



Oak Ridge National Laboratory Consumer Choice Medical Plan Frequently Asked Questions

Open enrollment period runs from Oct. 11–31.
Your benefits questions, answered.

United
Healthcare

 OAK RIDGE
National Laboratory

At Oak Ridge National Laboratory, we are committed to offering a benefits package designed to help you and your family thrive.

It is time to start planning for open enrollment — the period when you select your benefits and make your Health Savings Account elections for 2024. More than ever, it is important to work together to make wise health care decisions that preserve health while keeping costs as low as possible for all of our employees. That means choosing the health benefits that are right for you and your family, accessing the right care in the right setting, and getting the recommended preventive care.



In preparation for making your 2024 selections, please review the frequently asked questions below and in the enclosed document and reach out with additional questions. The more you know, the more prepared you'll be when you or a covered family member needs health care.

What steps do I need to take during open enrollment?

- 1 Log into the ADP Portal at my.adp.com or call **1-800-211-3622** to review your current benefit elections and covered dependent information to make sure they're accurate.
- 2 Make your new Health Savings Account (HSA) elections for 2024. You must elect (or re-elect) your employee contributions every year.

What happens if I do nothing?

Here's what you can expect if you do not take action during open enrollment:

- The amount of any current HSA or FSA contributions you are making will default to \$0 in January 2024
- All other benefits will remain the same

Who should I contact for enrollment inquiries and ongoing benefits support?

Contact the ORNL Benefits Office:

- Email: ornlbenefits@ornl.gov
- Call: **1-865-576-7766 (local)**
- Call: **1-866-576-7766 (toll-free)**

Where can I learn more about my health plan and benefits?

- Review the Consumer Choice medical plan with Health Savings Account (HSA) guide for Salaried, IGUA, and ATLC Employees on ORNL's benefits' site to understand your ORNL health plan.
- Log into myuhc.com® to view your personalized information.
- Visit whyuhc.com/ornl (new members).

We are excited for you to learn all you can about your 2024 benefits, and to make choices that will support your well-being in the way that works best for you.

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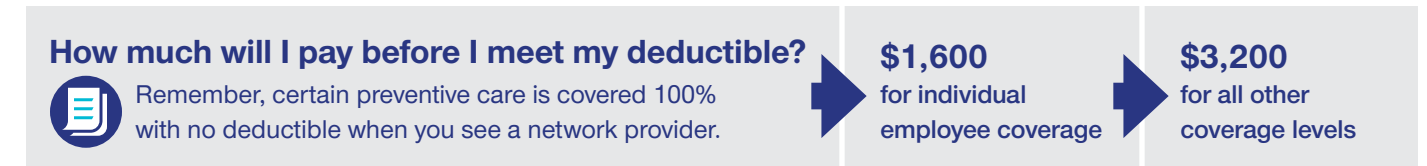
Medical plan

How does the Consumer Choice medical plan work?

The Consumer Choice medical plan is made up of 4 connected levels:

1 Routine Preventive Care These services are covered at 100% when you use a network provider.	2 Deductible You pay 100% until your deductible is met. You may choose to pay for care from your HSA or another way.	3 Coinsurance Once your deductible is met, you will be responsible for sharing the cost with ORNL until you meet your out-of-pocket maximum.	4 Out-of-pocket Maximum This is the most you will have to pay out of pocket in the plan year for covered services. ORNL will then pay 100% of the remaining covered network expenses for the rest of the plan year.
\$0 Cost sharing to you	\$1,600 Employee only \$3,200 All other coverage levels	Medical: <ul style="list-style-type: none"> • ORNL pays 90% • You pay 10% Pharmacy: <ul style="list-style-type: none"> • ORNL pays 80% • You pay 20% 	\$2,500 Employee only \$5,000 All other coverage levels

A Summary Plan Description (SPD) outlining your medical plan is available for your review. To view, print, or download your SPD, visit benefits.ornl.gov.



Health care costs and coverage

What preventive care is covered 100% by the plan?

Routine preventive care includes annual physicals, age-appropriate screenings, and preventive medications as outlined by the Affordable Care Act. These services are covered 100% when you use a network provider. We suggest that you call a UnitedHealthcare Advocate at **1-844-234-7925** to find a network provider and confirm your coverage.

What is an eligible expense?

An *eligible expense* is the amount UnitedHealthcare will pay for benefits as determined by UnitedHealthcare's reimbursement guidelines. For more information on what may be considered an eligible expense, see the Medical Plans chapter of your SPD at benefits.ornl.gov.

How can I estimate my health care costs?

- If you are a current UnitedHealthcare customer, visit myuhc.com and use the "Find Care & Cost" tool to learn more about your network providers and estimate your potential costs.
- If you are not a current UnitedHealthcare customer, visit whyuhc.com/ornl to explore network providers and estimate your potential costs for services before you enroll in a health plan.

Prescription costs and coverage

How will my prescriptions be covered under the Consumer Choice medical plan?

- 1 You pay 100% of the cost until your annual deductible is met.
- 2 Prescriptions are covered by ORNL at 80% with minimum and maximum copayments after you've met your combined medical and prescription deductible.

For more information, see the Prescription Drug Plan chapter in your SPD, available at benefits.ornl.gov.

What preventive medications are covered 100% by the Consumer Choice medical plan?

Certain prescriptions are considered preventive under the Affordable Care Act and are covered 100% with no cost sharing for you. Examples of medications typically considered preventive include certain cholesterol medications and birth control. For more information, see the Prescription Drug Plan chapter of your SPD, available at benefits.ornl.gov.

How can I find the cost of prescription drugs?

With the Consumer Choice medical plan, you can compare your prescription costs or price a medication using the Express Scripts® Price a Medication Tool at express-scripts.com/ornl.



Finding care and information

How do I find a doctor?

Here are 3 easy ways to find care when you need it:

- Go to myuhc.com and access the "Find Care & Cost" tool.
- Download the UnitedHealthcare® app from the App Store® or Google Play®.
- Call a UnitedHealthcare Advocate at 1-844-234-7925.

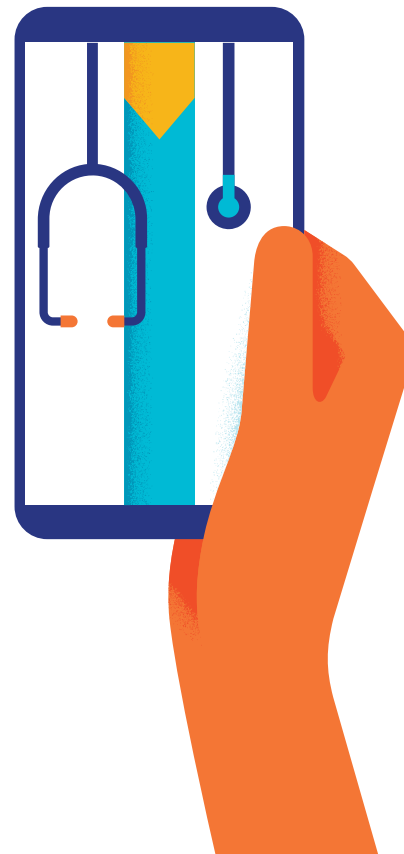


How do I schedule a 24/7 Virtual Visit with a doctor for a medical or behavioral health concern?

You can see and talk to a doctor virtually for non-emergent medical or behavioral health issues. To get started, log into myuhc.com or schedule using the UnitedHealthcare app.

How do I find more information about my health plan? Who do I contact?

For more information about your health plan, log into myuhc.com and select the links to find what you need. There you will find information and tools designed to make it easier to use your benefits. Registration is required for your first visit. You'll need your health plan ID number or Social Security number and the UT-Battelle Group Number: **905404**.



Health Savings Account

What is a Health Savings Account (HSA)?

An HSA is a tax-advantaged account you can use to save money tax-free for qualified medical expenses for you and your eligible dependents. You can also use it to pay for qualified dental and vision care expenses. An HSA allows you to save on taxes 3 ways:

- 1 The money you contribute from your paycheck is pre-tax.
- 2 Your savings grow tax-free.
- 3 Any money you take out to pay for a qualified medical expense is income tax-free.



The HSA is offered in conjunction with the Consumer Choice medical plan.

Am I eligible for an HSA?

You are eligible for an HSA if you **are** a Consumer Choice participant and you are **not**:

- Covered by another health plan that isn't high-deductible
- Participating in a Health Care Flexible Spending Account through your spouse
- Enrolled in Medicare or TRICARE®
- Claimed as a dependent on another individual's tax return

What expenses can I pay with my HSA?

You can use your HSA funds to pay for qualified medical expenses as permitted by the Internal Revenue Service – even if they are not covered by your health plan. Qualified medical expenses include a range of dental, vision, and health care expenses, such as:

- Acupuncture
- Alcohol and drug addiction treatment
- Doctor visits
- Dental treatment
- Eyeglasses, contact lenses, and exams
- Hearing aids and batteries
- Nursing services operations/surgery (non-cosmetic)
- Physical therapy
- Prescriptions
- Psychiatric care

For more information on qualified medical expenses, see Publication 502 at [IRS.gov](https://www.irs.gov), call the IRS Helpline at 1-800-829-1040 or find a list of qualified medical expenses at optumbank.com.

How do I open an HSA to receive ORNL contributions?

The first time you select the ORNL Consumer Choice medical plan on the ADP website and indicate that you are "HSA Eligible," ADP will send your application to Optum Financial™ to open your HSA. You can also do this by calling ADP at 1-800-211-3622, Monday through Friday, 8 a.m. to 8 p.m. ET.

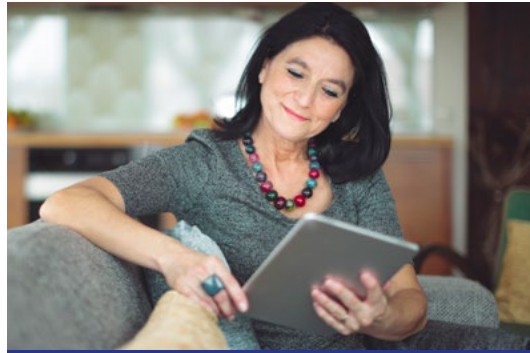
How much can I contribute to the HSA?

The IRS sets contribution limits. For 2024, the contribution limits are:

\$4,150 for individual → \$8,300 for all other coverage levels

Note that contributions from both you and ORNL count toward the annual limit.

➕ Plus, an additional \$1,000 catch-up contribution for those age 55 and older



Contributions

Can I change my HSA contribution? How?

Yes. You may change your HSA contributions anytime during the year. The change will be effective at ORNL Payroll on the first day of the month after you make the election. You will need to contact the ADP Benefits Service Center and declare a life event “HSA Election.”

Will ORNL contribute to my HSA even if I don't?

Yes. If you indicate that you are HSA Eligible on the ADP website, you will receive the ORNL contribution to your HSA. No employee contribution is required.

When will ORNL contribute to my HSA?

ORNL will make their contribution to your HSA during the first week of January.

Will my HSA contribution election stay the same for next year?

No. Your HSA employee contribution amount defaults to \$0 on Jan. 1 of each year, so it's important to re-elect your contribution every year if you want to continue. You should elect during open enrollment to be sure that your contribution will start (or continue) in January. Otherwise, your contributions will be effective on the first day of the month after you make the election.

If I have a large claim at the beginning of the year before I've built up my HSA, how do I pay for it?

You can pay for your claim using personal funds, then reimburse yourself as funds become available in your HSA. To reimburse yourself from your HSA, log into myuhc.com and click on “Manage Your Health Savings Account,” then select “Manage Your Optum Bank HSA.” This will take you to the website where you can choose “Reimburse Myself.”

I have an HSA at another bank – will ORNL contribute to that account?

No. ORNL will only make contributions to your Optum Financial HSA. However, you can transfer (roll over) your balance from another bank to Optum Financial if you would like to. For more information on account balance rollover, see the Optum Financial website at optumbank.com.



Can I pay my bills online with my HSA?

Yes. Visit myuhc.com and go to “Claims and Accounts” and click “Pay Now.”

Can I invest the money in my HSA?

Yes. You are eligible to invest the funds in your account when your cash balance reaches the investment threshold, which is usually \$2,000. Take a look at your Investment dashboard while logged into your account to confirm the amount.

What happens to the money in my HSA if I leave ORNL?

All the funds in your HSA, including funds contributed by your employer, are yours to keep. You won't be able to contribute additional funds to your HSA if you're no longer covered by a consumer-driven health plan. However, you can continue to use the funds tax-free for qualified medical expenses and you are not required to close your account.

How do I find out more information on the HSA? Who do I contact?

For more information, call Optum Financial at **1-800-791-9361** or visit optumbank.com. If you already have an HSA with Optum Financial, you can visit myuhc.com and select “Manage your Health Savings Account” or call a UnitedHealthcare Advocate at **1-844-234-7925** to learn more.



Wellness program and incentive

Are there actions I can take to lower my premiums?

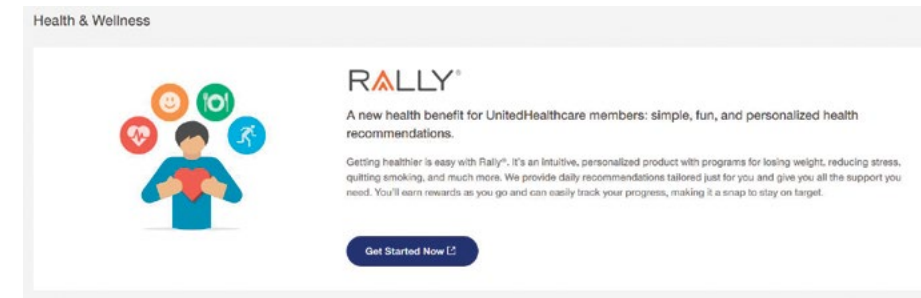
Yes. You can earn a reduction in your health plan premium for the following year when you complete the Rally® Rewards Program. Rally is a personalized digital experience that can help you make small changes to improve your health. For couples who work at ORNL, only the primary policyholder is eligible to earn the incentive.

To get started, log into myuhc.com and select “Health Resources.”



How do I sign up for the Rally Wellness Program?

Once you have created an account on myuhc.com, under “Health & Wellness” click on the “Get Started Now” button.



What is the wellness incentive program period?

For the 2025 wellness incentive, the program period begins Nov. 1, 2023 and ends Oct. 31, 2024.



We do not treat members differently because of sex, age, race, color, disability, or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability, or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

Online: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201

We provide free services to help you communicate with us, such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

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.

توجّه: 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.

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.

توجّه: 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, निःशुल्क 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 jííik'eh, bee ná'ahóót'i'. T'áá shóodí ninaaltsoos nitl'izi bee nééhozinígíí bine'déé' t'áá jííik'ehgo béésh bee hane'í 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.

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 Virtual Visit Provider's reduced rate is subject to change at any time.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the Health Survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

Health savings accounts (HSAs) are individual accounts offered or administered by Optum Bank®, Member FDIC, a subsidiary of Optum Financial, Inc., and are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as investment, legal or tax advice. Federal and state laws and regulations are subject to change.

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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