Four Rivers Salaried, USW (and LTD) 2027 Open Enrollment Booklet

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2027 Annual Benefits Enrollment Guide

2027 ANNUAL BENEFITS ENROLLMENT

FOUR RIVERS USW EMPLOYEES (ACTIVE AND LTD*)

*NOTE: If you are on LTD, you are no longer considered an active employee, but you are still eligible for certain benefits as described in this guide.

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 at **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.

LIFE INSURANCE

The Group Life and Voluntary Life Insurance Plans for 2027 will continue to be offered through Securian. There will be no changes to the life insurance provisions for 2027. For your 2027 coverage, no enrollment action is needed if you want to keep the same life insurance coverage you have now. The 2027 premiums are on page 2.

Group Life

There are no changes to the Group Life benefit, which is currently 2x your annual earnings. ***Group Life premiums will not change for 2027.*** If you have Group Life Insurance, but choose to drop that coverage for 2027, you will no longer be eligible for the voluntary employee and dependent life coverages. In addition, if you drop coverage and want to re-enroll at a later time, you will be required to submit Evidence of Insurability (EOI). Evidence of Insurability (EOI) forms may also be required for new or additional life coverage, and such coverage will not be effective until your application is approved by the insurance carrier.

Voluntary Life *(includes Employee, Spouse and Dependent Child Voluntary Life Plans)*

You must be enrolled in Group Life to enroll in Voluntary Life coverage.

- **Voluntary Employee Life –** ***There will be no changes to premiums for 2027***. If you would like to increase your coverage, you will be subject to EOI requirements.
- **Voluntary Spouse Life –** ***There will be no changes to premiums for 2027***. If you would like to increase your coverage, you will be subject to EOI requirements.
- **Voluntary Child Life –** ***There will be no changes to premiums for 2027.*** No EOI is required for Voluntary Child Life.

2027 BENEFIT PREMIUMS

LIFE

Employee Group Life (Rate per $1,000 per month)	
Employee cost share	$0.140
Voluntary Employee Life (Rate per $1,000 per month)	
<30 years old	$0.060
30-34	$0.080
35-39	$0.092
40-44	$0.100
45-49	$0.188
50-54	$0.300
55-59	$0.504
60-64	$0.800
65-69	$1.272
70-74	$2.060
75-79	$3.340
80-84	$5.412
85-89	$8.760

Voluntary Dependent Life – Spouse (Rate per $1,000 per month)	
<30 Years Old	$0.060
30-34	$0.080
35-39	$0.108
40-44	$0.168
45-49	$0.268
50-54	$0.420
55-59	$0.660
60-64	$1.068
65+	$1.720
Voluntary Dependent Life – Child (Rate per month for $10,000)	
All ages	$0.960

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.***

Benefit	Resource	Phone	Website
Benefits Enrollment	Empyrean	**(800) 451-8964**	**MyGroupBenefits-UCOR-ORRCC.com**
Life	Securian	**(888) 658-0193**	**www.lifebenefits.com**

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.

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.