UNITEDHEALTHCARE INSURANCE COMPANY

Flexible Benefit Plans Summary Plan Description

for

Hanford Employee Welfare Trust (HEWT)

CONTRACT NUMBER: 702637

EFFECTIVE DATE: January 1, 2003

AS REVISED: June 1, 2004

Hanford Flexible Benefits Plan

INTRODUCTION

The Hanford Flexible Benefits Plan (the "Flexible Benefits Plan") offers a special tax-saving opportunity by allowing you to pay for certain out-of-pocket health care expenses and dependent care costs with pre-tax dollars.

Benefits under the Flexible Benefits Plan are provided through the Hanford Employee Welfare Trust (the "Trust"). Information about the Trust, and additional information about your Health Care Spending Account is described in the "Plan Document, Summary Plan Description and Administrative Wrapper, Hanford Employee Welfare Benefit Plans" document.

PROGRAMS

The Flexible Benefits Plan contains three separate programs, some or all of which may help reduce your taxable income – and the amount of tax you pay.

Premium Payment Plan

You and your enrolled dependents are eligible for a number of group health plans. As your share of the cost of this coverage, you pay premiums or contributions. Under the Premium Payment Plan, you pay your premiums or contributions for medical and dental coverage through the Trust before you pay federal income or Social Security taxes. This may help your benefit dollars work harder and your income stretch further.

Health Care Reimbursement Plan

Even if you and your family members are enrolled in your Employer's health plan, you may be required to pay some health care costs directly out of your own pocket. For example, many plans require deductibles and copayments. Other expenses, such as orthodontia, chiropractic services, and contact lenses may be excluded or only partially covered. Under the Health Care Reimbursement Plan, you may pay for these and other eligible health care expenses through your Health Care Spending Account. This Spending Account, which is offered by the Trust, is part of the Flexible Benefits Plan and is in addition to your health plan.

If you participate, you will contribute monthly to your individual Health Care Spending Account. That money will be used to reimburse you for eligible health care costs not covered by your health plan. Since your contributions are deducted from your paycheck before federal income and Social Security taxes are withheld, your taxable income is reduced. As a result, you may pay less in taxes and increase your take-home pay.

Dependent Care Assistance Plan

If you must pay someone to take care of your children (or certain other dependents who live in your home) while you work, you may want to open a Dependent Care Spending Account. This Spending Account is also offered by the Trust as part of the Flexible Benefits Plan.

If you participate, you will contribute monthly to your individual Dependent Care Spending Account. The money in this Spending Account will be used to reimburse you for eligible dependent care costs. Since your contributions are deducted before federal income and Social Security taxes are withheld, your taxable income is reduced. As a result you may pay less in taxes and increase your take-home pay.

ELIGIBILITY

Generally, you will be eligible to participate in the Flexible Benefits Plan if you are a salaried non-exempt, exempt or represented regular full-time or part-time employee of one of the Employers that participates in the Flexible Benefits Plan and you work a minimum of 20 hours per week. For more specific information concerning eligibility, see the Flexible Benefits Plan, which also lists the Employers that participate in the Flexible Benefits Plan.

Your eligibility to participate in the Flexible Benefits Plan will end if:

- You terminate employment with the Sponsor(s);
- You are no longer in an eligible class;
- The Flexible Benefits Plan is terminated;
- Your Employer stops participating in the Flexible Benefits Plan; or
- You stop making contributions.

ENROLLMENT

You must complete and return an Enrollment Form to the Plan Administrator within the 31-day period immediately following your date of employment or the date you first become eligible to enroll. If you do not enroll within 31 days of when you are first eligible, you must wait until the next annual open enrollment to enroll in the Flexible Benefits Plan, unless you have a Change of Election Event (see "Changing Your Contributions," below).

You may enroll in the Health Care Reimbursement Plan and/or the Dependent Care Assistance Plan for any Plan Year, but you must enroll each year before the Plan Year begins during open enrollment. Enrollment in the Premium Payment Plan is automatic when you enroll in any of the medical or dental coverages. The Plan Year is the calendar year, i.e. January 1 through December 31. Your requested salary reduction(s) will begin with the last pay period the following January. However, if you enroll mid-year as a new hire, or as a result of an approved Life Event, the Plan Year begins with your enrollment and ends December 31 of the same calendar year.

CONTRIBUTIONS

Contributions to Your Health and Dental Plans

Your Employer provides you and your enrolled dependents with health and dental coverage. As your share of the cost of the coverage you pay premiums or contributions. With the Flexible Benefits Plan, you pay your premiums for health and dental coverage with pre-tax dollars.

How Much You Can Contribute to Your Spending Accounts

Each year, during the open enrollment period, you indicate on your Enrollment Form how much you want to contribute to each Spending Account for the Plan Year. You can contribute up to a maximum of $2,500 per year to your Health Care Spending Account and $5,000 per year (subject to certain limits described below) to your Dependent Care Spending Account. Each Account's minimum contribution is $10 per month. Your contributions will be credited to your Spending Accounts monthly. When you submit eligible expenses to the Claims Administrator that administers the Flexible Benefits Plan, you will be paid out of the applicable Spending Account (see "Payment of Claims," below). No interest will accrue on your Spending Account balances.

Special Limits for Dependent Care Spending Account

If you are married and filing separately on your federal income tax return, the maximum annual amount you can contribute to your Dependent Care Spending Account is $2,500. If you are married and file a joint return, the amount you can contribute is the lesser of your or your spouse's income (but not more than $5,000). For example, if you earn $25,000 and your spouse earns $4,000, you may not put more than $4,000 into your Dependent Care Spending Account.

Different limits apply if your spouse is a full-time student in school at least five months a year, or is physically or mentally incapable of self-care for any month during the year. In these instances, the Internal Revenue Service ("IRS") rules deem your spouse to have earned income during that month: $200 if you have one qualifying dependent, or $400 if you have two or more qualifying dependents. If this "deemed" income is less than $5,000, you will not be eligible to contribute the full amount to the Dependent Care Spending Account. For example, if you have one child under age 13 and your spouse attends college full time for nine months during the year, your spouse's earned income will be deemed by the IRS to be $1,800 per year ($200 times nine months). This is the maximum amount you would be able to contribute in your Dependent Care Spending Account.

Deciding on your Contribution Amounts

The amount of your pay that you direct to the Spending Accounts is up to you. You should set aside pre-tax money only for *predictable* expenses - expenses you are reasonably certain to incur in the coming year. You must make your election *before the beginning of each calendar year* in order to receive favorable tax treatment. To decide how much to contribute, review your expenses for health care and dependent care over the last two or three years. Then, *carefully* estimate your expenses for the coming year.

Here are some questions that may help you in determining the amount you should set aside in your Health Care Spending Account to help pay anticipated health care expenses:

- How much will you need to cover deductibles and co-payments under your health care plans?
- Will you need to buy items partially covered or excluded by your health care plan?
- Will you or any of your dependents need to pay for a physical examination?
- What types of out-of-pocket health care expenses did you incur during the previous year? Will you have the same expenses in the coming year?
- Does your spouse participate in a health care reimbursement program?

Here are some questions to consider when budgeting for your Dependent Care Spending Account:

- Do you need child care throughout the year or only during your children's summer vacation?
- Will you have dependent care expenses during your vacation or your spouse's vacation?
- Is your spouse planning to return to school?
- Does the dependent care center you prefer qualify for reimbursement?
- Does your spouse participate in a dependent care plan?

Use It or Lose It

Under IRS regulations, any amounts remaining in your Spending Accounts at the end of the year will be *forfeited*. These forfeitures will be used to reduce the program costs. You cannot carry over funds from one year to the next. This is the "Use it or Lose it" rule imposed by the IRS.

The IRS also requires that amounts contributed for reimbursement of health care expenses be accounted for separately from those for dependent care. In other words, you cannot use amounts in your Health Care Spending Account to cover dependent care expenses, and you cannot use amounts in your Dependent Care Spending Account to cover health care expenses.

CHANGING YOUR CONTRIBUTIONS

You can change or cancel your contributions during the Plan Year only when certain events ("Change of Election Events") as defined by IRS regulations occur consistent with the type of change you are requesting. Otherwise, your election is irrevocable for the rest of the Plan Year.

As shown by the following chart, whether you can make a mid-year election change due to a Change of Election Event depends on whether you seek to change your election under the Premium Payment Plan, your Dependent Care Spending Account, or your Health Care Spending Account:

CHANGE IN ELECTION EVENT	PREMIUM PAYMENT	DEPENDENT ACCOUNT	HEALTH CARE ACCOUNT
A change in status (legal marital status change by marriage, death of spouse, divorce, legal separation or annulment; change in number of dependents through birth, adoption, placement for adoption or death of dependent; termination or commencement of employment or other change in employment status that affects eligibility under this plan or the plan of your spouse or dependent; your dependent's satisfying or ceasing to satisfy eligibility requirements for coverage; or a change in place of residence);	Change permitted	Change permitted	Change permitted
Eligibility for COBRA or other continuation coverage	Change permitted	No change permitted	Change permitted
Qualification for special enrollment rights under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA");	Change permitted	No change permitted	Change permitted
Leave under the Family Medical Leave Act of 1993 ("FMLA");	Change permitted	No change permitted	Change permitted
A judgment, decree or order requiring health coverage for your child;	Change permitted	No change permitted	Change permitted
Entitlement to Medicare or Medicaid;	Change permitted	No change permitted	Change permitted
A significant increase or decrease in the cost of coverage;	Change permitted	Change permitted	No change permitted
A loss or significant curtailment* of coverage;	Change permitted	Change permitted	No change permitted
The addition or improvement of a coverage option; or	Change permitted	Change permitted	No change permitted
Your spouse's or dependent's change of election under your spouse's or dependent's plan.	Change permitted	Change permitted	No change permitted

* Upon a significant curtailment of coverage (less than a loss of coverage), you may not drop coverage but may switch to similar coverage if it is available.

Change of Election Events attributable to a change in status must be consistent with the change in status.

What To Do If You Want to Change Your Contributions

If a Change of Election Event applies to you, and you want to change your election, notify the Plan Administrator in writing within 31 days of the event. To change your election, you must provide appropriate documentation, and the change you want to make must be consistent with the Change of Election Event, as described above.

COVERED EXPENSES UNDER THE HEALTH CARE REIMBURSEMENT PLAN

Each year, you can use money in your Health Care Spending Account to pay for eligible expenses not covered by your health or dental plans. Covered expenses include those incurred by you and your eligible family members. Your eligible family members are:

- Your spouse,
- Children you claim as dependents on your federal income tax return; and
- Your parents or your spouse's parents if you claim them as dependents on your federal income tax return.

Health care expenses incurred during a Plan Year must be reimbursed using your money deposited in the Health Care Spending Account during the same Plan Year. Any money remaining in your Health Care Spending Account after you have submitted all eligible expenses for the Plan Year is forfeited. Expenses for one Plan Year can be submitted for reimbursement up to March 31 of the following calendar year.

Eligible Expenses for the Health Care Spending Account

You may use the money in your Health Care Spending Account to pay for eligible health care expenses incurred while your Spending Account was active. Generally, these are health-related expenses that are not covered by your Employer's health plans or through any other policy or plan and would otherwise be tax deductible according to the IRS. Examples include:

- Preventive care, including physical examinations and immunizations; eyewear; hearing care; dental care; and prescription drugs that are not covered by your insurance, including over-the-counter drugs necessary for treatment of illness or injury per Internal Revenue Service Revenue Ruling 2003-102;
- Orthodontia - only on a monthly payment plan;
- Other medical expenses not covered by insurance; and
- Smoking cessation programs and prescription drugs to alleviate nicotine withdrawal.

You may also use the money in your Health Care Spending Account for:

- Your share of expenses under the medical, dental and vision plans, such as deductibles, copayments and amounts in excess of plan maximums;
- Treatment for alcoholism or drug dependency in excess of insurance plan limits;
- Chiropractic expenses beyond active treatment of injury; and
- Cost of special training to overcome mental or physical disability.

Keep in mind that if you use your Health Care Spending Account for these expenses, you cannot take a tax deduction for them.

Expenses Not Eligible Under your Health Care Spending Account

Examples of health care expenses *not* allowable for reimbursement from the Health Care Spending Account include:

- Insurance premiums;
- Health care, dental, vision or hearing expenses that have been reimbursed through any other policy or plan;
- Medical expenses that have been reimbursed through Medicare or any other federal or state program;
- Fees for exercise, athletic or health club membership where no specific health reason exists;
- Cosmetic procedures (unless it is necessary to improve a deformity resulting from a congenital abnormality, disease, or injury);
- Weight reduction programs for general well-being;
- Any illegal treatment;
- Travel that is merely beneficial to health in a general way (i.e., vacation);
- Dancing lessons, even when recommended by a doctor; and
- Cost of remedial reading classes for non-disabled child.

For more information about expenses that are eligible under the Health Care Reimbursement Plan, please refer to the tax instructions for filing Federal Income Tax Form 1040 and IRS Publication #502, "Medical and Dental Expenses." These are available from your public library or your local IRS office. You can also obtain a copy by downloading a copy from the IRS' internet and website at http://www.irs.ustreas.gov.

COVERED EXPENSES UNDER THE DEPENDENT CARE ASSISTANCE PLAN

Dependent care expenses incurred during a Plan Year must be reimbursed using your money deposited in the Dependent Care Spending Account during the same Plan Year. Any money remaining in your Dependent Care Spending Account after you have submitted all eligible expenses for the Plan Year is forfeited. Expenses for one Plan Year can be submitted for reimbursement up to March 31 of the following calendar year.

Eligible Expenses from the Dependent Care Spending Account

You may use the money in your Dependent Care Spending Account to pay for eligible dependent care expenses. Generally, these are expenses for the care of certain of your dependents or for related household services including the care of your dependents. These must be payable to a qualified dependent care service provider to enable you to be gainfully employed. Examples include:

- Nursery schools and day care centers, provided these comply with state and local laws. In most cases, this means the facility must be licensed.
- Baby-sitters – whether in or out of your home;
- Housekeepers in your home if part of their work provides for the well-being and protection of your eligible dependents;
- Home care specialists who provide care to eligible, disabled dependents, provided their services are not attributable to medical services;
- Adult dependent care facility (but no expenses for overnight nursing home facilities); and
- Disabled dependent care at centers that comply with state and local laws and regulations.

To be eligible to use your Dependent Care Spending Account for dependent care expenses, *you must be "gainfully employed"* when your dependents are receiving care. Generally, this means being at work.

In addition, your spouse must be:

- A wage earner,
- A full-time student for at least five months during the year, or
- Disabled and unable to provide for his or her own care.

Also, you must provide the provider's or dependent care facility's taxpayer identification number (Social Security number for individuals) to receive reimbursement.

If you meet the eligibility requirements, you may use your Dependent Care Spending Account to pay for the care of your dependents who are:

- Under age 13 and included as exemptions on your federal income tax return, or
- Physically or mentally disabled, and unable to care for themselves. In addition, a disabled dependent must spend at least eight hours a day in your home.

Expenses Not Eligible Under your Dependent Care Spending Account

Dependent Care expenses *not* allowable for reimbursement from the Dependent Care Spending Account are:

- Dependents being cared for by your spouse, or by one of your other children who is under age 19;
- Dependents who could be cared for by your employed spouse whose work hours do not coincide with yours;
- Services that are paid for by another organization or are provided without cost;
- Transportation to or from the dependent care locations; and
- Care provided in full-time residential institutions, such as nursing homes and homes for the mentally disabled.

For more information about eligible expenses, please refer to the tax instructions for filing Federal Income Tax Form 1040 and IRS publication #503, "Dependent Care Expenses." These publications are available from your public library or your local IRS office. You can also obtain a copy by downloading a copy from the IRS' internet and website at http://www.irs.ustreas.gov.

DEPENDENT CARE SPENDING ACCOUNT VS. TAX CREDIT

The Dependent Care Spending Account is an alternative to the federal income tax credit. You cannot take the tax credit *and* receive reimbursement from the Dependent Care Spending Account for the same expenses.

For many families, making contributions to the Dependent Care Spending Account will be the most tax-effective way to cover dependent care expenses. In some instances, however, the dependent care tax credit on your federal income tax return may offer more savings. You should compare the savings under the Dependent Care Spending Account with those under the federal income tax credit to ensure that the Dependent Care Spending Account makes sense for your tax situation.

Individuals who have paid employment-related dependent care expenses have been able to take an income tax credit for a portion of those expenses. The dependent care tax credit is limited in three ways:

- Annual expenses eligible for the credit are $3,000 for one dependent and $6,000 for two or more dependents;

- Eligible expenses cannot exceed the earnings of the lowest income spouse; and

- The actual income tax credit is a graduated percentage of eligible expenses tied to income. The rate starts at 20% of eligible expenses when annual adjusted gross income is $45,000 or greater, and the percentage increases to as high as 35% as annual adjusted gross income declines to $15,000 or less.

The limits under the Dependent Care Spending Account are higher than those under the federal income tax credit. Annual expenses up to $5,000 can be excluded ($2,500 for married individuals filing separately). Also, while the eligible expenses cannot exceed the earnings of the lowest income spouse, the benefit is not decreased as income increases. This means the Dependent Care Assistance Plan will generally provide greater savings than the tax credit when:

- Annual dependent care costs exceed the $3,000 or $6,000 limits on eligible expenses; or

- When the value of the deduction exceeds the credit.*

Additionally, the reimbursements under the Dependent Care Assistance Plan are free from Social Security tax withholding, but a comparable amount of salary would have the Social Security tax withheld. Any amounts taken as a tax credit in a particular year must be reduced by the aggregate amount excluded under the Dependent Care Assistance Plan for that same year.

Since each person's situation is different, you may want to consult a tax advisor to help you determine which method is more advantageous for you.

EXCLUSIONS FROM BOTH SPENDING ACCOUNTS

There are certain expenses that are not allowable under either Spending Account. These include:

- Expenses incurred before the date you are eligible to participate in the Account;

- Expenses incurred after you leave any of the Sponsors for any reason (except, with respect to expenses under the Health Care Reimbursement Plan, to the extent you elect continuation coverage under the Health Care Reimbursement Plan) (see "Continuation Coverage" below); and

- Expenses claimed as a deduction or credit for federal income tax purposes.

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* For example, if expenses are $6,000 and the credit is $1,700, the value of a $5,000 deduction is greater at a marginal tax rate above 24%.

AUTOMATIC REIMBURSEMENT

Medical, vision and pharmacy expenses not covered under your UnitedHealthcare administered health or dental plan are automatically submitted to your Health Care Spending Account for reimbursement. This eliminates extra paperwork and makes it more convenient for you to use your Health Care Spending Account. To have this automated feature stopped, contact United-Healthcare Spending Accounts claims office. If you have medical or dental coverage through another carrier, you do not have the automatic reimbursement feature.

A Request for Reimbursement Form must be submitted for any other type of expenses such as dependent care expenses and any health expenses not submitted to your health benefits carrier.

FILING FOR REIMBURSEMENT

When you have expenses that are eligible for reimbursement, you should complete a Request for Disbursement Form for health care or dependent care expenses, as applicable, and submit it, along with any necessary documentation, to the Claims Administrator. The plan has selected UnitedHealthcare Insurance Company, Hartford, Connecticut ("UnitedHealthcare") as the Claims Administrator. UnitedHealthcare does not insure the payment of any benefits from your Flexible Spending Accounts but merely administers your claims. The address to which you should submit your claim is set forth on the Claim Form. See below. Necessary documentation may include:

- If you have submitted a health or dental claim and received partial reimbursement from the health care plan, the "Explanation of Benefits" ("EOB") statement for claims should be submitted with the request for reimbursement from the Spending Account. This verifies the amount that was not reimbursed by insurance.
- If you have expenses from doctors, dentists or other medical suppliers that are not covered under any plan, submit the receipts and/or itemized bills.
- For eligible dependent care expenses, submit original bills or other proof of service and/or payment showing the name and employer identification number ("EIN") or Social Security number of the provider.

Claim forms for both Spending Accounts are available on the intranet website, http://www3.rl.gov/siteforms/results.asp?formno=A-6001-900 from Site Forms under Flexible Spending Accounts, or contact your Benefits Administration Office.

Expenses are incurred when services are rendered, not when they are billed or paid. You are responsible for the accuracy of submitted bills and their acceptability by the IRS. Bills or receipts must show when the health care or dependent care services were provided, for whom they were provided and the type of service, and the total amount you paid.

You may submit a request for reimbursement up to March 31 of the year following the Plan Year (calendar year) in which the expense(s) was incurred.

PAYMENT OF CLAIMS

Claims are processed weekly. Your check(s) will be accompanied by an Explanation of Benefits (EOB) that outlines details of the reimbursement and shows any remaining account balance. In addition, following the third quarter and year-end processing you will receive a statement showing all activity on your Spending Accounts.

If you submit a claim without the necessary documentation, it will be returned to you. If this happens, you will receive information from UnitedHealthcare to help you identify what you need to do to submit a valid claim.

The minimum reimbursement for each Spending Account is $50. If the reimbursement you are requesting for dependent or health care is less than $50, it will be held until the amount owed you is at least $50. There is no minimum amount for the last claim you file in a Plan Year. Reimbursement from your Health Care Spending Account may not exceed your annual contribution authorization. However, you may submit a claim for expenses in your Health Care Spending Account that is more than your Spending Account balance, and it will be paid if it does not exceed the annual contribution described in your Election Form.

If you submit a claim for expenses in your Dependent Care Spending Account that equals more than you have in that Account, you will be reimbursed only up to the amount of your account balance. Any excess expenses will be reimbursed automatically as future payroll reductions are credited to your Dependent Care Spending Account.

HOW LONG COVERAGE CONTINUES

FMLA Leave

If you go on a qualifying unpaid leave under the FMLA, your Employer will continue to maintain the benefits under the Premium Payment Plan that are health insurance, and benefits under the Health Care Reimbursement Plan on the same terms and conditions as if you were still an active employee. This means that your Employer will continue to provide you benefits to the extent you choose to continue your coverage if benefits were provided before you took leave. If you want to retain coverage during FMLA leave, you must make arrangements with the Plan Administrator for payment of your contributions. When you return from leave, you will be allowed to reenter the Flexible Benefits Plan on the same terms under which you participated before your leave, or as otherwise required by the FMLA.

If You Leave the Employers

If you leave all Eligible Employers due to termination, retirement, reduction-of-force, death, transfer or leave of absence, you may continue to submit reimbursement requests for eligible expenses incurred prior to leaving, provided this is done in accordance with "Filing for Claims," above. Any money remaining in your Spending Accounts at the end of the Plan Year will be forfeited. If you leave with a balance in your Health Care Spending Account, you must claim continuation coverage (see "Continuation Coverage" below) in order to submit a claim for expenses incurred after you terminate.

Continuation Coverage under the Consolidated Omnibus Budget and Reconciliation Act of 1985 ("COBRA")

Under COBRA, you and your covered family members may have the opportunity for a temporary extension of your Health Spending Account. For a discussion of how COBRA applies to your Health Spending Account, see the Administrative Information Document.

YOUR OTHER COMPANY-SPONSORED BENEFITS

None of your salary-related benefits, such as Basic Life, Accidental Death & Dismemberment, Group Universal Life, Personal Accident Insurance, the Savings Program and the Pension Plan, are affected by your participation in the Health Care Spending Account or the Dependent Care Spending Account. These benefits will continue to be based on your full base pay.

SOCIAL SECURITY

Funding your Spending Accounts under the Health Care Reimbursement Plan and the Dependent Care Assistance Plan, and funding your personal insurance contributions under the Premium Payment Plan with before-tax payroll deductions reduces your earnings for Social Security purposes. Therefore, if your compensation after salary reduction is less than the Social Security taxable wage base ($87,900 in 2004),your current Social Security withholding will be reduced.

Your future Social Security benefits, as well as other government-sponsored plans that are based on W-2 income, may be slightly reduced due to your lower taxable income. If you are close to retirement, you may wish to consider the effect of reducing your wages which are subject to Social Security tax upon your Social Security benefits.

FUNDING MEDICAL AND DENTAL CONTRIBUTIONS UNDER THE PREMIUM PAYMENT PLAN

Whether or not you elect to fund a Spending Account, your medical and dental insurance contributions will be deducted under the Premium Payment Plan before you pay taxes. You will not pay federal income or Social Security taxes on money you contribute for medical or dental insurance. If you do not wish to have your contributions for such insurance taken from your pre-tax earnings, you must contact the Plan Administrator.

NO GUARANTEE OF TAX CONSEQUENCES

Neither the Employers (including your Employer) nor the Trust guarantee any specific tax consequences from participation in the Flexible Benefits Plan. Employees are responsible for understanding the effects on their individual situations as a result of directing their salaries into the Spending Accounts. Your taxes will be affected by current tax laws and your personal circumstances, such as actual income, number of dependents, and cost of your coverage. You may wish to consult with your personal tax advisor regarding your participation.

Federal non-discrimination rules apply to the Spending Accounts. Individual Spending Account deposits may be reduced as determined by the Plan Administrator to ensure compliance with these rules.

CLAIM DENIAL PROCESS

If your claim is denied, you will receive a written notice from UnitedHealthcare within 30 days of receipt of the claim, as long as all needed information was provided with the claim. UnitedHealthcare will notify you within this 30 day period if additional information is needed to process the claim, and may request a one time extension not longer than 15 days and pend your claim until all information is received.

Once notified of the extension you then have 45 days to provide this information. If all of the needed information is received within the 45 day time frame and the claim is denied, UnitedHealthcare will notify you of the denial within 15 days after the information is received. If you don't provide the needed information within the 45 day period, your claim will be denied.

A denial notice will explain the reason for the denial, refer to the part of the Plan on which the denial is based, and provide the claim appeal procedures.

QUESTIONS AND APPEALS

If you have a question or concern about a benefit determination, you may informally contact a UnitedHealthcare Customer Service representative before requesting a formal appeal. The Customer Service telephone number is (877) 311-7849. If the Customer Service representative cannot resolve the issue to your satisfaction, you may request a formal appeal as described below.

If you wish to request a formal appeal of a denied claim, you should contact Customer Service to obtain the UnitedHealthcare address where the appeal should be sent. Your appeal should be submitted in writing to that address and should include your name and identification number, a description of the claim determination that you are appealing, the reason you believe the claim should be paid, and any written information to support your appeal.

Your first appeal request must be submitted in writing to UnitedHealthcare within 180 days after you receive the denial.

A UnitedHealthcare Representative, not involved in the initial benefit decision being appealed, will be designated to decide the appeal. Upon request and free of charge, you have the right to reasonable access to and copies of all documents, records, and other information relevant to your claim.

The first level appeal will be conducted and you will be notified by UnitedHealthcare of the decision in writing within 30 days from receipt of a request for appeal of a denied claim. If you are not satisfied with the first level appeal decision, you have the right to request a second level appeal from the HEWT. Your second level appeal request must be submitted in writing to the HEWT within 60 days from receipt of the first level appeal decision. The second level appeal will be conducted and you will be notified by the HEWT of the decision in writing within 30 days from receipt of a request for a second level appeal.

The HEWT has the exclusive right to interpret and administer the Plan, and these decisions are conclusive and binding.

ADMINISTRATIVE INFORMATION

The federal law requires that you receive certain information with respect to the Health Care Reimbursement Plan, which is an employee welfare plan under the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Name of Plan

Hanford Flexible Benefits Plan

Name, Address and Telephone Number of Plan Sponsor and Named Fiduciary

Hanford Employee Welfare Trust
c/o Fluor Hanford, Inc.
P.O. Box 1000, MSIN: H2-23
Richland, WA 99352
(509) 372-3323

The Plan Sponsor retains all fiduciary responsibilities with respect to the Plan except to the extent the Plan Sponsor has delegated or allocated to other persons or entities one or more fiduciary responsibilities with respect to the Plan.

Claims Fiduciary

UnitedHealthcare Insurance Company
P.O. Box 150450
450 Columbus Boulevard
Hartford, CT 06115-0450

Sponsor's Identification Number (EIN)

33-0691003

IRS Plan Number

550

Administration of Plan

Plan administered by UnitedHealthcare became effective January 1, 2003.

Type of Plan

Welfare benefit plan

Name, business address, and business telephone number of Plan Administrator

Plan Sponsor shown above.

Type of Administration of the Plan

The Plan Sponsor provides certain administrative services in connection with its Plan. The Plan Sponsor has contracted with UnitedHealthcare Insurance Company (called "UnitedHealthcare") for the provision of other administrative services including claims processing services.

The named fiduciary of the Plan is the Plan Sponsor shown above.

UnitedHealthcare shall not be deemed or construed as an Sponsoring Company for any purpose with respect to the administration or provision of benefits under the Plan Sponsor's Plan. UnitedHealthcare shall not be responsible for fulfilling any duties or obligations of an Sponsoring Company with respect to the Plan Sponsor's Plan.

Person designated as agent for service of legal process

Plan Sponsor shown above.

Source of contributions and funding under the Plan

The Plan is funded from the general assets of the participating Employers based on salary reduction elections made by participating Employees.

Method of calculating the amount of contribution

Employee contributions to the Plan are determined by each Employee's salary reduction election based on the Plan limitations as determined by the Plan Sponsor.

Plan Year

The Plan Year means the 12-month period from January 1 to December 31, or effective date of enrollment through December 31 of the same calendar year.

Plan Details

The Plan's provisions relating to eligibility to participate and termination of eligibility as well as a description of the benefits provided by this Plan are described in detail in the body of the Summary Plan Description which precedes this section.

Plan Amendment and Termination

The Plan Sponsor reserves the right to modify, suspend or terminate this Plan at any time. The Plan Sponsor does not promise the continuation of any benefits nor does it promise any specific level of benefits at or during retirement. Any benefits, rights or obligations of participants and beneficiaries under this Plan following termination are described in detail in the body of the Summary Plan Description which precedes this section.

STATEMENT OF EMPLOYEE ERISA RIGHTS

For a statement of your rights under the Employee Retirement Income Security Act and other administrative information, see the Administrative Wrapper. You may view the Administrative Wrapper online at http://www.hanford.gov/hr/bennies/ACTIVES.htm. You may obtain a copy from the Plan Administrator.