



REDUCTION OF FORCE BENEFITS

The following information will provide you with a general outline of the benefits available under the Reduction of Force (ROF). This information is not intended, nor should it be construed, to modify or replace in any manner the provisions within the related plans or Summary Plan Descriptions. Should there be differences between the information in this document and the information in the related plans or Summary Plan Descriptions, the provisions of the related plans or Summary Plan Descriptions in force at the time will take precedence.

NOTE: Employees of MSA pre-selected subcontractors who are under their respective company's corporate benefit plans are NOT eligible for the benefits described in this document.

Insurances

If you are eligible for coverage, you may elect to continue many of the insurance coverages you have in effect at the time you receive layoff notification. Regarding medical insurances, you may choose Displaced Worker Medical Benefits, Consolidated Omnibus Budget Reconciliation Act (COBRA), or termination of medical coverage. **NOTE: Extended medical/vision and dental cannot be continued under the Displaced Worker Medical Benefits provision when you are eligible for coverage under another plan.**

You may not add or increase coverages at the time of your layoff; however, medical/vision and dental may be changed during subsequent annual open enrollment periods. Each plan is described in more detail in your Benefits Summary Plan Descriptions.

At the time of exit, you will be asked to identify which eligible insurance coverages you wish to continue. Should you choose to continue coverages, payment for at least three months premiums for all coverages will be expected at the time of exit. Following the initial payment, you will be billed monthly. Insurance coverages will be cancelled if payment is not received within 45 days of the due date.

All coverages and associated costs described herein are subject to change.

HEWT Medical/Vision Coverage

If you are eligible for coverage under the Hanford Employee Welfare Trust's (HEWT) Displaced Worker Medical Benefits Provision, medical/vision coverage for you and your eligible dependents can be continued for a maximum of one year at the contribution rate you would pay as an active employee.

Rates as of **January 1, 2011** are:

Monthly Contribution Rates for Employees:

Level of Coverage	UnitedHealthcare PPO	Group Health OPTIONS
Individual Only	\$186.00	\$95.20
Individual + 1	\$362.50	\$174.20
Individual + > 1	\$521.40	\$292.30

**MBP
Medical/Vision
Coverage**

If you are eligible for coverage under the Market Based Plan's (MBP) Displaced Worker Medical Benefits Provision, medical/vision coverage for you and your eligible dependents can be continued for a maximum of one year at the contribution rate you would pay as an active employee.

Rates as of **January 1, 2011** are:

Monthly Contribution Rates for Employees:

Level of Coverage	Group Health Options	Group Health Options Select
Individual Only	\$143.50	\$146.51
Individual + 1	\$287.02	\$293.04
Individual + > 1	\$452.04	\$461.53

**HEWT
Dental
Coverage**

You may elect to continue dental coverage for yourself and your eligible dependents. The monthly COBRA rates, effective **January 1, 2011** are as follows.

Monthly Dental Contribution Rates for **HAMTC** and **HGU** Employees:

Level of Coverage	Delta Dental (Buy-up)	Willamette Dental
Individual Only	\$ 42.97	\$ 39.92
Individual + 1	\$ 77.67	\$ 79.99
Individual + > 1	\$114.94	\$149.86

Monthly Dental Contribution Rates for **NON-BARGAINING** employees:

Level of Coverage	Delta Dental (Core) Non-Bargaining only	Delta Dental (Buy-up)	Willamette Dental
Individual Only	\$29.87	\$ 42.97	\$39.92
Individual + 1	\$52.09	\$ 77.67	\$79.99
Individual + > 1	\$75.67	\$114.94	\$149.86

**MBP
Dental
Coverage**

You may elect to continue dental coverage for yourself and your eligible dependents. The monthly COBRA rates, effective **January 1, 2011** are as follows.

Monthly Dental Contribution Rates for **MBP** employees:

Level of Coverage	Delta Dental Basic	Delta Dental Buy-up
Individual Only	\$38.09	\$51.77
Individual + 1	\$75.15	\$102.84
Individual + > 1	\$117.86	\$168.90

**Medical/Vision,
Dental Coverage
Beyond the
First Year**

The extended coverage described below exceeds the requirements under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Second Year

Medical/Vision: 50 percent of COBRA rate.
Dental: 100 percent of COBRA rate.

Third and Subsequent Years

Medical/Vision: 100 percent of COBRA rate
Dental: 100 percent of COBRA rate

COBRA rates are adjusted annually, based on the cost for the coverage, plus a two percent administrative fee. Current COBRA rates are included on the last two pages of this summary.

HEWT: If Group Health Options provides your medical/vision coverage and you leave the Group Health Service Area, contact MSA - Benefits Administration, PO Box 650, H2-23, Richland, WA 99352, or email: Benefits-HEWT@rl.gov.

**HEWT
Post-Retirement
Insurance**

If you were hired before January 1, 2004, and you are at least 55 with a minimum of 10 vesting years on your last day of work, and you are enrolled in HEWT-sponsored medical and life insurance plans, you are eligible for the following:

- ✓ Post-Retirement medical and applicable life insurance coverage. However, elections must be made immediately, at the time of your layoff, if alternate coverage is available, and you are not eligible for ROF insurance coverage.
- ✓ If you are eligible for continuing ROF insurance coverage, medical and life insurance benefits under post-retirement insurance plans must be elected within 12 months from the date of your layoff. **You must have maintained continuous ROF insurance coverage to be eligible for post-retirement insurance.**

**HEWT
Group Universal
Life Insurance**

To continue your Group Universal Life (GUL) Personal Plans® Insurance coverage and the cash accumulation account, contact GUL at 1-800-642-5726.

**HEWT
Long Term Care**

To continue your Long Term Care insurance coverage, contact CNA at 1-800-932-1132.

**Basic Life
Insurance/
Accidental Death
Dismemberment**

Basic Life Insurance coverage and Accidental Death & Dismemberment (AD&D) coverage automatically continues for 31 days. This coverage can be continued for up to one year if you pay the required contribution.

**Dependent Life
Insurance**

You may elect to continue Dependent Life Insurance coverage for your eligible dependents for up to one year by paying the required premium.

**Personal Accident
Insurance**

You may elect to continue Personal Accident Insurance (PAI) coverage for yourself or you and your family for up to one year by paying the required premium.

**HEWT
Flexible Spending
Accounts**

Your account is active through your last working day. Services to which you claim reimbursement from your account must be provided through your last working day. The account may be extended on an after-tax basis only through COBRA.

Dependent Care: Upon receipt of your layoff letter, you may cancel your account by completion of an FSA Application. Send a written request to MSA – Benefits Administration, PO Box 650, H2-23, Richland, WA 99352, or e-mail: Benefits-HEWT@rl.gov.

Health Care: You do not need to reimburse any payments that have already been made from your account, even if the amount exceeds the amount you have actually contributed this calendar year.

**MBP
Flexible Spending
Accounts**

Your account is active through your last working day. Services to which you claim reimbursement from your account must be provided through your last working day. The account may be extended on an after-tax basis only through COBRA.

Dependent Care: Upon receipt of your layoff letter, you may cancel your account by completion of an FSA Application. Send a written request to MSA – MBP Benefits Administration, PO Box 650, H2-24, Richland, WA 99352, or e-mail: Benefits-MBP@rl.gov.

Health Care: You do not need to reimburse any payments that have already been made from your account, even if the amount exceeds the amount you have actually contributed this calendar year.

**Hanford Site
Savings Plans
401(k) and 401(a)**

If you are a participant in the Hanford Site Savings Plans your savings accounts are 100 percent vested. You may take a total distribution or you may leave your accounts in the Plan. You have the same provisions for this first year as an employee.

If you have an outstanding loan, you may continue loan payments for up to one year, and then the loan must be repaid in full. Loan balances will default at 90 days if no payments are made.

After one year, if the value of your account is \$1,000 or less, you must take a total distribution. If the balance of your account is greater than \$1,000, you may leave your money in the plan. Withdrawals from your account are limited to a single total distribution; partial withdrawals are not allowed.

It is your responsibility to contact Vanguard at 1-800-523-1188, or at <http://www.vanguard.com> for additional savings plan and loan payment continuation information. The Hanford Site Plan numbers are: HGU, No. 093231; O&E, No. 093232; and HAMTC, No. 093233.

**Hanford Site
Pension Plans**

If you are a participant in the Hanford Site Pension Plans you are 100 percent vested with three vesting years. Your vested pension payment will be determined in accordance with provisions of the applicable pension plan (i.e., HGU, O&E, or HAMTC). General provisions are:

- ✓ Federal regulations governing multi-employer pension plan provisions and eligibility for distribution, requires termination from employment covered under the plan. In some instances, working for an employer that is in the same control group of a Plan Sponsor may preclude he/she from being eligible for a distribution.
- ✓ If the present value of your vested pension is \$1,000 or less, you will receive a lump sum payment. If the present value is greater than \$1,000, you have the option of a lump sum payment or you may elect a monthly annuity at any time following termination from the "employer relationship." The lump sum represents the present value of the vested ten-year certain

and life option, payable at age 65. This option may be distributed directly to you (with applicable tax and penalty), or rolled over to an IRA or another qualified plan.

- ✓ If benefits commence prior to age 65, the amount will be reduced according to your age when pension payments begin. If you are retirement-eligible on your last day of work, there is no reduction to your monthly pension annuity if you are age 60 or older. The present value lump sum payment, however, is calculated with reductions from age 65. The multi-employer regulations apply to retirement-eligible pension plan participants, as well as terminated-vested participants.

If you wish to receive a distribution of your pension benefits, please contact MSA – Benefits Administration, PO Box 650, H2-23, Richland, WA 99352, or e-mail: Benefits-HEWT@rl.gov.

**HEWT
Severance Pay**

Under the Severance Pay Plan, employees with at least one year of service are eligible to receive one week of base pay per year of credited service, up to a maximum of 20 weeks. Severance pay will be calculated using the base salary or wage in effect on the date of the layoff. **For those employees on part-time status at the time of layoff, severance pay will be calculated at a reduced rate** based on the number of hours specified for the employee’s approved work schedule. Employees with less than 20 years of service and greater than one year of service will be entitled to a partial accrual for a partial year of service equal to one quarter-week of pay for each three months of service up to the date of layoff.

Examples: An employee with 13 years, 3 months and 5 days of service, whose base pay rate is \$1,000 per week, will receive severance pay of 13 1/4 weeks or \$13,250. An employee whose base pay is \$500 per week when he/she is laid off and has 24 years, 9 months and 6 days of service will receive the maximum of 20 weeks of severance pay or \$10,000. An employee whose base pay is \$600 per week and has 6 years and 7 months of service, will receive 6 1/2 weeks of severance or \$3900 (i.e., 6 full years = 6 weeks of severance pay; 7 months is more than one-half but less than three-fourths of a year, so the employee will receive an additional one-half week, resulting in a total of 6 1/2 weeks of severance pay.

You have the option of receiving your severance payment in a lump sum at the time of layoff or delaying receipt of severance payment for a period of six months.

**MBP
Severance Pay**

Under the Severance Pay Plan, MBP employees with at least six months of service are eligible to receive severance pay benefits if they are laid off as part of a reduction of force. Hourly paid employees and temporary employees are not eligible. Severance pay is based on length of service with MSA in accordance with the table below.

Continuous Service with MSA	Severance Pay
6 months but less than 2 years	Two (2) Weeks Pay
2 years but less than 10 years	Three (3) Weeks Pay
10 years but less than 15 years	Four (4) Weeks Pay
15 years but less than 20 years	Five (5) Weeks Pay
20 years or more	Six (6) Weeks Pay

An employee has the option of receiving his or her severance pay in a lump sum or delaying receipt of severance pay for a period of six months.

Personal Time Bank	Unused, Personal Time Bank (PTB) hours will be cashed out.		
Savings Bonds	Any partial deductions that have been accumulated for Savings Bonds will be refunded.		
Employee Assistance Program	<p>Access to the Employee Assistance Program (EAP) services currently available to active employees and their immediate family members will continue for up to one year. The following currently provide EAP services to employees:</p> <ul style="list-style-type: none"> ➤ AdvanceMed Hanford – Behavioral Health Services Department provides EAP services to employees. Call (509) 376-4418 for information or appointments. ➤ LifeHelp – Call 1-800-788-5614 or 1-866-216-9926 (TDD) or log on to http://www.liveandworkwell.com. (HEWT Access Code: 702633) (MBP Access Code: UHC). 		
Unemployment Insurance	The State Employment Security Department is responsible for determination of eligibility for unemployment insurance benefits; contact the local Employment Security office if you have questions at 1-800-362-4636.		
Reemployment Assistance	<p>WorkSource Columbia Basin has two locations:</p> <table> <tr> <td>815 North Kellogg Street, Suite D Kennewick, WA 99336 (509) 734-5900 or (509) 734-5956 (TDD)</td> <td>306 West Division Yakima, WA 98909 1-800-834-6799 or (509) 574-0105</td> </tr> </table>	815 North Kellogg Street, Suite D Kennewick, WA 99336 (509) 734-5900 or (509) 734-5956 (TDD)	306 West Division Yakima, WA 98909 1-800-834-6799 or (509) 574-0105
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2011 HEWT COBRA Monthly Rates

Medical/Vision – For ALL Employees		
Level of Coverage	UnitedHealthcare PPO	Group Health Options
Individual Only	\$946.47	\$485.57
Individual + 1	\$1,848.47	\$888.57
Individual + > 1	\$2,653.93	\$1,490.68

Dental – for HAMTC and HGU Employees		
Level of Coverage	Delta Dental (Buy-up Plan)	Willamette Dental
Individual Only	\$ 42.97	\$ 39.92
Individual + 1	\$ 77.67	\$ 79.99
Individual + > 1	\$114.94	\$149.86

Dental – For Non-Bargaining Employees			
Level of Coverage	Delta Dental (Core Plan)	Delta Dental (Buy-Up Plan)	Willamette Dental
Individual Only	\$29.87	\$ 42.97	\$ 39.92
Individual + 1	\$52.09	\$ 77.67	\$ 79.99
Individual + > 1	\$75.67	\$114.94	\$149.86

2011 MBP COBRA Monthly Rates

<u>Medical/Vision</u>		
Level of Coverage	Group Health Options	Group Health Options Select
Individual Only	\$486.64	\$493.64
Individual + 1	\$973.29	\$973.29
Individual + > 1	\$1,532.93	\$1,554.97

<u>Dental</u>		
Level of Coverage	Delta Dental (Buy-up Plan)	Delta Dental (Basic Plan)
Individual Only	\$ 51.77	\$ 38.09
Individual + 1	\$102.84	\$ 75.15
Individual + > 1	\$168.90	\$117.86