Four Rivers Salaried and USW Retiree (Pre-65) Retired on or after 1/1/2020 2027 Open Enrollment Booklet

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OAK RIDGE RESERVATION CLEANUP CONTRACT (ORRCC) HEALTH AND WELFARE BENEFIT PLAN

2027 Annual Benefits Enrollment Guide

2027 ANNUAL BENEFITS ENROLLMENT

FOUR RIVERS SALARIED AND USW RETIREE (PRE-AGE 65) – RETIRED ON OR AFTER JANUARY 1, 2020

Each year during our Annual Benefits Enrollment period, you have the opportunity to review your Health and Welfare benefit choices, consider your needs and choose benefits coverage for the next year. The information you and your family members need to make informed decisions about your 2027 Annual Benefits Enrollment is available in this guide and online at **https://ucor.com/benefits-center/**.

2027 Annual Benefits Enrollment Dates: October 26 – November 6, 2026

You can enroll at **MyGroupBenefits-UCOR-ORRCC.com** or call the UCOR-ORRCC Benefits Service Center **1-800-451-8964.**

Be sure to read the enrollment instructions included with this guide. A statement of your current benefit coverages was provided to you in advance of the 2027 enrollment period.

ENROLLMENT ACTION

If you are an eligible non-grandfathered bargaining unit employee retiring on or after January 1, 2020, you may keep the same life benefit you currently have, at the 2027 premium rates. If you do not take action, you will automatically be re-enrolled in the same life benefits you had in 2026, at the 2027 premium rates. For other applicable retiree benefits, please contact your employer's Human Resources/Benefits Administration Department.

Enrollment action is required if you want to change your life benefit coverage or coverage levels for 2027.

MAKING CHANGES DURING THE YEAR

Your retiree benefit premiums are paid on an after-tax basis which means you have greater flexibility to adjust your benefits during the plan year. As an eligible Pre-Age 65 retiree, you are not locked into your Annual Enrollment elections for the full year. You have the flexibility to enroll, make changes, drop coverage, or re-enroll in the plan at any time during retirement, subject to plan eligibility requirements. Benefit changes typically take effect on the first day of the month following your request. While you can make changes at any time, reporting Qualifying Life Events (QLE) like marriage, divorce, or changes in dependent eligibility helps ensure accurate coverage and billing.

To initiate a qualifying life event change, visit Empyrean at **MyGroupBenefits-UCOR-ORRCC.com** or call the UCOR-ORRCC Benefits Service Center **1-800-451-8964** from 8:00 AM to 5:00 PM EST, Monday through Friday.

WHAT'S NEW FOR 2027?

LIFE INSURANCE

There will be no change to your monthly life insurance premiums for 2027.

Life insurance for 2027 will continue to be offered through Securian. ***There are no changes to the life insurance provisions for 2027, though monthly premiums will continue to be based on retiree age bands***. If you have elected the reduced paid-up life benefit, you do not pay a premium. The 2027 monthly premiums are below.

2027 BENEFIT PREMIUMS

LIFE

Retiree Basic Life (Rate per $1,000 per month)	
Age band	**Retiree cost share** (if applicable)
50-54	$0.064
55-59	$0.104
60-64	$0.166

Note: ORRCC's third party billing vendor, WEX Inc., will provide updated billing statements to applicable retirees after the close of the 2027 Annual Benefits Enrollment period and before the beginning of the new plan year.

INFORMATION SOURCES

You can access Empyrean's website at **MyGroupBenefits-UCOR-ORRCC.com** to make your benefit elections or contact the UCOR-ORRCC Benefits Service Center at **1-800-451-8964** from 8:00 AM to 5:00 PM EST, Monday through Friday.

Prior to the 2027 Annual Benefits Enrollment period, you will receive a personalized Benefits Statement with a summary of the 2026 Health and Welfare Benefits for which you are currently enrolled. This summary will be useful in determining what benefits you may need for the coming year and whether you need to take action.

At the conclusion of the 2027 Annual Benefits Enrollment period, you will receive a personalized 2027 Benefits Confirmation Statement from Empyrean. ***Please review it carefully to ensure that it accurately reflects your benefit elections for 2027.*** Evidence of Insurability (EOI) forms may be required for new or additional life coverage, and such coverage will not be effective until your application is approved by the insurance carrier.

Benefit	Resource	Phone	Website
Life	Securian	**(888) 658-0193**	**www.lifebenefits.com**
ORRCC Pre-Age 65 Retiree Benefits Admin.	WEX	**1-866-451-3399**	**N/A**

Important Disclosures
This summary information provides an overview of some of the main features of the benefit plans for eligible employees but does not reflect all of the benefits, exclusions, and limitations of the plans. For all of the plan rules, details, and coverage provisions, the terms of the plans are governed by the Plan Documents and insurance contracts. Should there be any inconsistencies between the Plan Documents and this summary information, the Plan Documents and insurance contracts will prevail. The Company reserves the right to amend or terminate any of the plans, in whole or in part, at any time.

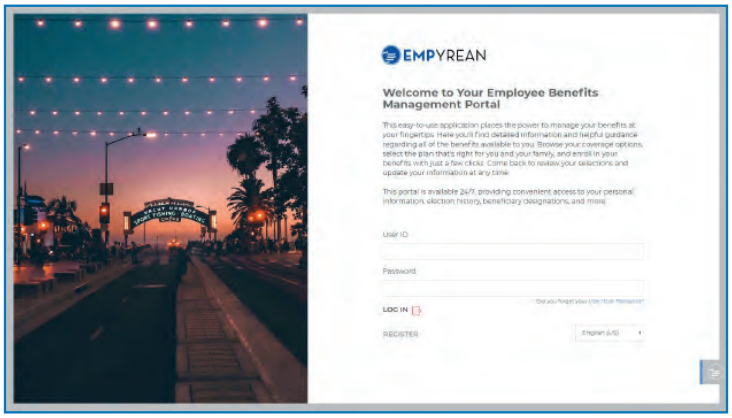


EMPYREAN

Step by Step Enrollment Guide

This guide explains our online benefits enrollment tool. Use it to reference key steps that maximize and lock in your benefits.

Start by Registering Your User Account - *Direct Access*



1. Visit your enrollment site to create your user ID and password.
2. Click on *REGISTER.*
3. Enter your

- First, Last Name (as filed with employer),
- Date of Birth
- Social Security Number/Employee ID

—— CLICK NEXT WHEN FINISHED ——

4. Add a new User ID
(work email address, for example).
5. Create a new password with at least:

- eight characters
- one letter
- one number
- one symbol (i.e., * & + # $)

6. Set a security question and answer (at least six characters), in case you forget your password.

—— CLICK *NEXT* WHEN FINISHED ——

7. Read the terms of use agreement. To continue enrolling, click I AGREE at the bottom of the page.

NOTE
You only register once. Return and log in with your user ID and password. Our system recognizes you.

HAVE THE FOLLOWING INFORMATION HANDY

Provide eligible dependents' and beneficiaries':

- Full names
- Dates of birth
- Social security numbers

NOTE
Your Plan may require you to provide documents to verify your
dependents before they can be covered.

NOTE
Your Plan may require you to complete an Evidence of Insurability (EOI) during the enrollment process

Your registration is complete.

Please go to 'Get Ready to Enroll for Your Benefits' on page 4.

Single Sign On -
No registration required

1. Visit your enrollment site and follow the login instructions.
2. Click to access. Read the terms of use agreement. To continue enrolling, click *I AGREE* at the bottom of the page.

NOTE

If you access the system via EmpyreanGo first, you will need to complete the full registration flow, which includes
verifying yourself before creating a user ID and password.

HAVE THE FOLLOWING INFORMATION

HANDY Provide eligible dependents' and

beneficiaries':

- Full names
- Dates of birth
- Social security numbers

NOTE

Your Plan may require you to provide documents to verify
your dependents before they can be covered.

NOTE

Your Plan may require you to complete an Evidence of
Insurability (EOI) during the enrollment process

Please go to 'Get Ready to Enroll for Your Benefits' on page 4.

Get Ready to Enroll for Your Benefits.

LAUNCH YOUR ENROLLMENT

When you log in you'll see a pending event screen. (figure 1)

Click on Continue,

Begin on *My Information* step of the enrollment flow.

Follow the prompts in each step.

An indicator shows your progress per step.

GET STARTED STEP — Select if you want help choosing your healcare benefits. (figure 2)

1.1 Choose to get help with selecting your medical plan by clicking *GET OUR HELP*

NOTE

If you do not want help choosing your healthcare benefits, you can click *SELECT BENEFITS ON MY OWN* and click *Change* on the Medical benefit tile on the Select Benefits page to see options.

MY INFORMATION STEP — Personal information (figure 3)

2.1 Review your information (automatically
2.2 populated). Click the *EDIT* button to make changes.

—— Click *I'M DONE REVIEWING MY INFORMATION* when finished ——

USER TIPS

Your progress is saved when you click to continue to the next screen in the flow. You can log in later to finish your enrollment.

Click *BACK TO PREVIOUS PAGE* to review elections or make changes.

Make sure to finish your enrollment.
Elections are **NOT** recorded in the system **UNTIL** you save and accept them and get confirmation. (figure 11)

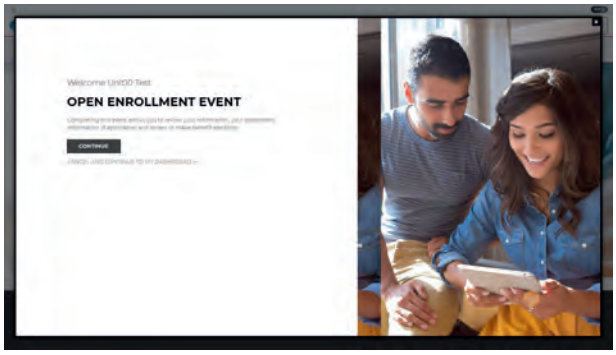


figure 1

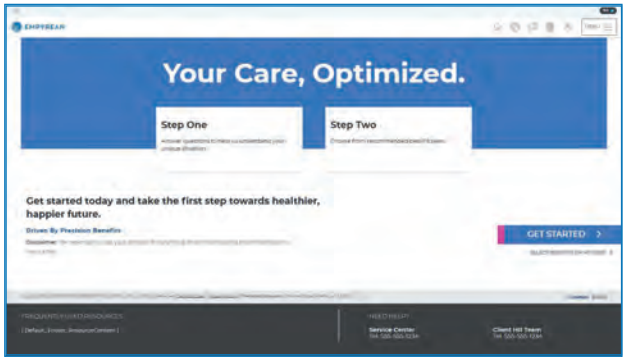


figure 2

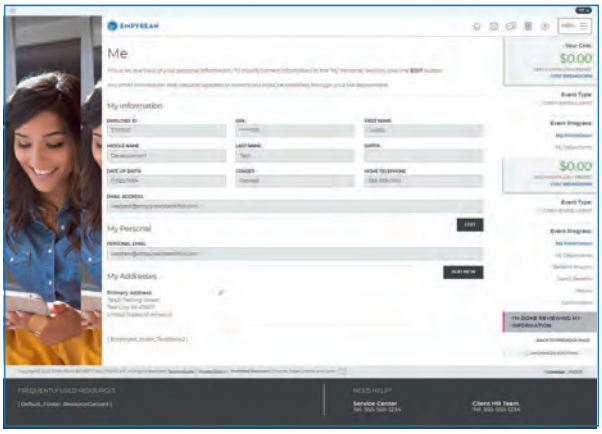


figure 3

Continue Your Enrollment

MY DEPENDENTS STEP — My family (figure 4)

3.1 To add Spouse and/or Child(ren), Click *ADD NEW.*

3.2 Click the *pencil icon* to make changes.

—— CLICK *I'M DONE WITH DEPENDENTS* WHEN FINISHED ——

NOTE

If proof of a dependent's relationship to you is required, *PENDING* appears in the *Verification Status* column.

SELECT BENEFITS STEP — Select your benefit plans

4.1 If you chose to get help, answer a 5 minute survey about your finances, health and personality. (figure 5)

4.2 Your answers will allow us to provide you with the best medical plan for you. (figure 5b)

4.3 Select the dependent(s) you wish to cover and then select the plan you want.

—— CLICK *I'M DONE WITH MY SELECTION* WHEN FINISHED ——

NOTE

A previously eligible dependent that appears in Step 3 may not appear here (for example, if they aged out). Otherwise, to add a dependent click *ADD DEPENDENTS* and revisit Step in this guide.

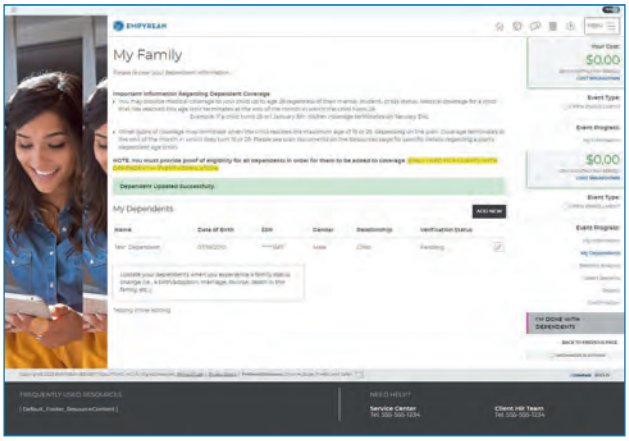


figure 4

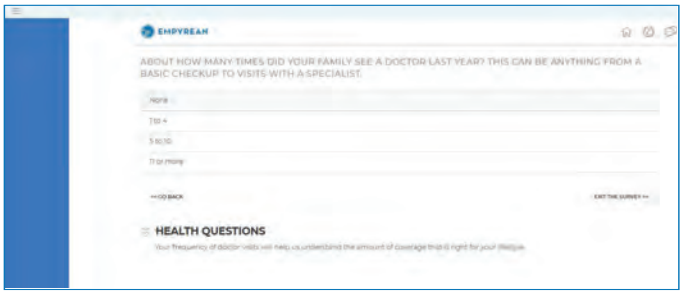


figure 5

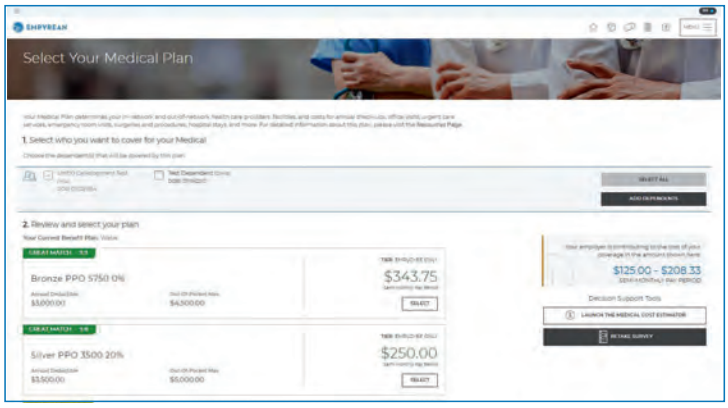


figure 5b

SELECT BENEFITS STEP — Review your selected plan (figure 6)

4.4 The plan you selected appears showing the cost per pay period for your coverage level (per dependents covered).

4.5 Review your selection. If it impacts other benefits, an alert (in the shaded box) will explain. (figure 6)

4.6 Click *VIEW COST BREAKDOWN*, if available, to see cost details.

—— CLICK *SAVE MY ELECTION* WHEN FINISHED ——

SELECT BENEFITS STEP — Continue selecting benefits (figure 7)

4.7 Click *CHANGE* on another benefit tile to select or update a plan.

4.8 Repeat until all available benefits are selected or waived.

—— CLICK *I'M DONE SELECTING BENEFITS* WHEN FINISHED ——

NOTE
Plans provided by your employer, at no cost to you, will not have a *CHANGE* button...enrollment is automatic.

NOTE
Elections screens vary per benefit (*i.e., health vs. life vs. HSA or FSA*).

NOTE
To learn more about a benefit, click *MORE DETAILS* in the lower right corner of the associated benefit tile.

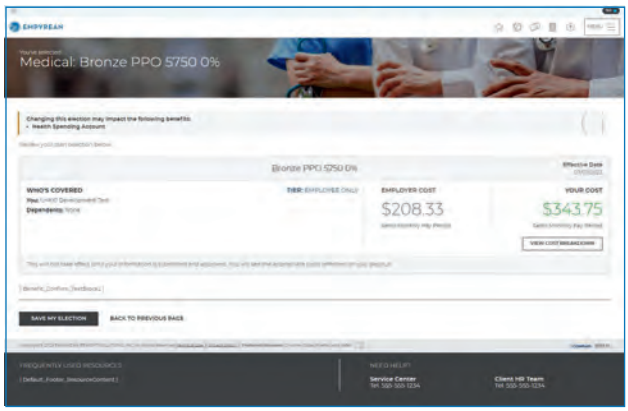


figure 6



figure 7

EVENT REVIEW STEP — Review Beneficiary Allocation (figure 8)

5.1 Review, update or change designated beneficiaries.

5.2 Click *ADD NEW BENEFICIARY* to add a beneficiary.

a. Click on the *pencil icon* to edit data.
b. To delete a beneficiary, click on the *X icon*.
c. Click on *CHANGE ALLOCATION* to change beneficiary allocations for the associated benefit.

—— CLICK *I'M DONE WITH BENEFICIARIES* WHEN FINISHED ——

NOTE

A red warning sign / flag and message appears if:

- A (required) beneficiary is not designated;
- You didn't allocate a portion to each beneficiary;
- Less than 100% is allocated to primary beneficiary/ies.
- Follow message prompts.

EVENT REVIEW STEP — Evidence of Insurability (EOI), Dependent Verification and/or Event Verification(figure 9)

5.3 If applicable, complete/provide EOI.

5.4 If required by your employer, verify eligibility for any dependent added for coverage by uploading required documentation.

5.5 If required by your employer, upload required documentation if the enrollment needs to be verified.

5.6 A checkmark means additional verification is not required at this time.

—— CLICK *I'M READY TO FINALIZE MY ELECTIONS* WHEN FINISHED ——

NOTE

A warning sign and message box will indicate pending actions. Follow message prompts to fulfill them.

If you continue enrolling without completing the pending actions, certain coverage may not fully apply until they are met.

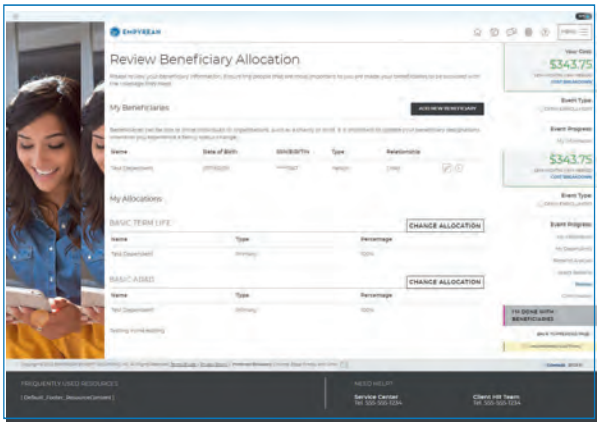


figure 8

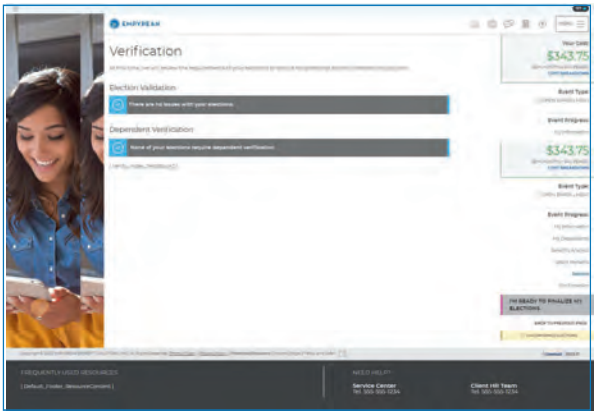


figure 9

EVENT REVIEW STEP — Final Review (figure 10)

6.1 Carefully review cost summary, benefit elections, and dependent data for accuracy.

6.2 Click the *pencil icon* to make changes.

—— CLICK *SUBMIT MY ELECTIONS* WHEN FINISHED ——

One last pop-up message appears...

6.3 To continue reviewing or updating click on *DENY*
or
To confirm your enrollment click *ACCEPT*.

NOTE

When you click ***ACCEPT***, updates are recorded into the system and ready to go into effect when annual enrollment closes.

If you do not click *ACCEPT*, pending updates will not take effect

CONFIRMATION STEP — Confirmation (figure 11)

7.1 Review the final confirmation summary and use the confirmation number for future reference.

NOTE

Total costs will not match approved costs in the first four columns if:

- A part of additional life insurance is pending EOI, and/or
- Proof (as required) of a dependent's relationship to you has not been provided.

7.2 To print for your records, click *PRINT*,
or
To print later, login and click *Benefits History* from the *Home page*.

—— LOG OUT WHEN FINISHED ——

Return to manage your benefits whenever you need. See page 9 for more information.

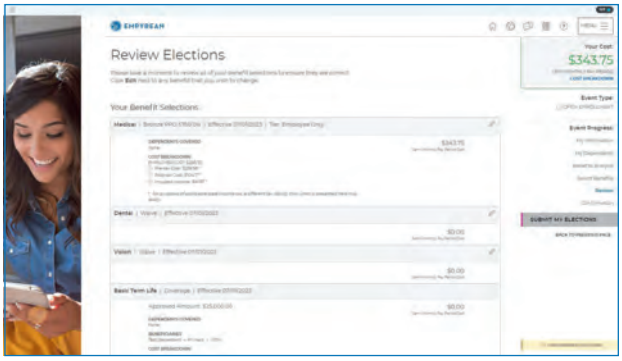


figure 10

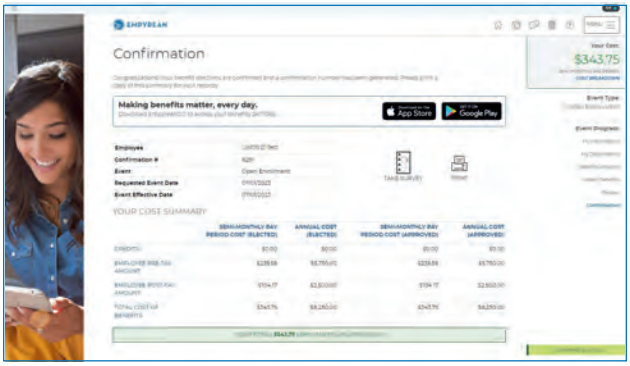


figure 11

Congratulations! You're enrolled.

MANAGE MY BENEFITS
This includes creating a qualified life event to add/drop dependents or make benefit changes.

You can do this by clicking *CHANGE YOUR CURRENT BENEFITS* from the
Home page. (figure 12)



figure 12

CREATE LIFE EVENT — Select Life Event Type (figure 13)

6.1 Review the life options available and click the appropriate radio button.

—— CLICK *SAVE AND CONTINUE* WHEN FINISHED ——

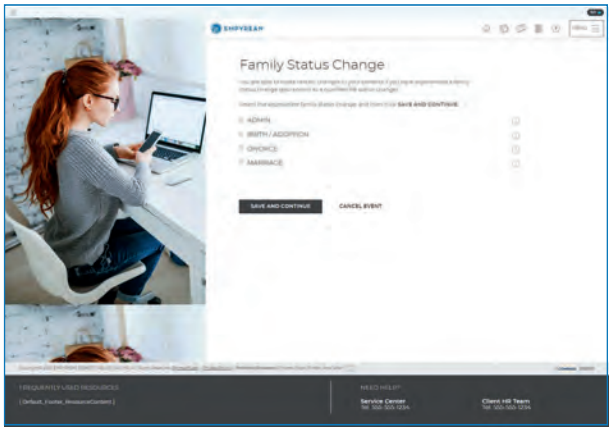


figure 13

CREATE LIFE EVENT — Select Date Life Event Occurred (figure 14)

7.1 Enter in the date the life event occured.

NOTE

Some changes may force you to use the current date as the date of the change.

See page 4 for more information on the workflow. Some pages/ steps may not apply based on the selected life event type.

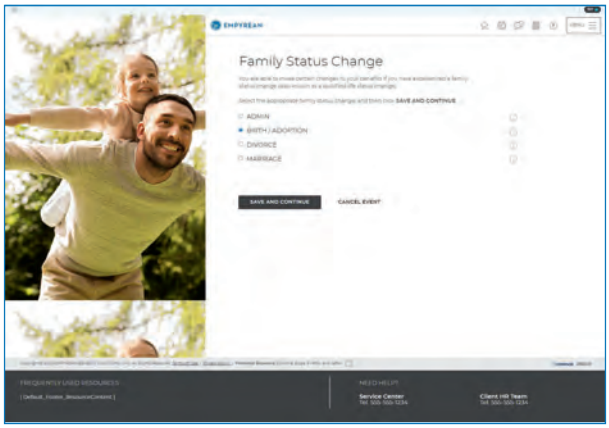


figure 14

Congratulations! You've updated your benefits.

SUMMARY ANNUAL REPORT
FOR
OAK RIDGE RESERVATION CLEANUP CONTRACT HEALTH AND WELFARE BENEFIT PLAN

This is a summary of the annual report of the Oak Ridge Reservation Cleanup Contract Health and Welfare Benefit Plan (Employer Identification Number 85-2867528, Plan Number 510) for the plan year 1/1/2025 through 12/31/2025. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

UCOR LLC has committed itself to pay certain health flexible spending account claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with BlueCross BlueShield of Tennessee, Inc., Vision Service Plan, Securian Life Insurance Company, Cigna Health and Life Insurance Company and Affiliates and Unum Life Insurance Company of America to pay certain health, prescription drug, vision, life insurance, accidental death and dismemberment, dental and long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2025 were $6,106,418.

Because BlueCross BlueShield of Tennessee, Inc. is a so-called "experience-rated" contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2025, the premiums paid under the "experience-rated" contract were $3,475,937 and the total of all benefit claims paid under this experience-rated contract during the plan year was $2,681,528.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The item listed below is included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at P.O. Box 4699 MS, 7402, Oak Ridge, TN 37831 and phone number, 865-241-0053.

You also have the legally protected right to examine the annual report at the main office of the plan: 701 Scarboro Road, Oak Ridge, TN 37830, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.