



The Glossary

Y-12

Non-Bargaining

Atomic Trades and Labor Council (ATLC)

International Guards Union of America (IGUA) Central Alarm Station Operators and Beta 9 Operators

International Guards Union of America (IGUA) Y-12 Security Police Officers

Y-12 Fire Captains and Lieutenants (FCLT)

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Glossary

This glossary contains brief definitions to help you understand terms used throughout this book.

Acts of Terrorism (Terrorism)

For Business Travel Accident coverage

- Premeditated, politically motivated violence perpetrated against a non-combatant by:
 - persons not acting on behalf of a sovereign state, or
 - clandestine state agents.

Ad Hoc Employee

A non-exempt employee who works on an on-call, as-needed basis and is not eligible for Company benefits as an active employee.

After-Tax Contributions

Your after-tax contributions are deducted from your eligible earnings after income taxes are withheld and do not provide the advantages of deferring your taxes that are available through before-tax contributions.

Appropriate Care and Treatment

During disability, medical care and treatment that is

- received from a licensed physician whose medical training and clinical experience are suitable for treating your disability;
- necessary to meet your basic health need and of demonstrable medical value;
- consistent in type, frequency, and duration of treatment with relevant guidelines of national medical research and health care coverage organizations and government agencies;
- consistent with the diagnosis of your condition; and
- maximizing your medical improvement.

Approved Rehabilitative Employment Program

During disability, a program of physical, mental, or vocational rehabilitation that

- is expected to result in your return to your own occupation or to a reasonable occupation on a full-time basis and
- is approved, in writing, by the Company and the claims administrator.

A rehabilitative employment program will no longer be considered approved on the earliest of these dates:

- The date you are able to perform the material duties of your own occupation
- The date you return to work for the Company on a reduced-hour basis
- The date the claims administrator or the Company withdraws, in writing, its approval of the program

Before or Pre-Tax Contributions

Your before-tax contributions are deducted from your eligible earnings before federal and, in most cases, state and local taxes are determined. (Social Security taxes are not affected.) By electing before-tax contributions, you reduce your current taxable income and, therefore, your current annual tax liability.

Beneficiary

The person, organization, or trust that you name to receive any life, accident, pension plan, or 401(k) Savings Plan benefits if you die.

Benefits and Investment Committee (BIC)

Appointed by the Company's board of managers to serve as the Plan administrator for Company benefit plans.

Benefits Appeals Committee (BAC)

Considers escalated participant appeals related to eligibility, benefit determination, or denials not delegated to other third-party administrators.

Birthing Center

An institution that is established, licensed, and operated in accordance with the laws of legally authorized agencies to furnish room and board, services of qualified nurses, and a certified nurse midwife to expectant mothers. One or more nurses must be on duty at all times. To qualify as a Birthing Center, an institution must

- have available at all times, under an established agreement, the services of a licensed physician;
- maintain daily medical records on all patients; and
- have agreements with hospitals that will accept patients requiring immediate in-patient hospital care.

Board of Managers

Those managers, as a group, appointed by the Company members in accordance with the Company Operating Agreement to manage the Company.

Bomb Scare/Search/Explosion/Felonious Assault Accident

For Business Travel Accident coverage

"Bomb" means any real or dummy explosive device placed with intent to damage, scare, or cause injury. "Scare" means any real or false report of the presence of a bomb on the premises of the Company. "Search" means any organized search of a reported bomb. "Explosion" means any artificially induced explosion of a bomb on the Company's premises where it appears that the explosion was intended to cause injury or unlawful property damage, whether or not the presence of the bomb was reported before the explosion occurs. "Felonious assault" means only those covered losses caused by other than a fellow employee or family member as a result of a felonious assault upon the insured person while on the premises of the policyholder to which the insured person is permanently assigned.

Business Trip

For Business Travel Accident coverage

Travel authorized by the Company (including trips outside the United States), including relocation trips, home leaves, and rest and relaxation leaves, as well as any side trips or vacations taken in conjunction with a business trip.

Calendar Year Annual Deductible

Individual Deductible (all medical plans)

The amount you pay on an individual plan before eligible claims are paid under the Plan's coinsurance arrangement.

Family Deductible

Choice Fund with HSA plan

There is no individual deductible for a dual or family plan. All eligible family members contribute toward the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's expenses based on the Coinsurance level specified by the plan.

All other medical plans

After an eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the Coinsurance level specified by the plan. The other eligible family members continue to contribute toward the remaining portion of the family deductible. After the family deductible has been met, covered expenses for each eligible family member will be paid based on the Coinsurance level specified by the plan.

Cause

When used in the context of a termination from employment, cause means a termination of employment due to poor performance, misconduct, or a willful violation of the Company's rules or policies.

Child

For medical, prescription drugs, dental, vision, Health Care Spending Account, and Employee Assistance Program, a child is defined as the following:

1. Your biological child
2. Your legally adopted child (or a child who is lawfully placed with you for legal adoption)
3. Your stepchild
4. A child for whom you have been granted permanent legal guardianship or permanent custody prior to the child's 18th birthday by court order or an agreement with a state or other governmental agency
5. A child who is recognized as an alternate recipient in a Qualified Medical Child Support Order enforceable with respect to the plan

In the case of a child described above, the child must be under age 26.

In the case of a child described in Item 4 above, the child must meet the following requirements:

- The child is under age 26.
- You must be able to claim the child as a dependent on your federal income tax return without regard to any limit on the gross income that the child may earn.
- You provide over 50% of the child's financial support during the calendar year.
- The child lives with you in a "parent-child relationship." The child is considered to have lived with you during periods of time when one or both of you are absent due to handicap, disability, illness, or education. A "parent-child relationship" means that you are exercising parental authority, responsibility, and control over the child by caring for, supporting, disciplining, and guarding the child, including making decisions about the child's education and health care. If you are not the child's biological parent, the "parent-child relationship" must be with you, not the child's biological parent.

A child who is permanently and totally disabled and incapable of self-support (as determined by the Plan administrator) before reaching the maximum coverage age above may continue to be covered regardless of age provided that he or she remains permanently and totally disabled and is primarily dependent on you for support.

For Business Travel and Special Accident Insurance coverage

Your biological child, stepchild, foster child, legally adopted child, or child of adopting parents, pending adoption, who relies chiefly on you for support and maintenance.

Child Care Center

A facility that is run according to law, including laws and regulations applicable to child care facilities, and provides for care and supervision of children in a group setting on a regular daily basis. A child care center does not include a hospital, a child's home, or care provided during normal school hours.

COBRA

Consolidated Omnibus Budget Reconciliation Act of 1985. This federal law allows you and your eligible dependents to continue health care coverages under certain circumstances when coverage would otherwise end.

Code

The Internal Revenue Code of 1986, as amended.

Coinsurance

Your share of the cost of a covered health service, calculated as a percent of the allowed amount of the service.

Company or Employer

Management and Operating contractor for the Department of Energy. The current Management and Operating contractor is Consolidated Nuclear Security LLC.

Company Service

Company Service is service that is used to determine your eligibility for a benefit in the Pension Plan. It includes the total elapsed time between the first day you became an employee with the Company (and prior Management and Operating contractors) and your last day at work as a Company employee. Company Service does not include time spent as a former leased employee, as an independent contractor, or as an employee of a parent company, or of a different corporate entity in which the parent company has an ownership interest.

Company Service is also used to determine eligibility for Company Service awards and paid time off accrual.

Conversion Privilege

Your right to convert a group medical, life insurance, or special accident insurance policy to an individual policy.

Copayment or Copay

The fixed dollar amount you and your Eligible Dependents are required to pay for covered services when received.

Credited Service

Credited Service is service that is used to determine your eligibility for plan participation and your vested interest in the plan. It includes all the time you work for the Company (and prior Management and Operating contractors that maintained the plan), from your first hour of service until you sever from service.

Recognition of Credited Service may be granted for service with a parent organization, as that term is defined by and as provided for in NNSA Supplemental Directive 350.1, *Management and Operating Contractor Service Credit Recognition* (approved Feb. 5, 2009), and as provided in the plan. Additionally, recognition may be granted for former leased employees who become Employees of the Company.

Credited Service will be used for Pension Plan and 401(k) Savings Plan participation, vesting, and Short-Term Disability accrual.

For parent company employees only, Credited Service will also be used to determine eligibility for early retirement.

Crown

A restoration that replaces enamel, covering the entire crown of a tooth, usually made of porcelain or acrylic.

Deductible

The deductible is the amount you and your Eligible Dependents are required to pay each year for covered expenses before the Plan pays, and is in addition to any Coinsurance or Copayments. The deductible amount does not apply to in-network preventive care and immunizations.

Dependent Child

For Pension Plan only; for all other purposes, see the definition of Child above.

A child of the participant, whether biological or adopted, including, without limitation, a stepchild or foster child, who has not attained age 23 and who qualifies as a dependent child for federal income tax purposes.

Dependent Parent

For Pension Plan and Dependent Care Flexible Spending Account

Your natural parent or stepparent who qualifies as your dependent for federal income tax purposes.

Disability

You are determined to have a Disability if you are unable to perform the duties of your regular job with the Company due to illness or injury and are under the appropriate care and treatment of a licensed practicing physician. The Company's claims administrator makes that determination.

Durable Medical Equipment

Any equipment that can withstand repeated use and is medically essential to treat an injury or sickness.

Early Retirement

Retirement before reaching age 65.

Elective Surgery

A surgical procedure that is not considered emergency in nature and that may be avoided without undue risk to the patient.

Eligible Dependents

For Medical, Dental, Vision, Health Care Spending Account, and Employee Assistance Program coverage

Your eligible dependents are as follows:

- The person who is recognized under applicable law as your spouse
- A child described above in this glossary

For Spouse and Dependent Life Insurance

Your Eligible Dependents are your spouse who is age 20 to 85, and your unmarried, dependent child(ren) from age 15 days up to the day they turn 26 years old.

Eligible Earnings

For the 401(k) Savings Plan – Exempt

Your base salary plus variable pay, merit adjustments, critical retention, HRP, MAA, or military differential pay.

For the 401(k) Savings Plan – Non-Exempt and Bargaining Unit

Your base rate in contract for straight time hours worked, not to exceed straight-time hours included in your normal shift; plus shift premiums associated with your normal schedule at the straight-time rate; plus variable pay, merit adjustments, or military differential pay.

For the Pension Plan

Your base salary for straight-time hours worked, not to exceed straight-time hours included in your normal shift; plus shift premiums associated with your assigned schedule at the straight-time rate; plus variable pay, merit adjustments, or military differential pay.

Eligible Employee

With respect to a benefit plan, an employee who has satisfied the eligibility and waiting period requirements, if any, for such benefit plan.

Eligible Retirement Plan(s)

The following are the types of plans that may be considered Eligible Retirement Plans for rollover purposes:

- Any plan qualified under Internal Revenue Code Section 401(a), which might include the following:
 - 401(k) plans
 - Defined benefit (pension) plans
 - Employee stock ownership plans
 - Money purchase pension plans
 - Stock bonus plans
- 403(b) tax-sheltered annuity plans
- Certain governmental Section 457 plans
- SIMPLE 401(k) plans
- 403(a) annuity plans
- Federal thrift plans under Section 7701(j)

The following types of plans are **not** Eligible Retirement Plans for rollover purposes:

- Excess plans
- Top hat plans
- Stock option plans

Emergency

A serious accident or sudden illness that is life-threatening or could result in a long-term medical problem, such as uncontrolled bleeding, seizure, or chest pain.

Emergency Admission

Any hospital admission for an in-patient stay for a condition that:

- has a sudden and unexpected onset and
- requires prompt care to protect life, relieve severe pain, or diagnose and treat symptoms that, with delay, could result in serious injury.

Employee(s)

Any person who is employed by the Company, is shown as a Company Employee in the Company's personnel records and on the Company payroll, and is receiving compensation from the Company from which the Company is withholding income tax. "Employee" **does not** include any person who the Company classifies as an independent contractor or who otherwise provides services to the Company if that person does not meet each of the criteria stated herein.

For purposes of these benefit plans, Employee does not include any bargaining-unit construction personnel who are referred to work pursuant to the Knoxville Building Trades Construction Labor Agreement.

ERISA

The Employee Retirement Income Security Act of 1974, as now in effect and hereafter amended, and any regulations issued under ERISA.

Fixed Bridgework

Permanently inserted artificial teeth joined to inlayed or crowned natural teeth on either side called abutments. A fixed bridgework for anterior teeth often requires two abutments on either side.

Full Denture

Upper or lower; artificial teeth in replacement of all teeth in an arch.

Full-Time Employee

A non-exempt employee who is scheduled to work at least 40 hours per week on a regular basis or an exempt employee who is scheduled to work at least 80 hours bi-weekly on a regular basis.

Full-Time Student

For Flexible Spending Accounts and Life Insurance plans

A person who is enrolled full-time in any accredited school, including a trade or vocational training program.

Full-Time Temporary Employee

A non-exempt employee who is scheduled to work at least 40 hours per week on a temporary basis or an exempt employee who is scheduled to work at least 80 hours bi-weekly on a temporary basis.

Home Health Services

Skilled health care services that the insurance company has determined are medically appropriate to provide in the home.

Hospice Care Services

Any services provided by a hospital, skilled nursing facility, home health agency, hospice, or any other licensed facility or agency under a hospice program.

Hospice Facility

An institution or part of one that primarily provides care for terminally ill patients and fulfills any licensing requirements of the state or locality in which it operates.

Hospice Program

A coordinated, interdisciplinary program of care designed to meet the physical, psychological, spiritual, and social needs of dying persons and their families. A hospice program may also provide palliative and supportive medical, nursing, and other health services through home or inpatient care during the terminal illness.

Hospital

A hospital is an institution constituted, licensed, and operated in accordance with the laws pertaining to hospitals, which maintains on its premises all the facilities needed to diagnose and treat medical, diagnostic, surgical care, injury, and sickness. It is an institution that qualifies as a hospital, a psychiatric hospital, or a tuberculosis hospital as a provider of services under Medicare and is accredited by the Joint Commission on the Accreditation of Hospitals.

A hospital can specialize in treatment of mental illness, alcoholism, drug addiction, or other related illness. It can also provide residential treatment programs, but only if it is constituted, licensed, and operated in accordance with the laws of legally authorized agencies responsible for medical institutions. It provides all treatment for a fee, by or under the supervision of physicians on an inpatient basis with continuous 24-hour nursing service by qualified nurses.

Any institution that is exclusively a place for rest, a place for the aged, or a nursing home will not be considered a hospital.

Hour of Service

Generally, each hour for which you are paid or entitled to payment for the performance of duties for the Company.

Hour of Work

Each hour of work for the Company for which you are paid, including straight-time, overtime, holidays, and jury duty.

Imputed Income

The IRS requires you to be taxed on the value of employer-provided group life insurance over \$50,000. The taxable value of this life insurance is called "imputed income." Even though you do not receive cash, you are taxed as if you received cash in an amount equal to the value of this coverage. The IRS issues rate tables for purposes of imputing income under group term life insurance.

Indemnity Plan

A medical plan in which you can use any provider you choose.

In-Network Benefits

Health care services or items provided by your primary care physician or authorized services or items provided by another participating provider contracted with your insurance provider.

Inpatient

You only become an inpatient when a hospital formally admits you as an inpatient, after a doctor orders it. You are still an outpatient if you have not been formally admitted as an inpatient, even if you are getting emergency department services, observation services, outpatient surgery, labs, tests, or X-rays. You or a family member should always ask if you are an inpatient or an outpatient.

Investment Fund(s)

Each designated investment alternative specified by the Plan administrator as an investment option in which you may elect to have your Plan account invested.

Leased Employee

Leased Employee is defined by the Code at section 414(n)(2).

Light Duty Assignments

Temporary modified duties assigned as the result of temporary physical limitations due to injury, illness, or pregnancy that prevent an employee from performing the full scope of duties of his or her regular assigned job.

Limb

An arm or a leg.

Long-Term Disability

Benefits for which you may become eligible after you have been totally disabled for 6 months.

Loss

For purposes of life insurance plans, loss of hand or foot means complete severance through or above the wrist or ankle joint. Loss of eyesight means the complete or irrecoverable loss of entire sight of either eye. Loss of speech means complete inability to communicate audibly in any degree. Loss of hearing means irrecoverable loss of hearing that cannot be corrected by any hearing aid or device. Loss of thumb and index finger means actual severance through or above the joint closest to the wrist. A loss must result directly from bodily injuries caused by an accident.

Maximum Reimbursable Charge*For the Medical Plan*

A rate that the claims administrator determines is the normal charge made by providers in your geographic area for a similar service or supply. The nature and severity of the injury or sickness will be considered. If the claims administrator considers your medical expenses more than reasonable and customary, you will be responsible for paying the additional amount. Charges in excess of the Maximum Reimbursable Charge do not count toward your Deductible or Out-of-Pocket Maximum.

The Maximum Reimbursable Charge for covered services is determined based on the lesser of

- the provider's normal charge for a similar service or supply or
- a policyholder-selected percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by Cigna.

The Maximum Reimbursable Charge is subject to all other benefit limitations and applicable coding and payment methodologies determined by Cigna.

For dental coverage

A rate for dental services that is determined by the claims administrator by taking into account

- the usual fees charged by dentists with similar training and experience in your geographic area and
- any unusual circumstances or complications that require special skill, experience, or additional time.

If the claims administrator considers your dental expenses more than reasonable and customary, you will be responsible for paying the additional amount. These charges do not count toward your deductible.

Member Services/Customer Services/Participant Services

The customer service unit of the Plan's third-party vendor or claims administrator with responsibility for administering or insuring the plan of benefits.

Mental Health Provider

The company responsible for authorizing mental health and alcohol/drug abuse treatment for Medical Plan participants.

Minimum Essential Coverage, Minimum Value, and Affordability

Any insurance plan that meets the Affordable Care Act requirement for having health coverage. To avoid the penalty for not having insurance, you must be enrolled in a plan that qualifies as minimum essential coverage (sometimes called "qualifying health coverage").

Myofunctional Therapy

Correcting and/or retraining of the muscles in order to correct an orthodontia disorder.

Necessary Services and Supplies

Any services or supplies, other than bed and board, that are necessary for your treatment and are administered during hospital confinement. Necessary Services and Supplies will also include professional ambulance service to or from the nearest hospital where the necessary medical treatment can be provided and any charges for the administration of anesthetics during hospital confinement. Necessary services do not include special nursing, dental, or medical services.

Network

A group of health care providers who have agreed to provide care for pre-negotiated rates, as well as to comply with quality assurance procedures, patient service standards, and compliance with all applicable laws and regulations.

Network Manager

The health plan that sets up and manages a network of providers and administers out-of-network benefits.

Network Pharmacy

A pharmacy that has contracted with the pharmacy benefit management company to provide prescription drugs under a contractual arrangement for discounted costs.

Normal Retirement

Retirement at age 65.

Nurse

A registered graduate nurse, a licensed practical nurse, or a licensed vocational nurse. A Nurse is a professional who has the right to use the respective title and the respective abbreviation R.N., L.P.N., or L.V.N.

One-Year Break in Service

A period of 12 consecutive months following your severance date during which you do not perform an hour of service.

Orthodontia Treatment

Treatment of the movement of teeth in the correction of malocclusion.

Orthotics

A custom-molded rigid insert that, when placed in the shoe, distributes the patient's weight equally throughout the foot and leg and relieves the stress from any one particular area.

Out-of-Network Benefits

Care that is provided by a physician, facility, or other service provider not contracted with the third-party administrator that does not qualify as in-network.

Out-of-Pocket Maximum

The maximum you have to pay for eligible medical expenses in 1 plan year. Once you reach this amount, the medical plan pays 100% of eligible expenses for the rest of that plan year.

Paralysis

The loss of all practical use of a limb as it relates to the ability to perform the normal functions and activities of everyday life without the use of a prosthesis or any other mechanical device(s).

Partial Denture

An appliance supporting artificial teeth less than the full number of teeth in one jaw.

Part-Time Employee

An employee who is scheduled to work 20 to 39 hours during a workweek.

Participant

An eligible employee who has become a participant in the Plan and who has not received a complete distribution of his or her vested Plan account balance for 401(k) Savings Plan and the Pension Plans.

Pay

All of your total pay from the Company under Code Section 3401(a) during each calendar year ("Plan Year"), computed as of the date you became eligible to participate in a Plan.

Pay includes the following:

- Any amounts contributed by the Company to a Plan pursuant to a salary reduction agreement
- Regular pay after severance of employment paid by the later of 2½ months after severance of employment if the payment
 - is regular compensation for services you provided during your regular working hours or compensation for services outside of your regular working hours (for example, shift differential), commissions, bonuses, or similar payments; and
 - would have been paid to you before a severance from employment if you had continued working for the Company. Any other payment paid after severance of employment is not considered to be compensation under the Plan even if payment is made within the 2½ month period.

For Short-Term Disability and Long-Term Disability

- Your basic rate of pay in effect just before your total disability begins and before any before-tax salary reductions. Pay does not include overtime, bonuses, or any other form of extra compensation.

For Life and Accident Insurance Benefits

- Your annual basic rate of pay, determined as described in the "Life and Accident Plans" section, before any before-tax salary reductions. Pay does not include overtime, bonuses, or any other form of extra compensation.

For Retirees

- If you are a retiree, your pay is your annual pension benefit.

Pay does not include the following:

- Reimbursements or other expense allowances, fringe benefits (cash or non-cash), moving expenses, deferred compensation, and welfare benefits (even if includable in gross income)
- The taxable value of stock options during the calendar year in which the option is exercised
- Any form of compensation which, in accordance with applicable regulations of the United States Department of Energy, may not be reimbursed to the Company as an "allowable cost"
- Any form of compensation not paid from the Company's payroll

Pension Service Credit

Pension Service Credit is the service used in the pension formula to determine the amount of your pension benefits. It is equal to your Company Service while participating in the Plan, excluding certain breaks during which you are not working for the Company, or for which you did not make a

contribution to the Pension Plan, if the Plan requires a contribution. The same service will not be counted in the pension formula if you are owed benefits under more than one Pension Plan.

Periodontal Splinting

Stabilizing or immobilization of periodontal involved teeth. Splinting may be accomplished with acrylic resin bit guards, orthodontia band splints, wire ligation, provisional splints, and fixed prosthesis.

Periodontics

The treatment of disease of the gum and tissues surrounding the teeth.

Personal Identification Number (PIN)

The number that allows you to access your 401(k) Savings Plan account information through the information line.

Physician

A person who is licensed to prescribe and administer drugs or to perform surgery and who operates within the scope of his or her license.

Precertification/Pre-Admission Certification

The process used to certify the clinical treatment, the medical necessity, and length of a hospital confinement before receiving service.

Prescription Drugs

Medication prescribed by a physician for the treatment of an illness or injury.

Primary Care Physician (PCP)

A licensed physician—generally an internist, general/family practitioner, or pediatrician—whom you generally select to coordinate all your medical care within the network.

Prosthodontic Services

The making of artificial devices for replacement of missing teeth and structures in the mouth.

Qualifying Life Event

An event described in the “About Your Benefits” section that permits a change in coverage or election on a pre-tax basis.

Rollover Contributions

Distributions from another employer’s qualified plan that you deposit into your 401(k) Savings Plan account.

Room and Board

All charges commonly made by a hospital for rooms and meals and all general services and activities needed for the care of registered bed patients.

Routine

A situation that does not require immediate attention, such as immunizations or annual exams.

Short-Term Disability

The Short-Term Disability plan is designed to protect your income if you are unable to work due to illness, injury, or pregnancy not to exceed 6 months.

Skilled Nursing Facility

A licensed institution, other than a hospital, that specializes in physical rehabilitation or provides skilled nursing and medical care on an in-patient basis. The institution must maintain on the premises all facilities necessary for medical treatment. Such treatment is provided for compensation and must be under the supervision of licensed physicians and provide nurses' services.

Space Maintainers

Appliances to prevent adjacent teeth from moving into space left by a lost tooth.

Spouse

The individual recognized as your lawful spouse in accordance with the laws in the jurisdiction where the marriage took place. The term spouse does not include a domestic partner or party to a civil union. You will be required to show proof that your spouse is your lawful spouse.

Statement of Health

A licensed physician's assessment of a person's health.

Total Disability or Totally Disabled

For Basic and Group Universal Life (GUL) insurance

You are considered Totally Disabled if, because of an illness or injury,

- you cannot do your job and
- you cannot do any other job for which you are qualified by your education, your training, or your work experience.

For Long-Term Disability

During the first 24 months you are absent from work under the Long-Term Disability plan, you are considered Totally Disabled if you are unable to perform the duties of your regular job with the Company due to illness or injury and are under the regular care of a licensed Physician.

For 401(k) Savings Plan

For purposes of determining whether an exception to the 10% premature distribution penalty applies, disability means a physical or mental condition resulting from bodily injury, disease, or mental disorder that renders you unable to engage in any substantial gainful activity.

Totally and Permanently Disabled

For Business Travel Accident and Special Accident Insurance coverage

You are considered totally and permanently disabled if, as the result of a qualifying accident, you cannot do any work for which you are or can become qualified by reason of your education, experience, or training and you are not expected to be able to do so for the remainder of your life.

Trustee

The person or entity appointed by the Benefits and Investment Committee to act as trustee for the Plan's trust fund, and any additional or successor trustee or trustees.

Trust Fund

The fund established by the Company pursuant to the trust agreement with the trustee to hold the assets of the Plan. It includes all of the assets held by the trustee under the trust agreement to be used to pay benefits provided by the Plan and to defray reasonable expenses of administering the Plan.

Urgent Care

Services for a situation that requires prompt medical attention but is not life threatening.

Vesting

Ownership interest in your pension plan benefits and Company contributions under the 401(k) Savings Plan. You have an irrevocable right to a benefit when you are fully vested.

Year of Service

For the Pension Plan, a Year of Service means 12-month computation period starting with the date you first earn an Hour of Service.