



Summary Plan Description

Health Reimbursement Account

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INTRODUCTION -Plan Terms

Effective January 1, 2013, Savannah River Nuclear Solutions, LLC (the "Employer") established the Savannah River Nuclear Solutions, LLC (SRNS) Health Reimbursement Account Plan (the "Plan"). Under the Plan, a Health Reimbursement Account (HRA) is established to reimburse certain participating incumbent Retirees aged 65 and older and their 65 and older spouses ("Participants") for certain unreimbursed medical, dental, vision expenses and premiums for such plans ("Eligible Medical Expenses") incurred by the Participant or their eligible Spouse. The Plan was amended January 1, 2016, amended and restated January 1, 2020, January 1, 2022, January 1, 2024, January 1, 2025, and January 1, 2026. The Plan is intended to qualify as a medical expense reimbursement plan and meet the requirements for qualification under Internal Revenue Code (IRC) Section 105(b) and Section 106(a), and that benefits paid Retirees hereunder be excludible from their gross incomes by virtue of IRC Section 105(b) and Section 106(a).

This Summary Plan Description, or "SPD," describes the basic features of the Reimbursement Plan, including the rights and responsibilities of covered individuals, the Employer, and the Plan Administrator. The Plan has been established and is operated in accordance with both this SPD and is further governed by the terms of the SRNS Welfare Benefits Plan General ERISA Information and Wrap Summary Plan Description, referred to as a "Wrap Plan." The terms of the official Plan Document and "Wrap Plan" will control if there is a conflict between this SPD and the official Plan Document.

The Employer has reserved the right to amend or terminate the Plan and any retiree health plan at any time for any reason. No employee, retiree, spouse, dependent or terminated employee has a vested right to receive retiree health coverage or an HRA.

PART I
GENERAL INFORMATION ABOUT THE PLAN

**You will notice that certain terms and/or phrases are capitalized throughout this SPD. These terms and/or phrases are important, and you should remember them. The capitalized terms and phrases are defined either in this SPD or in the official plan document in which this SPD is incorporated.*

Q 1. What is the Health Reimbursement Account (HRA)?

The HRA is an Employer provided account that reimburses "Eligible Medical Expenses" with tax advantages. Once you become a Participant, the Employer establishes a Health Reimbursement Account for you. The Health Reimbursement Account is a notional bookkeeping account that keeps a record of HRA Dollars allocated to your account and reimbursements made to you under this HRA. This account is owned by the Employer, and the Participant has no vesting rights. As a Participant, you have no property rights in the Health Reimbursement Account.

The HRA operate as follows:

1. Health Reimbursement Account

- The Employer establishes a notional account called a Health Reimbursement Account ("Reimbursement Account") for each Participant (see Q-2 for more information on how to become a Participant.)
- Each Plan Year, the Employer allocates a specified amount of employer contributions, called "HRA Dollars," to each Participant's Reimbursement Account that can be used for reimbursement of "Eligible Medical Expenses."
- Unlike Health Flexible Spending Accounts (FSA) amounts, you may carry over HRA Dollars that you do not use to subsequent years.
- Since the HRA is Employer-funded, you do not make contributions to this account, nor do you have to pay for your HRA coverage.

Q 2. Who can participate in the HRA?

You are eligible to participate in the HRA if you meet the following

requirements: Retirees:

- You are a Retiree aged 65 or older, who is eligible for retiree health coverage as an incumbent employee of SRNS and eligible to Participate in the Employer's Medical Plan at the time of retirement;
- You have enrolled in Medicare Part A and Part B;
- You made a timely election with respect to SRNS Retiree health coverage and at the time of retirement did not elect COBRA medical or dental coverage;
- If you retired prior to age 65, you maintained eligibility under the Employer's Pre-65 Health Plan; and
- You initially enrolled in an individual Medicare Supplemental or Medicare Advantage Plan purchased through Alternative Health Solutions (“AHS”) and maintained the coverage during the initial plan year.
- You are not receiving HRA funding through one of the other the Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan employers.

Spouse (or eligible surviving Spouse):

- You are the Spouse aged 65 or older, of an individual who has maintained eligibility under the Employer's Pre-65 Retiree or Active employee Health Plan, or this HRA, and your spouse's hire date would make them eligible for Incumbent Retiree Medical Benefits;
- You have enrolled in Medicare Part A and Part B; You maintained eligibility under the Employer's Pre-65 Health Plan;
- You did not elect COBRA SRNS, SRR, BSRA or SRMC retiree medical or dental coverage; and
- You initially enrolled in an individual Medicare Supplemental or Medicare Advantage Plan purchased through Alternative Health Solutions (collectively referred to herein after “the advocate”) and maintained the coverage during the initial plan year.
- You are not receiving HRA funding through one of the other the Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan employers.

Each Retiree or Spouse who meets the above requirements and initially enrolls in the Medicare

Supplemental or Medicare Advantage Plan purchased through the advocate shall be a Participant as of the date of enrollment or start of plan. For purposes of this Plan, an individual is eligible for Incumbent Retiree medical coverage if the individual terminates employment with the Employer and at the time of termination was an active Participant in the Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and at the time of termination met the requirements for a Normal, Early, Optional or Incapability Retirement benefit under the terms of such pension plan or predecessor plans.

Q 3. Are my dependents covered under the HRA?

The HRA only covers you and your enrolled Spouse who is age 65 or older and meets all eligibility requirements. Spouses under age 65 or other dependents have no rights or interest in the HRA.

Q 4. What is the effective date of coverage under this HRA?

Coverage under this HRA for an eligible Incumbent Retiree and eligible Spouse of an Incumbent who has attained age 65 begins on the date you have met the eligibility requirements and initially enrolled in an individual Medicare Supplemental or Medicare Advantage Plan purchased through the advocate.

Q 5. When does coverage under this HRA end?

Coverage ends when the Retiree and/or eligible Spouse cancel their enrollment in a medical plan during the initial plan year enrollment through Alternative Health Solutions or the Plan has been terminated by the Employer. Funding and participation for an eligible Spouse ends on the date of divorce unless the Spouse elects COBRA coverage (see Q-18 and Q-19 for more details). Funding also ends at the end of the year of the death of the applicable participant. It is your duty to notify the Employer of the date of divorce or death. Failure to notify the Plan Administrator within 60 days of a divorce or death will make you and the Spouse liable for any overpayment by the Plan due to such lack of notice. If this Failure to Notify in a Timely Manner results in your receiving greater contributions to your HRA than to which you were entitled, the Plan reserves the right to immediately reduce your HRA account balance by the amount of this overpayment and to reduce or withhold any future Employer HRA contributions.

Q 6. How do I enroll in the HRA?

When you retire on or after age 65 (or as a retiree you turn age 65) as an Eligible Retiree, Alternative Health Solutions will contact you to assist with enrolling you in a Medicare Supplemental or Medicare Advantage Plan. Once you are enrolled, the advocate will forward your information to Gallagher HealthInvest who will then establish your Health Reimbursement Account. Your spouse may enroll upon attaining the age of 65, or a later date and meeting all the eligibility requirements as outlined in Q 2. In the case of a retiree and eligible spouse the Gallagher HealthInvest account will be in the name of the spouse who is the first to enroll. There will not be individual spousal HRA accounts. HRA dollars will be funded into the spouses account that is first enrolled.

Q 7. What is an "Eligible Medical Expense?"

Under the HRA

"Eligible Medical Expenses" are medical, dental, vision care expenses and premiums for such coverage. Incurred by you or your eligible spouse that satisfy all of the conditions for "medical care" as defined in Internal Revenue Code (IRC) Section 213(d). All expenses that are not within the scope of "Eligible Medical Expenses" described in IRC Section 213(d) are excluded. "Incurred" means the date the service or treatment is provided; not when the expense arising from the service or treatment is paid. Thus, an expense that has been paid but not incurred (i.e., pre-payment to a physician) will not be reimbursed until the services or treatment giving rise to the expense has been provided.

In no event will the following expenses be eligible for reimbursement:

- a) any expense that is not an IRC Section 213(d) expense Effective January 1, 2020, over-the-counter (OTC) medications and menstrual care products will be an eligible expense;
- b) any expenses incurred for qualified long-term care services (as defined in IRC Section 106);
- c) expenses incurred *prior to the date* that coverage under this HRA becomes effective;
- d) expenses incurred *after the date* that coverage under this HRA ends; and
- e) expenses that have been reimbursed by another plan or for which you plan to seek reimbursement under another health plan.

Whether an expense qualifies as an "Eligible Medical Expense" is within the sole discretion of the Third Party/Claims Administrator.

Q 8. Who contributes to my Health Reimbursement Account?

While you are a Retiree, or an eligible Spouse, meeting the requirements of, and participating in, this Plan, the Employer allocates HRA Dollars to your Reimbursement Account. You do not contribute to this account, nor do you pay for this coverage. You are not vested in this account and have no property rights in the Health Reimbursement Account.

Q 9. How are HRA Dollars allocated to my Health Reimbursement Account?

Under the HRA

Each Plan Year, the Employer allocates a specified amount of HRA Dollars to your Health Reimbursement Account.

Effective January 1, 2026

The HRA stipend amount will be an age-banded four-tiered structure, as follows:

	Tier 1	Tier 2	Tier 3	Tier4
Age Band	65-69	70-74	75-79	80+
Amount	\$2,508	\$2,604	\$3000	\$3,444

- New stipend amounts will be applied at the beginning of the year in which you transition to a new age band. For example, if you turn 70 at any time during the 2026 benefit calendar year, you will receive a Tier 2 stipend for that year.
- Each participant will receive his or her own stipend based on his or her own age. For example, if you are 71, you will receive the Tier 2 amount. If your spouse is 67, he or she will receive the Tier 1 amount.
- For new enrollments, the stipend will be prorated by the number of months in the plan for that year.
- You must complete an initial enrollment in the plan to be eligible for the stipend.

The amount of HRA Dollars allocated to your Reimbursement Account is determined at the sole discretion of the Employer, in a uniform and non-discriminatory manner and may vary depending on circumstances, including but not limited to, marital status. The Employer reserves the right to amend or change the contribution amount at any time for any reason.

HRA Dollars are allocated to your Health Reimbursement Account at the beginning of the year.

Q 10. What happens if I do not use all HRA Dollars allocated to my Reimbursement Account during the Plan Year?

Unlike Health FSA dollars, if you do not use all of the HRA Dollars allocated to your Health Reimbursement Account, during a Plan Year, the HRA Dollars remaining in your Health Reimbursement Account may be used to reimburse Eligible Medical Expenses during a subsequent Plan Year (to the extent you remain covered under the Plan).

Q 11. What is the maximum amount of reimbursement that I may receive under the HRA?

Under the HRA

The maximum reimbursement amount that you can receive is equal to your Health Reimbursement Account balance at the time the request for reimbursement is processed. Any portion of a claim for reimbursement that exceeds the maximum reimbursement amount will be pended and processed when the Health Reimbursement Account becomes sufficient. Pended claims will be processed and, if appropriate, paid before any new claims are processed and paid.

Q 12. Can my level of coverage change under the HRA during the Plan Year?

HRA

Yes, your level of coverage would be based on marital status with you or your spouse meeting eligibility during the year. HRA Dollars are allocated at the beginning of a Plan Year. If you or your Spouse are eligible and attain age 65 during the year, the additional dollar amount for the additional participant will be prorated for the first year of eligibility. An amount already allocated to an HRA will not be reduced due to a death or divorce during the year.

Q 13. How do I receive reimbursement under the HRA?

HRA

Gallagher HealthInvest has been hired as a Third Party / Claims Administrator to reimburse you for eligible expenses you incur. Step by step instructions for reimbursement are described in the Gallagher HealthInvest Guide. You have two (2) types of reimbursement options:

1. You can request the **"Pay Me Back"** option on the Gallagher HealthInvest website which provides you reimbursement directly from your HRA. This option can be processed online via the Gallagher HealthInvest website or by hard copy mail or fax to the Gallagher HealthInvest Claims Administrator. The claim, supporting documentation and proof of payment must be provided for reimbursement. Documentation must include participant's name, healthcare provider name, dates of service, type of service, and amount. Examples of proof of payment include: bank statements showing the check to "xyz insurance company" is cleared, insurance company statements showing payment in full for the coverage period, ongoing monthly insurance company statements showing previous months premium payment, copy of your Social Security "Cost of Living Statement" or Medicare Statement clearly indicating the amount of the monthly Part B, C, or D premium, cancelled check for premium payment to insurance company (copy of front & back of cancelled check) and credit card statements showing payment to insurance company and *I* or receipt reflecting expense and payment (i.e. prescription drug claim, copay, eyeglasses, etc.). **NOTE: YOU MUST REENROLL IN THE OPTION EACH YEAR AND IF YOUR PREMIUMS CHANGE AFTER YOUR INITIAL ENROLLMENT, YOU ARE RESPONSIBLE FOR NOTIFYING GALLAGHER HEALTHINVEST.**
2. **Automatic Premium Reimbursement** is the easiest method of reimbursement. With this option you pay your monthly premium directly to your insurance company. You can enroll in this option by contacting the advocate. The list of companies offering APR will be provided to you each year in the fall communication to members.

Because your HRA Dollars rollover from year to year, there is no expiration date or Plan Year deadline for you to file a claim as long as you have an HRA. However, you cannot submit reimbursement for claims incurred prior to establishment of your HRA. If your HRA is terminated, you may submit requests for reimbursement for claims incurred while your HRA was active at any time up to six (6) months after termination of your HRA coverage. Requests for

reimbursement submitted after this period will not be reimbursed and any remaining funds will be forfeited. (See question Q-18 and Q-19 for the rights of a former Spouse to submit claims after a divorce).

Q 14. What happens if my claim for benefits is denied?

If you are denied a benefit under the Plan, you should proceed in accordance with the following claims review procedures:

Step 1: Notice is received from Gallagher HealthInvest (Third Party/Claims Administrator). If your claim is denied, you will receive written notice from the Third Party/Claims Administrator that your claim is denied as soon as reasonably possible, but no later than 30 days after receipt of the claim. For reasons beyond the control of the Third Party/Claims Administrator, the Third Party/Claims Administrator may take up to an additional 15 days to review your claim. You will be provided written notice of the need for additional time prior to the end of the 30-day period. If the reason for the additional time is that you need to provide additional information, you will have 45 days from the notice of the extension to obtain that information. The time period during which the Third Party/Claims Administrator must make a decision will be suspended until the earlier of the date that you provide the information or the end of the 45-day period.

Step 2: *Review your notice carefully.* Once you have received your notice from the Third Party/Claims Administrator, review it carefully. The notice will contain:

- the reason(s) for the denial and the Plan provisions on which the denial is based;
- a description of any additional information necessary for you to complete your claim, why the information is necessary, and your time limit for submitting the information;
- a description of the Plan's appeal procedures and the time limits applicable to such procedures; and
- a right to request all documentation relevant to your claim.

Step 3: *If you disagree with the decision, file an appeal.* If you do not agree with the decision of the Third Party/Claims Administrator, you may file a written appeal. You must file your appeal no later than 180 days after receipt of the notice described in Step 1. The Plan has established two (2) levels of appeal; therefore, you must file your written first level of appeal with the Third Party/Claims Administrator. You should submit all information identified in the notice of denial, as necessary, to perfect your claim and any additional information (including information previously submitted) that you believe would support your claim to:

Gallagher HealthInvest
P.O. Box 4390
Clinton, IA 52733-4390
PH: 1-844-342-5505

Step 4: *Notice of Denial is received from claims reviewer.* If the claim is again denied, you will be notified in writing no later than 30 days after receipt of the appeal by the Third Party/Claims Administrator.

Step 5: *Review your notice carefully.* You should take the same action that you took in Step 2 described above. The notice will contain the same type of information that is provided in the first Notice of Denial provided by the Third Party/Claims Administrator.

Step 6: If you still disagree with the Third Party/Claims Administrator's decision, file a 2nd Level Appeal with the Third Party/Claims Administrator. If you still do not agree with the Third Party/Claims Administrator's decision, you may file a second level written appeal with the Third Party/Claims Administrator within 60 days after receiving the first level appeal denial notice. You should gather any additional information that is identified in the notice as necessary to perfect your claim and any other information that you believe would support your claim.

Other important information regarding your appeals:

- The Third Party/Claims Administrator has discretionary authority to decide all reimbursement claims and all claims and processing issues on appeal. Any decision by the Third Party/Claims Administrator that does not constitute an abuse of discretion must be upheld by a court of law. The SRNS Plan Administrator has authority to decide all issues relative to eligibility in the Plan.
- Each level of appeal will be independent from the previous level (i.e., the same person(s) or subordinates of the same person(s) involved in a prior level of appeal will not be involved in the appeal;
- On each level of appeal, the claims reviewer will review relevant information that you submit even if it is new information; and
- You cannot file suit in federal court until you have exhausted these appeals procedures.
- You may request copies of information from the Third Party/Claims Administrator that will assist you with your appeal.

Q 15. What happens if I receive overpayments or reimbursements made in error from this HRA?

If it is later determined that you and/or your eligible Spouse received an overpayment or a payment was made in error (i.e., you were reimbursed for an expense under the HRA that is later paid for by another health plan), you will be required to repay the overpayment or erroneous reimbursement to the HRA.

If you do not refund the overpayment or erroneous payment, the Plan reserves the right to offset future reimbursement equal to the overpayment or erroneous payment. If all other attempts to recoup the overpayment payment are unsuccessful, the Plan Administrator may consider the payment to be taxable income to you. In addition, if the Plan Administrator determines that you have submitted a fraudulent claim, the Plan Administrator may permanently terminate your coverage under this HRA.

Q 16. What happens if you or your spouse die while participating in an HRA?

- If you die, and on your date of death you are not married or your Spouse is under age 65 and therefore, not eligible for an HRA, your estate may submit Eligible Medical Expenses incurred by you for reimbursement. If, after payment of such claims, there are still funds in the HRA, the remaining funds shall be forfeited and revert to the Employer. Eligibility or participation in the Pre-65 Retiree Health Plan does not end with the HRA participant's death. An eligible Spouse may also participate in an HRA, provided the eligibility requirements are satisfied as of the date of enrollment. Participation or eligibility will continue as long as the Spouse satisfies eligibility conditions. Refer to Q 2. "Who can participate in the HRA?"
- If on your date of death, your Spouse is over age 65 and covered by the HRA, your Spouse will continue to receive the Spouse's HRA allocation, provided the Spouse continues to be HRA-eligible, and may seek reimbursement from all funds allocated to the account. The HRA account name will be updated to the name of the living spouse. Upon the Spouse's subsequent death, the Spouse's estate has up to six months to seek reimbursement of any Eligible Medical Expenses incurred prior to death. Any funds remaining will be forfeited and revert to the Employer.
- If your Spouse dies while you are both covered by the HRA, you will continue to have access to all HRA Dollars in the HRA, including those attributable to the spouse's HRA allocation for the Plan Year. You may seek reimbursement of any Eligible Medical Expenses incurred by your Spouse prior to his or her death.

You or your Spouse must notify the Employer within 60 days of the death. If timely notice is not provided, and you or your Spouse receive a greater HRA contribution than to which you or your Spouse is otherwise entitled, you and/or your Spouse shall be responsible for reimbursing the Employer for any overfunding made to the HRA account. The Plan reserves the right to immediately reduce the HRA account balance by the amount of this overpayment and to reduce or withhold any future Employer HRA contribution funding amounts until the full liability is satisfied.

Q 17. What happens if you divorce while you and your Spouse are participating in an HRA?

The ability to access the HRA account does not end on divorce.

If you become divorced, and your former Spouse is under age 65, your former Spouse has no independent right to an HRA. If your former Spouse is enrolled in the Pre-65 Retiree Health Plan, your former Spouse and dependents may have COBRA rights under that plan. The Pre-65 Retiree Health Plan will notify your former Spouse and dependents of any applicable COBRA rights. If you do not receive notification, please contact the plan administrator.

If you become divorced, and your former Spouse is age 65 or older, your former Spouse may continue to submit claims for reimbursement under the HRA up to the balance in the account as of the end of the calendar year of

the divorce, for a period of 36 months following the divorce or until the parties agree otherwise through a domestic relations order. Your former Spouse's coverage under the individual Medicare Medical Plan will continue provided the former Spouse continues to pay the required premium. If your former Spouse received an HRA allocation for the year of the divorce, that allocation will remain in the HRA and will be available for reimbursement for expenses incurred by you or your former Spouse, if submitted for reimbursement within 36 months following the divorce, unless a domestic relations order establishes to the contrary. As of the first day of the calendar year following the divorce, your former Spouse will no longer be entitled to receive an HRA allocation from the Employer. If you or your former Spouse fail to timely notify the Employer of a divorce, or death, you and your former Spouse shall be responsible to reimburse the Employer for any overpayment made from the HRA account. The notification must be within 60 days of the date of divorce or death.

If the former Spouse, aged 65 or older, wishes to contribute, on an after-tax basis, to a separate HRA account in his or her name for a period of 36 months, such former Spouse can do so under COBRA, See Q19, but there is little or no tax advantage in doing so.

Q 18. What is COBRA coverage and how does a former Spouse elect it?

- COBRA coverage is a temporary continuation of HRA coverage available to a Retiree's former Spouse participating in the HRA who loses HRA eligibility due to divorce. A former Spouse who elects COBRA coverage may continue HRA participation for up to 36 months from the date of the divorce, provided he or she pays the required COBRA premium. Because access to the HRA does not end on divorce, there is no need to exercise COBRA rights to have access to the HRA balance that accumulated as of the end of the calendar year of divorce.
- If a former Spouse elects COBRA, a separate HRA account will be established in the name of the former Spouse, but the former Spouse is required to pay a COBRA premium. The COBRA premium that is required to be paid is 102% of the Employer age banded stipend as set forth in Q-9 (the "COBRA premium"). In the year of election, the COBRA premium will be prorated for the remaining months in the year. For example, if the former Spouse enrolls mid-year, the former Spouse is responsible to pay a premium equal to 102% of one half of the annual Employer age banded stipend as set forth in Q-9. Thereafter, the annual premium for any subsequent year is 102% of the Q-9, age banded stipend. The COBRA premium can be paid monthly or in a lump sum for a maximum period of 36 months. Because the former Spouse is paying a contribution to the HRA account on an after-tax basis and is paying an additional two percent as an administration fee there is little or no tax advantage in electing COBRA. Upon payment of the COBRA premium the former Spouse will receive an HRA allocation equal to the COBRA premium paid, less two percent.
- A former Spouse must notify both the Employer and the Claims Administrator at the addresses provided below, of the divorce no more than 60 days after the divorce. If notice is not timely provided, COBRA will not be offered. Upon receipt of your notification the Claims Administrator will notify you of your COBRA rights. If you do not timely receive such notification, please contact both the Employer and the Claims Administrator.

Q 19. How long will the Plan remain in effect?

Although the Employer expects to continue the Plan, it has the right to modify or terminate the program at any time for any reason. An employee, former employee, retiree, spouse or dependent has no vested right to retiree medical benefits.

Q 20. Does the Plan coordinate benefits with other Component Medical Plans?

Only medical care expenses that have not been or will not be reimbursed by any other source may be Eligible Medical Expenses (to the extent all other conditions for Eligible Medical Expenses have been satisfied). As such, this HRA does not coordinate benefits with any other group or individual health coverage except as provided herein.

Q 21. Who do I contact if I have questions about the HRA?

If you have any questions about the HRA, you should contact Alternative Health Solutions.

**PART II
ERISA RIGHTS**

This HRA is a welfare benefit plan as defined in the Employee Retirement Income Security Act (ERISA) of 1974. ERISA provides that you, as a Plan Participant, will be entitled to:

- 1. Receive Information about Your Plan and Benefits** Examine, without charge, at the Plan Administrator's office and at other specified locations, such as work sites, all documents governing the Plan, including insurance contracts, collective bargaining agreements, and a copy of the latest annual report (Form 5500 series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration. Obtain, upon written request to the Plan Administrator, copies of all documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 series) and updated Summary Plan Description. The Plan Administrator may apply a reasonable charge for the copies. Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.
- 2. Continue Component Medical Plan Coverage**
Continue health coverage for you or your Spouse or dependents, if there is a loss of coverage under this HRA plan or under a Component Medical Plan (e.g., such as the pre-65 retiree health plan) as a result of a qualifying event. Review this SPD and the documents governing the Component Medical Plan on the rules governing such continuation.
- 3. Prudent Actions by Plan Fiduciaries**
In addition to creating rights for Plan participants, ERISA imposes duties upon the people who

are responsible for the operation of the Employee Benefit Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of the Plan Participants and Beneficiaries. No one, including your Employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit from the Plan, or from exercising your rights under ERISA.

4. Enforcement of Your Rights

If your claim for a welfare benefit under an ERISA-covered plan is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits that is denied or ignored in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court. If it should happen that Plan fiduciaries misuse the Plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees (i.e., if it finds your claim is frivolous).

5. Assistance with Your Questions

If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance obtaining documents from the Plan Administrator, you should contact the nearest office of the U.S. Department of Labor, Employee Benefits Security Administration listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Ave., N.W., Washington, D.C., 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

**PART III
PLAN INFORMATION**

The following provides information specific to the above-named Employer's Retiree Reimbursement Account for Incumbent Retirees.

**The effective date of this Plan Information is January 1, 2026.*

I. GENERAL PLAN INFORMATION

<p>1. Name, Address, and Telephone Number of the Employer/Plan Sponsor:</p>	<p>Savannah River Nuclear Solutions, LLC Building 730-2B, Attn: Benefits Administration Aiken, SC 29808 803-725-7772</p>
<p>2. Name, Address, and telephone Number of the Plan Administrator:</p> <p>The Plan Administrator has delegated discretionary authority over claims and appeals to the Third Party/Claims Administrator; retaining authority on Plan Eligibility only.</p>	<p>Health and Welfare Benefit Committee Savannah River Nuclear Solutions, LLC Building 730-2B Attn: Plan Administrator Aiken, SC 29808 803-725-7772</p>
<p>3. Address for Service of Legal Process:</p>	<p>Corporate Service Company 1301 Gervais Street Columbia, SC 29201 800-927-9800</p>
<p>4. Employer's Federal Tax Identification Number:</p>	<p>26-0240191</p>

5. Plan Number:	525
6. Original Effective Date of the Plan:	January 1, 2013
Amended	January 1, 2016
Amended and Restated	January 1, 2020
Amended and Restated	January 1, 2022
Amended and Restated	January 1, 2024
Amended and Restated	January 1, 2026
7. Plan Year:	Calendar Year
8. Affiliated Employers participating in the Plan:	N/A
9. Third Party/Claims Administrator	
The Plan Administrator has delegated discretionary authority regarding claims and appeals to the Third Party/Claims Administrator	Gallagher HealthInvest P.O. Box 4390 Clinton, IA 52733-4390 PH: 1-844-342-5505
10. How is the HRA funded?	General Assets of Employer

PART IV DEFINITIONS

- A. **"Affiliated Employer"** means any entity that is considered with the Employer to be a single Employer in accordance with Code Section 414(b), (c), or (m).
- B. **"Anniversary Date"** means the first day of any Plan Year.
- C. **"Board of Directors"** means the Board of Directors or other governing body of the Employer (the "Board".) Upon adopting this Plan, the Board of Directors appoints the Plan Administrator to act on the Employer's behalf in all matters regarding the Plan.
- D. **"Code"** means the Internal Revenue Code of 1986, as amended, and where applicable, the regulations thereunder.
- E. **"Effective Date"** of this Plan means January 1, 2026, the Plan was originally effective January 1, 2013.
- F. **"Eligible Medical Expenses"** means those expenses incurred by a Participant or eligible spouse that satisfy the conditions for reimbursement for medical, dental, or vision expenses and premiums for such plans as established by the Code.
- G. **"Employer"** means Savannah River Nuclear Solutions, LLC and any Affiliated Employer who is authorized by the Employer to adopt the Plan. Affiliated Employers who adopt the Plan are bound by the terms of the Plan unless they clearly terminate their participation.
- H. **"ERISA"** means the Employee Retirement Income Security Act of 1974, as amended.
- I. **"Failure to Notify in a Timely Manner"** means the Retiree or Spouse has not notified the Plan within the required 60 days of the death or divorce of a Retiree or Spouse and will be subject to immediate recovery of any HRA funding overpayments, if applicable.
- J. **"Health Reimbursement Account"** means the notional bookkeeping account to which HRA Dollars are allocated to each Participant to be used to reimburse "Eligible Medical Expenses". The HRA is maintained by the Plan Administrator for accounting purposes and is not representative of any identifiable trust assets. No interest will be credited to or paid on amounts credited to the Participant account(s).
- K. **"HRA Dollars"** means any amount that the Employer contributes on behalf of each Participant to provide benefits under the Plan. The amount of HRA Dollars shall be uniform and nondiscriminatory. Employer contributions may not be disbursed to a Participant as additional, taxable compensation.
- L. **"Medicare Provider"** means Alternative Health Solutions ("AHS") or such other company chosen by the Employer to facilitate the Participant's purchase of Medicare supplemental programs.
- M. **"Participant"** means a Retiree or an eligible Spouse of a Retiree who has attained age 65 who becomes

covered under the Plan pursuant to Article II of this Plan Document.

- N. **"Plan"** means this Retiree Reimbursement Account.
- O. **"Plan Administrator"** means the Health and Welfare Benefit Committee of the Employer.
- P. **" Plan Year"** means the calendar year.
- Q. **"Retiree" or "Incumbent Retiree"** means an individual who satisfies the Retiree Eligibility requirements set forth in the Employee's Post-65 Retiree Health Plan and incorporated herein by reference.
- R. **"Spouse "**means an individual who is legally married to a Participant as recognized under state law.
- S. **"Third Party/Claims Administrator"** means Gallagher HealthInvest or its successor or assigns.

SRNS Service Center
Bldg. 992-2W Savannah River Site
Aiken, SC 29808

**Savannah River Nuclear Solutions
Health Reimbursement Account**

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