



2024 Benefits Overview

Battelle Energy Alliance, LLC (BEA) offers a comprehensive and competitive benefits package designed to provide quality services to its employees and their families. Medical insurance coverage is available on the date of hire. With prompt enrollment, other coverage under these benefit plans can begin as early as the Monday following the date of hire. Below is an overview of your benefit options. Complete details on each plan are subject to the provisions of the Summary Plan Descriptions and other official documents for each plan. For answers to questions or for further information, contact BEA's Benefits Office at BEABenefits@inl.gov.

Work Schedules and Paydays

INL employees work a variety of schedules – 5 x 8s, 4 x 10s, 4 x 12s and 9 x 80s. Employee work schedules are determined by the work scope and location, resulting in the majority of employees assigned to town working 9 x 80s and those assigned to site locations working 5 x 8s, 4 x 10s, and 4 x 12s. INL paychecks or direct deposits are issued every Friday for the previous week worked.

Holidays

The Laboratory schedules 90 hours (this includes 18-hr Floating Holiday Time for non-represented employees and 10-hr Floating Holiday Time for represented employees) of holidays per year – including New Year's Day, Memorial Day, Independence Day, Labor Day, and Thanksgiving Day (2 days for town employees when the Friday after Thanksgiving is a scheduled workday. For site workers or those on the 4x10 schedule, it would only be for Thanksgiving Day), and Christmas Day. The remaining holiday hours are used during the mandatory annual work shutdown (between the Christmas and New Year holidays) for nonessential workers.

Personal Leave

Personal Leave (PL) may be used for vacation, personal, family or business reasons, and absences due to illness or injury. As a BEA employee, you will accrue PL on a weekly basis per the following schedule:

Months of Service	PL Accrued Weekly	PL Accrued Annually
0-60	2.77 hrs	144 hrs
61-108	3.23 hrs	168 hrs
109-228	3.54 hrs	184 hrs
229+	4.31 hrs	224 hrs

Months of Service	Annual PL Carryover Limit
0-60	200 hrs
61-120	240 hrs
121+	320 hrs

Employees assigned to desert-site work locations earn 15 additional hours of PL each year (.29 hrs/wk).

Medical Plan

Medical coverage is provided through a Section 125 cafeteria plan and offers general medical services, prescription drug services, and routine vision exams. With immediate effective coverage, you should be aware that until all information is provided, there may be claims which are not processed until the information is updated and communicated to the insurance carrier. You may have to pay the claim and then submit for reimbursement when your eligibility is updated.

Medical network services are provided by Blue Cross of Idaho (BCI) providers. The most current network provider information may be obtained by calling Blue Cross at 1-866-588-6176 or by going directly to the BCI web page at www.bcidaho.com. There are three options to choose from with varying benefit schedules providing a higher benefit for use of a network provider. PPO Option A and PPO Option B deductibles are based on a percentage of your salary (subject to salary caps). The third option is a PPO Consumer Driven Health Plan (CDHP) made up of a high-deductible health plan (HDHP) and a health savings account (HSA). Employees pay approximately 20% of the premiums for these benefits. The Laboratory pays the remaining premium balance. Prescription drug services are provided through MedImpact.

The following table summarizes the medical plan benefit levels for general medical, vision, and prescription drug services. This table provides a brief overview of benefit options. Please note that our medical plan does not have a co-pay arrangement for office visits. For other than preventive services, you must first satisfy the deductibles. The plan will then pay your providers a percentage of the cost, based on the plan elected, and you will be responsible for the remainder. Please note on the CDHP plan you are required to pay full cost of prescriptions until the deductible is met unless medications are listed on the CDHP Safe Harbor or Preventative Medication list.

Domestic Partner – Medical, Dental, and Vision

To align our Human Resources & Diversity practices with our non-discrimination policy and to promote an environment of diversity and inclusiveness, INL extends medical, dental, and vision benefits to domestic partners.

Domestic partnership coverage allows employees to enroll their same-gender or opposite-gender domestic partner and their partner's eligible dependents for medical, dental, and vision benefits with INL. The rules regarding this coverage are similar to those that apply to an employee's spouse, although there are important distinctions and criteria.

Summary of Medical Plan Options

	PPO Option A		PPO Option B		CDHP	
Network:	In	Out	In	Out	In	Out
Medical Services						
Annual Deductible (% of salary*)						
	.5%	.5%	.8%	.8%	\$2,500	\$5,000
Per Person	(\$600 max)		(\$960 max)			
Per Family of 3 or more	1.5%	1.5%	2.4%	2.4%		
CDHP Plan - 2 or more	(\$1,800 max)		(\$2,880 max)		\$5,000	\$10,000
Deductible Waived						
Wellness/Cancer Screening Visits	Yes	No	Yes	No	Yes	No
Routine Colonoscopy	Yes	No	Yes	No	Yes	No
Flu Shots	Yes	No	Yes	No	Yes	No
Transplants	Yes	No	Yes	No	Yes	No
% Plan Pays After Deductible						
Routine Wellness/Cancer Screening Office Visits**	100%	70%	100%	60%	100%	60%
Routine Colonoscopy**	100%	70%	100%	60%	100%	50%
Infertility***	90%	70%	80%	60%	80%	60%
Chiropractic****	90%	70%	80%	60%	80%	60%

Other Services	90%	70%	80%	60%	80%	60%
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Maximum You Pay Each Calendar Year Before Plan Pays 100% (Includes deductible)						
Per Person	\$2,800	\$5,200	\$4,640	\$8,640	\$6,550	\$13,300
Per Family of 3 or more	\$6,000	\$10,800	\$9,920	\$17,920	\$13,300	\$24,000
Lifetime Maximum	None	None	None	None	None	None

<i>Vision Exam and Hardware Services</i>	PPO Option A		PPO Option B		CDHP	
Network:	In	Out	In	Out	In	Out
Deductible (per person)	\$25		\$25		\$25	
Routine Eye Exam	\$20 co pay	Up to \$50	\$20 co pay	Up to \$50	\$20 co pay	Up to \$50
<i>Prescription Drug Co-payments</i>						
Retail Drug Card Program						
Co-payment Percentage (Subject to min/max amounts)			20%	20%	20%	
Regular Mail Order Program Co-payments (90-day supply) or Specialty Pharmacy Program Co-payments (30-day supply)						
Generic		\$10	\$10		\$10	
Preferred Formulary Brand		\$30	\$30		\$30	
Non-Preferred Brand		\$60	\$60		\$60	
CDHP plan you are required to pay full cost of prescriptions until the deductible is met unless medications are listed on the CDHP Safe Harbor or Preventative Medication list.						

*Based on your salary (maximum of \$120,000) on the first day of January 2024. Out-of-pocket maximums are a fixed value.

**No deductible; subject to other limitations if using an out-of-network provider

***Infertility maximum \$50,000 per lifetime Option A, \$25,000 per lifetime Option B and CCHP

****Chiropractic – 20 visits maximum per year.

Employee Cost for Medical Coverage

The 2024 weekly costs to employees for the MyChoice Benefits medical coverage options are as follows:

Full-time/Part-time 30+ Weekly Employee Costs	Plan A	Plan B	CDHP
Employee Only	\$42.24	\$28.82	\$9.12
Employee and Spouse/Domestic Partner *	\$84.48	\$57.64	\$18.24
Employee and Children/Domestic Partner's Children *	\$80.22	\$54.62	\$17.22
Employee and Family/Domestic Partner's Family *	\$140.18	\$95.64	\$30.16

* Premiums associated with Domestic Partnerships will be taken out after tax. Additionally, BEA's contribution to Domestic Partnerships will be recorded as imputed income.

Prudential Supplemental Accident and Critical Illness Plans (Optional)

BEA offers 2 supplemental insurance plans that are designed to provide you with cash to bridge the gap between the cost of treatment for a serious illness or off-work accident and the amount paid by your existing medical plan.

Regular full-time employees and regular part-time employees working 20 hours or more per week are eligible to enroll in these plans irrespective of which medical plan you enroll in or even if you waive coverage. The two plans are an **Accident Plan** and a **Critical Illness Plan**. These are indemnity-type plans with benefits payable in cash that can use for any purpose. The weekly cost for the Critical Illness plan will vary depending on age.

The Critical Illness Plan provides limited coverage and does not pay benefits for every kind of illness.

Dental Insurance

Two dental options are available: one self-insured with Delta Dental of Idaho and one insured under a Dental Maintenance Organization with Willamette Dental of Idaho. Both dental options include orthodontia coverage. Employees pay approximately 20% of the cost of the premiums for these benefits.

Delta Dental of Idaho

Option Features	Delta
Annual Deductible	
Per Person	\$ 50
Per Family	\$150
Covered percentages are:	
Preventive Services (no deductible)	100%
Diagnostic Services (no deductible)	100%
Minor Restorative Services	75%
Major Restorative and Prosthodontic Services	50%
Implants	50%
Maximum Benefit per year per implant	\$ 900
Maximum Benefit per person per year	\$2,000
Orthodontic	50%
Maximum Lifetime Benefit per person	\$2,000

Willamette Dental of Idaho

This dental option is insured and administered by Willamette Dental of Idaho, using Willamette providers and facilities. Willamette Dental coverage only applies to dental care received at a Willamette Dental Office.

Option Features	Willamette
Office Visit Co-payment (per visit)	\$20*
Deductible	None
Covered percentages are:	
Diagnostic and Preventive Services	100%
All X-Rays	100%
Fluoride Treatments	100%
Sealants	100%
Head and Neck Cancer Screening	100%
Oral Hygiene Instruction	100%
Periodontal Screening	100%

Periodontal Maintenance	100%
Out of Area Emergency Care Reimbursement Up To:	\$100
Maximum Benefit per Person per Year	No Maximum
You Pay For:	
Restorative Dentistry and Prosthetics:	
Fillings	\$0
Gold or Porcelain Crowns	\$95**
Complete Upper or Lower Denture	\$200**
Bridge – Per Tooth	\$95 **
All Lab Fees	\$0
Endodontics and Periodontics:	
Root Canal Therapy – Anterior	\$0
Root Canal Therapy – Bicuspid	\$0
Root Canal Therapy – Molar	\$0
Osseous Surgery – Per Quadrant	\$0
Root Planning – Per Quadrant	\$0
Oral Surgery:	
Routine Extraction – Single Tooth	\$0
Surgical Extraction	\$0
Orthodontia:	
Comprehensive Orthodontia***	\$1,800**
Miscellaneous:	
Local Anesthesia (Novocain)	\$0
Nitrous Oxide (Per Visit)	\$0
Specialty Office Visit	\$ 30**
Emergency Office Visit during Office Hours	\$ 50**

*All services will require a co-payment amount for each visit. If the procedure requires more than one visit (for example, a crown might require two visits), you will pay a separate co-payment for each visit in addition to the fee schedule above.

** Participant fixed co-payment per service.

Employee Cost for Dental Coverage

The 2024 weekly costs for employee dental plans are as follows:

Full-time/Part-time 30+ Weekly Employee Contributions	Delta Dental Plan	Willamette Dental Plan
Employee Only	\$2.20	\$2.18
Employee and Spouse/Domestic Partner *	\$4.40	\$4.36
Employee and Children /Domestic Partner's Children *	\$7.10	\$5.12
Employee and Family/Domestic Partner's Family *	\$7.60	\$8.92

*** Premiums associated with Domestic Partnerships will be taken out after tax. Additionally, BEA's contribution to Domestic Partnerships will be recorded and taxed as imputed income.**

Optional Vision Hardware Plan

While the election to participate or not participate in the Optional Vision Hardware Plan is a two-year election, your vision coverage election for 2024 will be in effect until the annual enrollment for 2025.

The **MyChoice Benefits** vision coverage is insured by Vision Services Plan (VSP). This benefit does not include coverage for an annual eye exam. Coverage for an annual routine eye exam is provided under the medical plan through VSP. After satisfying the \$25 per person deductible, the benefit will cover either contact lenses or one pair of glasses, generally each calendar year. ***Please note that frames will be covered only once every other year.***

Although you are not limited to participating VSP providers, the plan provides a higher level of reimbursement when you obtain your services from a VSP provider. Information about which providers are included in the VSP network can be obtained by calling 1-800-877-7195 or by accessing the VSP website at www.vsp.com.

The table that follows summarizes the 2024 coverage available through the Optional Vision Hardware Plan. This table provides a brief overview of Vision benefit information.

Vision Hardware Benefits

Plan Features	VSP Provider	Non-VSP Provider
Annual Deductible Per Person	\$ 25	\$ 25
Coverage Pays for:		
Single Vision Lenses—every calendar year	100%*	Up to \$50.00
Bifocal Lenses—every calendar year	100%*	Up to \$75.00
Trifocal Lenses—every calendar year	100%*	Up to \$100.00
Progressive Multifocal Lenses—every calendar year	100%*	\$0.00
Frames—every other year**	Retail Allowance \$150.00 Many covered in full.	Up to \$50.00
Contact Lenses (Instead of spectacle lenses and frame):		
Medically Necessary	100%*	Up to \$210.00
Elective	Up to \$130.00	Up to \$130.00
* Participants may pay an additional charge for special lens features and/or designer frames. **Frames allowed once every other year.		

Employee Cost for Vision Hardware Coverage

The 2024 weekly cost to employees for vision hardware coverage is as follows:

2024 Weekly Rate	VSP
Employee Only	\$2.50
Employee and Spouse/Domestic Partner *	\$4.11
Employee and Children/Domestic Partner's Children *	\$4.20
Employee and Family/Domestic Partner's Family *	\$6.76

* Premiums associated with Domestic Partnerships will be taken out after tax. Additionally, BEA's contribution to Domestic Partnerships will be recorded as imputed income.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow an employee to pay for certain unreimbursed health care and dependent care expenses with pre-tax dollars. IRS rules limit your healthcare FSAs election to \$3,050 for 2024 and your dependent care FSA election to \$5,000.

You will have two reimbursement options. The first option is a fully functional debit card that may be used to pay for healthcare and dependent daycare expenses without having to pay cash up-front and submit a claim for reimbursement. Your second option is Auto-Pay. Auto-Pay will reimburse eligible medical and dental costs directly to you when Peak One receives claims data from Blue Cross or Delta Dental. While you receive a debit card if you elect Autopay, you will only be able to use it for prescription medications. A convenient app is available for most smart phones.

Please note that you cannot enroll in a healthcare FSA and a health savings account (HSA) at the same time. Further, an HSA is only available if you enroll in the Consumer-Driven Health Plan (CDHP).

Health Savings Accounts

Like a healthcare FSA, a Health Savings Account (HSA) allows an employee to pay for certain health care expenses with pre-tax dollars. However, an HSA has some significant advantages over an FSA. IRS rules limit your HSA election for 2024 to \$4,150 for single coverage and \$8,300 for family coverage. In addition, an additional \$1,000 can be contributed as a “catch-up” contribution by participants who are age 55 or older. BEA will make a company contribution of \$275 a year, when the employee is contributing. Another major difference is that the FSA’s annual “use-it-or-lose-it” requirement does not apply to HSAs. Your HSA balance carries-over indefinitely – even into retirement. The Auto-Pay option is not available for HSA participants.

Group Life and AD&D Insurance

INL provides group term life insurance for regular full-time employees equal to 2.25 times their annual base pay along with 1 time their annual base pay for accidental death and dismemberment (AD&D) insurance. You may elect to purchase Supplemental Group Optional Term Life (GOTL) up to an additional 5 times your annual base pay and optional AD&D insurance up to an additional 10 times your annual base pay (maximum of \$750,000). Optional life insurance coverage is also available for your spouse and eligible dependents. Underwriting limitations may apply for some coverage levels.

Disability Insurance

INL provides group short-term and long-term disability benefits for regular full-time employees. In addition, Short Term Disability (STD) bank hours will accrue at .62 hrs/wk (32 hrs/yr). Differing levels of reimbursement for short-term disability depend on the duration of the disability. You pay for a portion of your absence through Personal Leave (PL), while INL pays a portion, and the insurance pays a portion. The first 7 calendar days are covered by using your PL. Calendar days 8 through 28 are paid for by the Laboratory at 100% salary continuation. Days 29 through 180 are covered by insurance at 60% and by your PL or STD Bank at 40%. After six months, long-term disability insurance will begin to pay benefits. Long-term disability insurance provides a benefit of 60% of base pay up to a maximum benefit of \$12,000 per month. Long-term disability insurance has a pre-existing condition limitation.

INL Employee Investment Plan

The INL Employee Investment Plan offers the opportunity to participate in a 401(k) savings plan with several diverse funds. This plan is administered by The Vanguard Group. Eligible employees receive an INL profit-sharing contribution with each paycheck equal to 4.2% of base pay. These contributions become 100% vested after three years of service and require no employee contribution. In addition, up to 6% of your contributions to the plan are matched by INL. The Laboratory matches dollar-for-dollar on the first 3% of base pay you contribute, then \$0.60 for each dollar contributed on the next 3% of base pay you contribute, for a maximum match of 4.8% of base pay. You are immediately 100% vested in your contributions and INL's matching contributions. Your contributions may be made on either a pre-tax, Roth401(k), or traditional after-tax basis.

Employees classified as postdoctoral employees, while eligible to contribute to the plan, are not eligible to receive company profit sharing contributions or a company match.

Additional Benefits

- Employee Education Program
- Optional LegalShield Legal Insurance
- Adoption Assistance Program
- Bereavement Leave
- Optional Identity Theft Insurance
- Transportation to Remote Sites
- Paid parental Bonding Leave
- Jury/Court Leave

Battelle Energy Alliance, LLC reserves the right to modify, revoke, suspend, terminate or change any or all benefits in whole or in part, at any time, with or without notice, and nothing contained herein should be construed as a promise of employment or continued employment, or constitute any contractual obligations.