NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

United Cleanup Oak Ridge LLC (“UCOR”) understands that health information about you is personal. This Notice covers the health information practices of the Oak Ridge Reservation Cleanup Contract (ORRCC) Health & Welfare Benefit Plan (the “ORRCC Plan”). The ORRCC Plan has formed an organized health care arrangement to efficiently run the ORRCC Plan and administer the benefits. Under the Health Insurance Portability and Accountability Act ("HIPAA"), the ORRCC Plan is required to guard the privacy of certain personal information of members. The ORRCC Plan is also considered a "hybrid entity," which means that only certain parts of the ORRCC Plan have health care components covered by HIPAA and others are not. This Notice applies to the parts of the ORRCC Plan that are health care components, and does not apply to certain non-covered functions including but not limited to workers compensation, Family Medical Leave Act ("FMLA"), accidental death & dismemberment (AD&D), life insurance and long-term and short-term disability programs. This Notice of Privacy Practices ("Notice") is intended to inform you, in a summary fashion, of your rights under the privacy provisions of HIPAA and the HIPAA obligations imposed on the ORRCC Plan. We are required by law to abide by the terms of this Notice.

The ORRCC Plan reserves the right to change its privacy practices and the terms of this Notice at any time, provided applicable law permits the changes. Any changes made in these privacy practices will be effective for all health information that is maintained including information created or received before the changes were made. All members will be notified of any changes by receiving a new notice of privacy practices.

The ORRCC Plan may use and disclose certain health information called "protected health information" or "PHI" in accordance with HIPAA and as generally described in this Notice. Health information that UCOR receives about you as an employer is not PHI. Thus, your leave of absence records, Family and Medical Leave Act ("FMLA") leave information, drug testing results, workers' compensation files, disability and Occupational Safety and Health Act ("OSHA") records are not PHI and are not covered by this Notice. While this information may not be protected under HIPAA, other privacy laws and company policies will apply to ensure confidentiality.

The Benefits and Investments Committee, which serves as the Plan Administrator, and UCOR's Benefits Department who assist with the administration of the ORRCC Plan have access to certain health information about you. This information is generally limited to: (1) whether you are enrolled in the ORRCC Plan or are eligible; (2) the family members whom you cover under the ORRCC Plan; (3) the amount which you contribute for your health care coverage, and (4) information about certain claims, claim denials, and appeals. Third parties (known as "business associates") and certain insurance companies assist the ORRCC Plan in administering your health benefits. These entities keep most of the health information maintained by the ORRCC Plan, such as information about your health condition, the health care services you receive, and the payments for such services. They use this information to process your benefit claims and perform other administrative functions on behalf of the ORRCC Plan. The business associates are required by contract with the ORRCC Plan to abide by HIPAA and only use and disclose PHI in accordance with the law.

You may request another copy of this Notice at any time by contacting the Privacy Official at (865) 576-9206.

Uses and Disclosures of PHI

The ORRCC Plan may disclose your PHI to the Plan Sponsor, UCOR, for purposes related to payment and health care operations, including Plan administration. The Plan Sponsor has amended the ORRCC Plan document to protect your health information so that the Plan Sponsor may solicit premium bids from health insurers or modify, amend or terminate the ORRCC Plan.

The following section discusses uses and disclosures that are permitted for the ORRCC Plan. The ORRCC Plan may not actually engage in many of these permitted activities.

TREATMENT: The ORRCC Plan may use or disclose PHI to a professional treating you. For example, a doctor may send us information about your treatment plan so the ORRCC Plan can arrange additional services.

PAYMENT: The ORRCC Plan may use or disclose PHI to process or pay claims for services provided to you by doctors or hospitals that are covered under the ORRCC Plan. For example, we may verify your eligibility for the ORRCC Plan with providers. The ORRCC Plan may also use or disclose your PHI in other ways to administer benefits; for example to coordinate benefits with other health plans and to exercise subrogation rights.

HEALTH CARE OPERATIONS: The ORRCC Plan may use or share certain health information for necessary health care operations. However, the ORRCC Plan may not use or disclose genetic information for underwriting purposes. Examples of health care operations include but are not limited to:

- Performing quality assessment and improvement activities;
- Evaluating provider and health plan performance;
- Calculating the premium or other underwriting type activities;
- Conducting or arranging health reviews to determine health necessity, level of care or justification for services;
- Performing auditing functions;
- Resolving internal grievances, such as addressing problems or complaints regarding the ORRCC Plan;
- Making benefit determinations, administering a benefit plan and providing customer service;
- Pursuing the right of recovery and reimbursement/subrogation;
- Disease Management; and
- Obtaining bids from other health plan administrators.

The ORRCC Plan may also use and disclose information as permitted or required by law without a specific authorization:

To Business Associates: The ORRCC Plan has hired third parties to perform certain services on behalf of the ORRCC Plan. These third parties are "Business Associates" of the ORRCC Plan.

For example, the ORRCC Plan may hire a third party administrator to review and process claims, an auditor to review such processing or an agent or broker to assist in assessing coverage options for the ORRCC Plan.

Personal Representative: If you have given someone health power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. In addition, a parent of an unemancipated minor child acts as the personal representative of that minor child.

Research, Funeral Director & Organ Donation Requests: In limited circumstances, your PHI may be used or disclosed for research purposes. In addition, health information of a deceased person may be provided to a coroner, health examiner, funeral director, or organ procurement organizations for certain purposes.

As Required By Law: Your PHI may be used or disclosed as required by state or federal law. For example, PHI must be disclosed to the U.S. Department of Health and Human Services upon request for purposes of determining compliance with federal privacy laws. Health information may be disclosed: when required by workers' compensation or similar laws; to a government agency authorized to oversee the health care system or government programs or its contractors; and to public health authorities for public health purposes.

Court or Administrative Order: PHI may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances (i.e., court order, warrant, or grand jury subpoena), PHI may be disclosed to law enforcement officials. In addition, PHI may be disclosed to law enforcement officials concerning a suspect, fugitive, material witness, crime victim or missing person. PHI may be disclosed to law enforcement officials or correctional institution regarding an inmate or other person in lawful custody, in certain circumstances.

Law Enforcement: The ORRCC Plan may disclose information to law enforcement officials for law enforcement purposes and to correctional institutions regarding inmates.

Avert Serious Threat to Health or Safety: The ORRCC Plan may disclose information to avert a serious threat to your health or safety or that to members of the public.

Emergencies and Disaster Relief: The ORRCC Plan may disclose information to organizations engaged in emergency and disaster relief.

Victim of Abuse: PHI may be released to appropriate authorities under reasonable assumption that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. PHI may be released to the extent necessary to avert a serious threat to your health or safety or to the health or safety of others. PHI may be disclosed when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Military Authorities: PHI of Armed Forces personnel and veterans may be disclosed to Military authorities and the Veterans Administration under certain circumstances. PHI may also be disclosed to authorized federal officials as required for lawful intelligence, counterintelligence, and other national security activities.

Workers' Compensation: The ORRCC Plan may release your PHI to the extent necessary to comply with laws related to workers' compensation or similar programs.

Authorizations

You may provide written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke this authorization in writing at any time, but this revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give written authorization, we cannot use or disclose your health information for any reason except those described in this notice. You may not, however, cancel your authorization if it was obtained as a condition for obtaining insurance coverage and if your cancellation will interfere with the insurer's right to contest your claims for benefits under this insurance policy. The ORRCC Plan may condition your enrollment or eligibility for benefits on your signing an authorization, but only if the authorization is limited to disclosing information necessary for underwriting or risk rating determinations needed for the ORRCC Plan to obtain insurance coverage.

In some circumstances, we may assume that your immediate family member who is involved in your health care has your permission to receive protected health information regarding your health care, payment for, or claims regarding your health care. When we deem it in your best interest, we may thus disclose protected health information to your immediate family member for purposes directly related to his or her involvement in your health care. If you do not wish us to disclose any information to your immediate family member, you should notify the Privacy Official at (865) 576-9206 and submit a Request for Restriction on Disclosure of Protected Health Information.

The ORRCC Plan will not perform any marketing of other products or sell your health information without your authorization.

Individual Rights

Access Right. You have the right to review copies of health information maintained by the ORRCC Plan or one of its business associates in its designated record sets, with limited exceptions. A designated record set refers to a group of records that includes enrollment, payment, claims adjudication and care or health management record systems maintained by or for the ORRCC Plan. You have the right to request either paper or electronic format. We are permitted to assess a reasonable cost-based charge for such request. If you have questions about the fee, you may use the information at the end of this Notice to contact us. We will provide you with an estimate of the cost if you want prior to fulfilling the request. In general, the ORRCC Plan maintains limited health information on you and your covered dependents. Our business associates that administer or insure our group health care plan generally have more health information.

You must make your request to obtain access to your designated record set in writing. You may obtain the form to request access by using the contact information at the end of this Notice or you may send us a letter to the address located at the end of this Notice requesting access.

Additionally, under certain limited circumstances, your request to inspect or obtain a copy of your health information may be denied. If we deny your request, we will notify you in writing and may provide you the option to have the denial reviewed.

Amendment Right. You have the right to request that the ORRCC Plan amend your health information. Your request must be in writing and it must explain why the information should be amended. The ORRCC Plan may deny your request if the health information you seek to amend is complete and accurate, if it was not created by the ORRCC Plan or for certain other

reasons. If your request is denied, the ORRCC Plan will provide a written explanation of the denial. You may respond with a statement of disagreement to be appended to the information you wanted amended. If the ORRCC Plan accepts your request to amend the information, the ORRCC Plan will make reasonable efforts to inform others, including the people you name, of the amendment and to include the changes in any future disclosures of that information.

Right of Accounting of Disclosures. You have the right to receive an accounting of the disclosures of your health information by the ORRCC Plan. This accounting will list each disclosure that was made of your health information for any reason other than treatment, payment, health care operations and certain other specified activities (for example disclosed to you or pursuant to your authorization). If you request an accounting more than once in a 12-month period, there may be a reasonable cost-based charge for responding to these additional requests. For a more detailed explanation of the fee structure, please use the information at the end of this Notice to contact our office.

Right to Request Restrictions. You have the right to request certain restrictions on the ORRCC Plan's uses or disclosures of your health information. The ORRCC Plan is not required to agree to all requests, but if a restriction is agreed to, the ORRCC Plan will honor the agreement, except in the case of an emergency. Any request for restrictions on the use and disclosure of your health information must be in writing. The ORRCC Plan is not bound unless the restriction is agreed to in writing.

You have the right to request confidential communications about your health information by alternative means or alternative locations. You must inform the ORRCC Plan that you are requesting confidential communication to avoid endangerment to yourself. You must make your request in writing and you must state that the information could endanger you if it is not communicated by the alternative means or to the alternative location requested. The ORRCC Plan will make every effort to accommodate the request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan.

Right to Notice of a Breach. If there is a breach of your unsecured protected health information that may have compromised the privacy or security of your PHI as defined by law, the ORRCC Plan or its business associates will notify you in accordance with federal and state requirements.

You have the right to request and receive this Notice in paper at any time, even if you have previously received this Notice or have agreed to receive the Notice electronically. To obtain a paper copy, please contact the Privacy Official at the address below.

QUESTIONS AND COMPLAINTS

If you want more information concerning UCOR's privacy practices or have questions or concerns, please contact the Privacy Official at (865) 576-9206.

If you are concerned that the ORRCC Plan has violated your privacy rights, you may also complain to us using the contact information above. You may also submit a written complaint to the U.S. Department of Health and Human Services. The address to file a complaint with the U.S. Department of Health and Human Services will be provided upon request.

The ORRCC Plan supports your right to protect the privacy of your health information. There will be no retaliation in any way for any exercise of your privacy rights, or if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

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