept what the plan pays. When you are billed for this difference, you are responsible for the cost and it does not apply to your out-of-pocket maximum.

Choose the right doctor with confidence.

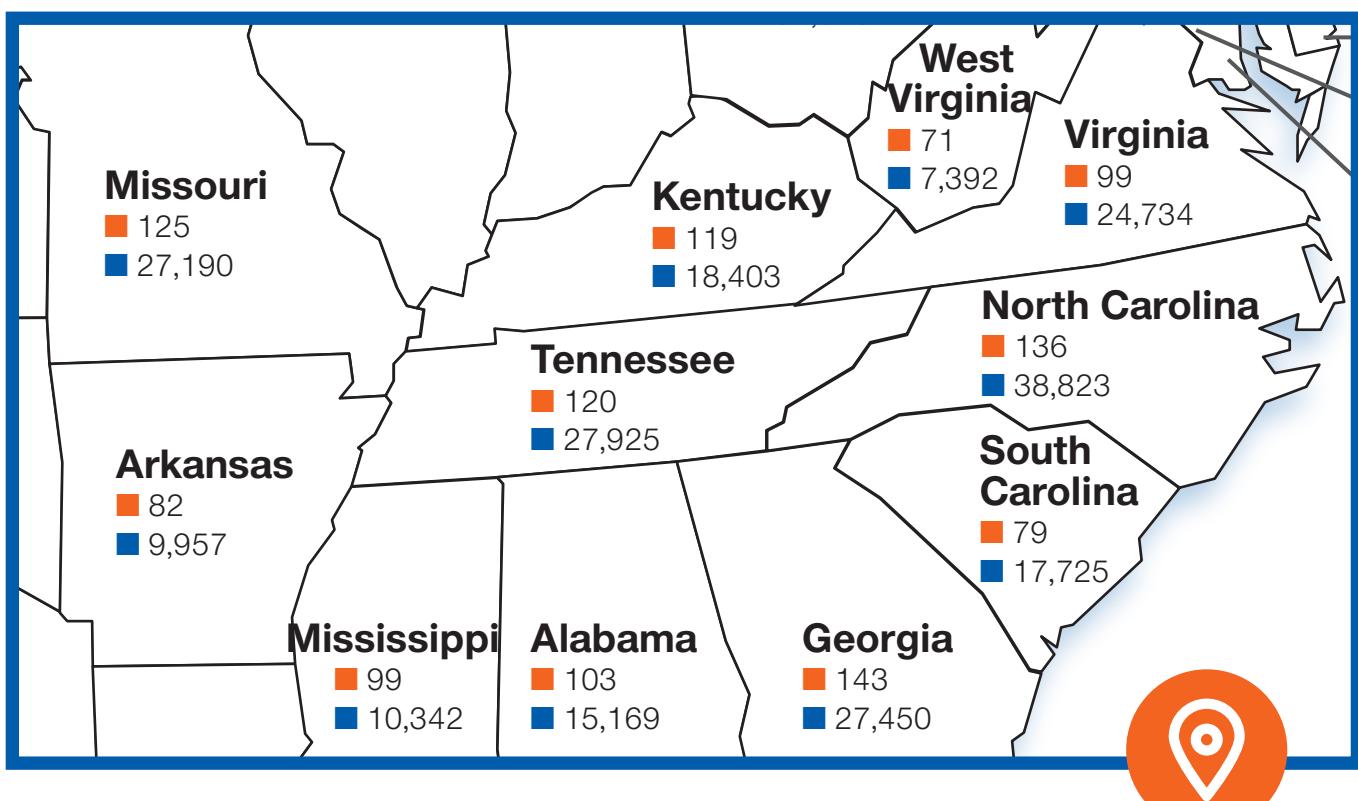
Choosing a doctor is one of the most important health decisions you'll make. The UnitedHealth Premium® program helps you find doctors who are right for you and your family. It evaluates physicians using evidence-based medicine and national standards for quality and cost-efficient care. To find a UnitedHealth Premium Care Physician, use the *Find a Doctor* tool on myuhc.com. Look for two blue hearts for physicians and a blue vial symbol for medical lab recommendations. It is a good idea to confirm your doctor's status has not changed prior to scheduling appointments.



Access the nation's leading health care facilities.

If you have a special condition, the *UnitedHealthcare Centers of Excellence network* can help you understand your illness, find a doctor and locate a medical center. To learn about covered conditions, log in to myuhc.com.

UnitedHealthcare National Network



Providers and Hospitals by State

Hospitals = ■ Providers = ■



Review the claims and payment process.

1 Present your *UnitedHealthcare* member ID card at your *provider's* office.

2 Your *provider* submits a *claim* to *UnitedHealthcare* for the cost of the visit.

3 *UnitedHealthcare* processes your *claim* and then sends you an *EOB*.

4 *UnitedHealthcare* pays the *provider*, up to the amount covered.

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

6 Compare the bill with the *EOB* you received to make sure the amounts match.

7 Pay your bill out of your pocket or...

8 Use any available *HSA* dollars to pay your bill.

9 Keep all *HSA* receipts. For any money that comes out of your *HSA*, the IRS requires a receipt showing that it was a *qualified medical expense*.

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.

Explanation of Benefits (EOB)

Service Center
Address
City, State, ZIP Code
Phone: 1-888-888-8888

Have more questions about your claim?
Visit (name of member website)
for all your claim and benefit information.

John Johnson
Address
City, State, ZIP Code

Date

Member/Patient Information
Member/Patient: John Johnson
Member ID: 123456789
Group Name: ABC Company
Group #: 1234567



Explanation of Benefits Statement

This is not a bill. Do not pay. This is to notify you that we processed your claim.



The layout of the EOB
may change at any time.

Claims Summary

Detailed claim information is located on following page(s)

Dollar Amount Description

Amount Billed
\$229.00 The amount your provider charged for services provided to you.

Plan Discounts
\$32.23 The money your health benefit plan paid.

Your Plan Paid
\$80.00 The money your health benefit plan paid.

Total Amount You Owe the Provider(s)
\$116.77 The portion of the Amount Billed you owe the provider(s).
This amount does not reflect any payment you may have already made at the time you received care.
This amount may include your deductible, copay, coinsurance and/or non-covered charges.
This amount does not include any payments made to the subscriber*. If a payment was made
directly to the subscriber, you/the subscriber is responsible for paying the physician, facility or
other health care professional.

*When coordination of benefits applies, this amount will include payments made to the subscriber.

Use this EOB statement as a reference or retain as needed.

Page 1 of 4



Questions about your claims?

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

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

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™.

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* and more.

Manage My Claims

Understand and track your health care *claims* by visiting the *Manage My Claims* 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 **expressscripts.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

Routine screenings
Biometric testing
Flu shots
Immunizations

Illnesses

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

Injuries

Cuts and tears
Bites
Burns
Strains/sprains



WellOne Clinic is open Monday through Friday, 7 a.m. to 4:30 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.

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 *UnitedHealthcare* 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

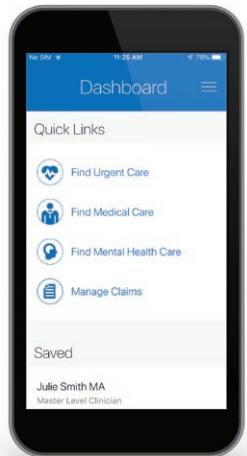
The health insurance company that administers your benefits and provides you with access to a network of health care professionals.



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 link in the text response.
- 3** Tap the *Share* button on your iPhone®.
Tap the *Option* button on your Android®.
- 4** 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.

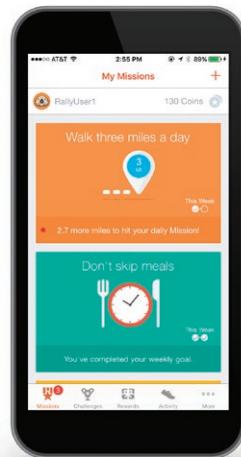


Download the Rally® app to earn healthy rewards. To get started, log in to **myuhc.com** and select any Rally link.



Earn healthy rewards when you complete the Rally Rewards Program.

Rally 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 Rewards Program. To get started, log in to **myuhc.com** and select any Rally link.





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.

24/7 Virtual Visits are not an insurance product, health care provider or a health plan. 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. Payment for 24/7 Virtual Visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. The Designated 24/7 Virtual Visit Provider's reduced rate is subject to change at any time.

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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.

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