

Medical Support

BWXT Medical Support			
Vendor	Anthem BlueCross BlueShield	Health Advocate	BWXT Enrollment Center provided by bSwift
Overview of Service(s)	Medical claims pay, medical benefit support and education	BWXT benefits support & Medicare-related questions	Online or phone enrollment
Phone	844-344-7419	866-695-8622	844-708-1088
Website	www.anthem.com	www.healthadvocate.com/members	www.bwxt.com/enrollment
List of Typical Services	Answering claim payment and medical benefit questions	Resolving claims and provider related issues	Annual enrollment
	Ordering ID cards	Pre-service pricing guidance	New hire enrollment
	Confirming member enrollment	Coordinate care	Life event enrollment - Marriage - Divorce - Newborn or adoption - Ineligible dependent
	Obtaining pre-certification (all cost containment)	Assist with Medicare questions	
	Locating network providers	Locating network providers	

Here is a list of all support options available and how they can help.

Who is Health Advocate?

The Health Advocates are a team of highly skilled registered nurses and benefits experts who are here to help you with health-related issues.

Health Advocate may be reached at 1-866-695-8622, Monday through Friday, 8:00 a.m. to 12:00 a.m. EST. A Health Advocate representative will be available after midnight and on weekends to take your call but will, most likely, refer your question or concern to a representative to respond during normal business hours.

What can Health Advocate assist with?

Health Advocate is available to you, your spouse, children, and even your parents or parents-in-law and can help you:

- Find doctors, hospitals and other healthcare providers; and expedite appointments
- Explain complex medical conditions
- Schedule follow-up visits; facilitate second opinions; transfer X-rays and medical records
- Arrange specialized treatments and tests; answer questions about results

This document contains selected highlights of the company's employee benefit plans. If any statement herein, or any other communication, conflicts with applicable plan documents, the plan documents will govern. The company reserves the right to amend, modify or terminate its benefits plans in any respect and at any time, and neither its benefits plans, nor your plan participation, will be considered a contract for future employment.

- Better understand the BWXT medical plan provisions
- Resolve insurance claims issues and assist with billing errors
- Make cost-effective decisions through their pre-service pricing tools so that you may identify the highest-value providers and fully understand the costs associated with your needed care. This includes:
 - Pricing estimates for doctors, hospitals and other facilities by ZIP Code
 - Cost Comparisons and quality indicators for hundreds of the most common medical procedures and services nationwide
 - Providing specific costs (median) and fee breakdowns for each service or procedure
 - Hospital quality scores and patient reviews
- Locate eldercare services, including assisted living and adult day care; address other issues facing parents and parents-in-law
- With autistic children or if you suspect that your child may have autism, or another autism spectrum disorder-related condition:
 - Find the right doctors and specialists and schedule appointments
 - Research in-home care and school-and community-based services
 - Identify leading treatment centers
- With Medicare plans, as well answer any Medicare-related questions (may be used for help with parents), including:
 - Researching Medigap plans
 - Educating employees of enrollment deadlines to avoid penalties
 - Explaining how Medicare works with their employer's or spouse's health benefits
 - Locating Medicare-participating physicians

How can I find an “in-network” medical provider or facility?

- Call your current providers to see if they are an in-network provider with Anthem Blue Cross Blue Shield (Anthem BCBS)
- Go to www.anthem.com > Provider > 'Find A Doctor'
 - **Register** if you have coverage
 - Use **NATIONAL PPO (BLUECARD PPO)** under the plan / network option
 - Fill in the rest of the information for your search, OR
- Call your Health Advocate at **1-866-695-8622**

NOTE: Contact the physician to ensure he or she is accepting new patients

How do I register on www.anthem.com?

- Use your new Medical ID card, go to www.anthem.com
- Click **Register Now**
- Fill out the required fields
- Click **Register** after all fields are complete

If I have claims questions or Explanation of Benefits (EOB) requests, what do I do?

- You can contact Health Advocate at 1-866-695-8622 and they can assist you with claims questions and EOB requests.

Where do I find a copy of my EOB?

- Medical EOBs default to mail, but can be changed to electronic on www.anthem.com
- Medical EOBs will be mailed to your home and/or are available on www.anthem.com
- Pharmacy EOBs are available on www.express-scripts.com

Tobacco Surcharge

What is the definition of a “tobacco user?”

An employee or their spouse who uses any tobacco product or has used a tobacco product (including e-cigarettes) in the past three months is considered a tobacco user.

What is considered tobacco for the purpose of the surcharge?

Smoked tobacco is considered cigarettes, cigars, cigarillo, loose tobacco, Bidis, Kreteks, pipes, water pipes (also known as hookah, shisha or narghile), and electronic cigarettes, also known as e-cigarettes.

Smokeless tobacco includes chewing tobacco (dip) and snuff, which come in a variety of forms. This also includes dissolvable tobacco. An electronic cigarette or e-cigarette vaporizes a flavored liquid which the user inhales. The fluid in the e-cigarette is usually made of nicotine, propylene glycol, glycerine and flavorings.

Do I have to provide documentation that neither my spouse nor I use tobacco?

No. We simply ask that employees be honest when completing this portion of the enrollment.

If my spouse or I are no longer tobacco users, is there a way to stop the tobacco surcharge?

If you have completed a tobacco cessation program or have been tobacco free for three months and notify the BWXT Enrollment Center (at 1-844-708-1088), the surcharge will be discontinued on the next available update from the Enrollment Center to BWXT.

Do BWXT medical plans cover tobacco cessation?

Yes. The BWXT medical plans cover two (2) cessation attempts per year, each composed of four tobacco cessation counseling sessions, and access to all Food and Drug Administration (FDA)-approved tobacco cessation drugs (both prescription and over-the-counter). Be sure to consult your healthcare provider and they can determine what covered options might work best for you.

How/when will the \$50 surcharge be stopped if my spouse is the tobacco user and is dropped from my BWXT medical coverage?

Once the tobacco user is no longer covered under a BWXT medical option either through the processing of a Qualified Life Event (e.g., divorce or spouse gets a new job and takes that coverage) or you drop them from your coverage for the following plan year, the tobacco surcharge would be removed on the next available update from the Enrollment Center to BWXT.

Long-Term Disability (40% Basic LTD Imputed Income)

What is imputed income?

Imputed income is the value of the non-monetary compensation given to an employee by an employer in the form of a benefit. In this case, it is the premium paid by BWXT for your 40% Basic Long-Term Disability (LTD) coverage.

How is imputed income determined for this benefit?

Under federal law, for the employer-provided long-term disability benefit to be received income tax free at the time you are collecting LTD payments, the cost of the premiums must be included in your compensation and reported on your W-2 as taxable income. The amount of the premium is calculated from the Basic LTD Plan insurance rate and your base salary.

Sample imputed income for Basic LTD Plan

Insurance Rate: \$0.0832

Monthly Salary: \$5,000*

Monthly Imputed Income = \$4.16 ($\$5,000 \div 100 \times \0.0832)

Annual Imputed Income = \$49.92 ($\4.16×12 months)

{ \$49.92 is taxed at normal state and federal tax rates }

Voluntary employee-paid LTD buy-up option

There is no imputed income associated with the buy-up option because the additional benefit is 100% paid by the employee with after-tax dollars. Benefits payable under the buy-up option are paid income-tax free because the premium payment is made with after-tax dollars.

Why am I required to pay imputed income for this benefit?

The company's premium on the LTD benefit will be imputed as income to you so any benefits paid under the LTD plan are tax-free.

If I don't want to pay imputed income; can I elect not to enroll in this benefit (Basic LTD)?

No. You may not 'deselect' a benefit provided by the company.

I am considering enrolling in the LTD buy-up (60%) option, am I going to be responsible for paying imputed income only on the first 40% or will it be calculated on 60% if I choose the 'buy-up' option?

The imputed income is only on the 40% Basic LTD coverage provided by the company.

Will the taxable value appear on my pay stub and/or W-2?

Yes. The taxable value must be included in the employee's W-2 to accurately reflect the taxable wage-related income.

Long-Term Disability (General)

If I currently have the 40% option in 2020 and want to increase my coverage to 60% in 2021, will underwriting be required?

Yes. If you would like to buy-up from 40% to 60%, Evidence of Insurability will be required.

Can I choose to enroll in the 60% buy-up option as a result of a qualifying life event during 2020?

Yes, but Evidence of Insurability will be required even if the enrollment is due to a qualified life event (e.g., divorce, birth of a child, spouse loses medical coverage through his/her employer, etc.).

Flexible Spending Accounts (FSA)

Will employees receive a new card?

If you currently have a Connect Your Care card, you will not receive another card unless the card's expiration date is set to expire. New participants in the Health Care FSA or the Limited Purpose Health Care FSA will receive a card.

How does the Health Care FSA rollover work?

The Health Care FSA will allow employees to carry over up to \$500 of unused Health Care FSA funds into the following year's Health Care FSA. This will allow you to be reimbursed for eligible expenses in the new year for monies contributed in the prior year. The contribution limit for 2021 is \$2,700.

Sample Carry Over Scenario

2020 Health Care FSA Election: \$1,000

Funds used in 2020: \$700

Remaining balance at 12/31/2020 to carry over: = \$300

2021 Health Care FSA Election: \$300

Available balance in 2021: \$600 (carry over of \$300 + 2021 Election of \$300)

Funds used in 2021: \$0.00

Remaining balance at 12/31/2021: \$600

Carry over to 2022: \$500

Forfeited FSA funds: \$100

Can I carry over more than \$500 to my next plan year?

No. The maximum carry over allowed is \$500. Any remaining balance in a Health Care FSA after the carry over has been made will be forfeited.

Will the carry over amount count toward my maximum annual election?

No. The carry over does not count against the following year's annual limit. You are able to carry over \$500 (or, if your remaining balance is less than this amount, a number equal to your unused funds) while still electing the full maximum annual election.

Does the carry over apply to a Dependent Day Care FSA?

No. The carry over is only available for Health Care FSAs.

Do I receive a card for Dependent Day Care FSA?

No. Dependent Day Care FSA does not have a card that can be used for payment. There are several ways you can access your Dependent Day Care funds, online claims submission through www.connectyourcare.com or a paper-claim form available on myBWXT.

Health Savings Account (HSA)

Will employees receive a new card?

If you currently have an Optum Health / HSA card you will not receive another card unless the expiration date on your current card is set to expire. New participants in the HSA will receive a card.

Do my HSA elections rollover from the current year?

No. Each year, the IRS requires HSA participants to “open / re-open” their HSA account by answering a series of questions during the enrollment process. Company contributions will be deposited in January of the new plan year once your account has been “opened / re-opened.”

Annual Enrollment – Enrollment Process

How can I see what my 2020 elections are when making my 2021 selections?

For your convenience, 2020 elections will be prepopulated for the benefits which are eligible to be rolled over into 2021 elections.

What is the impact of not participating in Annual Enrollment?

BWXT strongly encourages all employees to ‘actively participate’ by reviewing and selecting / changing their benefit plan selections during Annual Enrollment. However, if you do not actively participate in the enrollment process, most of your 2020 elections will rollover for 2021.

- As an example, if you do not have BWXT medical coverage in 2020 and you do nothing during Annual Enrollment, you will not have medical coverage in 2021.
- If you currently have coverage and wish to drop that coverage, you must actively “de-select” that coverage during Annual Enrollment for the 2021 plan year.

Which benefits do not automatically rollover from 2020 to 2021?

The following elections will not automatically rollover and must be selected for 2021:

- Health Care Flexible Spending Account (FSA) elections {limited to \$2,700}
- Dependent Day Care FSA elections {limited to \$5,000}
- Health Spending Account (HSA) elections to defer your own, pre-tax monies
 - Whether making contributions to the HSA or not, participants must also ‘open / re-open’ their account each year so that the new funds can be added to your account
- Group Legal

Where do I enroll?

{See the How To Enroll document in your Enrollment Kit}

- Start your enrollment process at the enrollment website: www.bwxt.com/enrollment
- Click on the **BWXT Enrollment Center** button
- Follow the quick registration steps
- Enter your Username and Password
- *Username is firstname, lastname, first 4 digits of your birth date*
 Example: John Smith / born on April 2 = a user name of johnsmith0402
 NOTE: Username must not include any special characters
 Password is your date of birth (mmddyyyy)
- All passwords are reset to the original password, your date of birth (mmddyyyy)
- Change your password and create your security questions
- Click on the **Enroll Now** button and walk through the enrollment process
- Once you have completed each section, review your elections

- When you are finished and have reviewed your elections, check the box next to **I Agree and I'm Finished with my enrollment** and then click **Continue**
 - If you don't agree and click Continue, your enrollment will not be saved
- **Be sure to print your confirmation statement**
 - You will also be mailed a confirmation statement to your home following enrollment.

How do I enroll if I do not have access to a computer?

You may call the BWXT Enrollment Center at **844-708-1088** to enroll over the phone during Annual Enrollment, October 12 to October 23, 2020.

What is the Coordination of Coverage process?

During the enrollment process you are asked to answer a question to satisfy this Coordination of Coverage requirement. This helps prevent claims processing delays.

- Please indicate if you or anyone covered under your medical coverage has other medical coverage. This requirement is called Coordination of Coverage.
- Please click **Yes** if you have other medical coverage and **No** if you do not have other medical coverage.
- **If you have answered this question previously, the answer will be prepopulated.**

Why do I need to ensure that my and my dependent information is correct?

The Affordable Care Act (ACA) includes an employer mandate, which requires employers to offer health insurance coverage to full-time employees and their dependents or potentially face a fine. As a part of this mandate, employers, like BWXT, must send an annual statement on Form 1095-C, to all employees eligible for coverage. The Form 1095-C includes information about the health insurance coverage offered to you and, if applicable, your family.

As a result of this information being reported to the IRS, it is important that both your and your family's dates of birth and Social Security numbers are correct. Please review this information during the enrollment process and make updates as necessary. This will help to avoid any potential issues with filing your taxes in the coming year.

Why is "the Electronic Distribution of ERISA Disclosures and Required Annual Notice" a part of the enrollment process?

You are entitled to a comprehensive description of your rights and obligations associated with each of the plans offered by BWX Technologies, Inc. ("BWXT") under the Employee Retirement Income Security Act of 1974 ("ERISA"). To provide you with that information, we've recently posted electronic copies of the summary plan descriptions ("SPDs") and other Annual Notices to www.bwxt.com/enrollment, the BWXT Enrollment Center website and the company intranet.

NOTE: CDs will no longer be provided with this information to avoid security issues. In order to ensure that you fully understand the benefits available to you and your obligations regarding these benefits, it is imperative that you familiarize yourself with the information contained within the SPDs as well as within the Annual Notices.

Under ERISA, employee consent is necessary for BWXT to provide you with certain employee benefits materials electronically. The purpose of this notice is to inform you that BWXT is offering you the opportunity to receive electronically all notices about your employee benefits. Such notices include, but are not limited to, the following:

- Health – Summary Plan Descriptions

- Retirement – Summary Plan Descriptions
- Summaries of Material Modifications
- Summary Annual Reports
- COBRA Notices (Not Qualifying Event Notices)
- Summaries of Benefits and Coverage
- Required Annual Legal Notices
- Notice of Health Insurance Marketplace Coverage Options

As part of the enrollment process, BWXT is required to educate employees that this information is available to you electronically and get your consent that you have access to these documents electronically. You may revoke your consent at any time by contacting the BWXT Enrollment Center at 844-708-1088. You always have the right to request and obtain a paper copy of any electronically furnished document free of charge by contacting your HR Generalist. Again, CDs will no longer be provided with this information to avoid security issues. **If you have answered this question previously, the answer will be prepopulated.**

Will new ID cards be sent to all employees or only to those who are making a change?

New medical and pharmacy ID cards will be provided if you made a change or added new coverage. If you elect medical coverage you will receive two separate cards in two separate mailings: medical (Anthem BCBS) and prescription drug (Express Scripts).

It is important to note that you must provide your new Anthem BCBS and Express Scripts cards the first time you go to your doctor or pharmacy after January 1. If you don't, your medical claim or prescriptions could be denied.

- **MetLife Dental** does not issue Dental ID cards. When you go to the dentist, the employee's SSN is used to verify coverage with the provider.
- **Anthem Dental (VA only)** does issue Dental ID cards. If you already have an Anthem Dental ID card, then you will not get a new card. If you are new to Anthem Dental in 2021, you will get a new Dental ID card.
- **UHC Vision** does not issue Vision ID cards. When you go to a provider, the employee's SSN is used to verify coverage with the provider.

New Hires and Life Events - Enrollment Process

As a newly hired or newly eligible employee, when do I need to elect my benefits?

Newly hired or newly eligible employees must enroll for benefits within 31 days of their hire/status change date. If you do not enroll within 31 days, you will be deemed to have waived benefit coverage and must wait until the next annual enrollment period to begin participating, unless you experience a qualifying life event that permits enrollment.

Employees hired or current employees who had a life event (marriage, divorce, birth or adoption) after October 1 must elect 2020 and 2021 coverage separately.

As a new hire, when do my benefits become effective?

Newly hired or newly eligible employee's coverage becomes effective on the first of the month following your hire date, provided you enroll within your first 31 days. If your hire date is the first of the month, then your benefits will be effective on your hire date.

You make your benefit selections through the BWXT Enrollment Center site at www.bwxt.com/enrollment or by calling the BWXT Enrollment Center at 1-844-708-1088.

What is a life event?

Life events that may allow you to change your benefit coverage choices include:

- Birth, adoption or placement for adoption of a child
- Marriage
- A “Divorce” event, including divorce, legal separation or annulment
- Spouse/Child (under 26) gains or loses employment
- Death of spouse
- Death of dependent child
- Spouse becomes Medicare/Medicaid eligible or ineligible
- A change in residence that affects coverage
- A court order requiring a change in coverage
- You rehire within the same year that your employment with the employer terminated (break in service must be more than one month)

I had a life event, what is the deadline for making changes to my benefit elections?

If you are permitted to make a change:

- For all life events other than the birth, adoption or placement for adoption of a child, you must make the change within 31 days of the event date. If you do not make the change within 31 days, you must wait until the next annual enrollment period to begin the change unless you experience another qualifying life event that permits a change.
- For the birth, adoption or placement for adoption of a child, you must make the change within 60 days of the event date. If you do not make the change within 60 days, you must wait until the next annual enrollment period to begin the change unless you experience another qualifying life event that permits a change.

You must make your benefit changes by visiting the BWXT Enrollment Site at www.bwxt.com/enrollment or by calling the BWXT Enrollment Center at 1-844-708-1088.

For my life event, when do the changes to my benefits become effective?

Changes in coverage are effective the first of the month following the event with the exception of a birth which is effective the date of the event.

Do I have to add my newborn child (Birth Life event) to medical coverage if I already have medical (family) coverage?

Yes, even if you already have Employee + Child(ren) or Family coverage, you must add your new child to your medical coverage if you intend to cover the child in that plan year. An employee can add a new child (newborn, adopted child or foster care placement) within 60 days of the life event. However, if you do not enroll your newborn child within the first 60 days after birth, no benefits will be payable for expenses or services provided after the initial 60-day period.

Where do I enroll or make changes? {See the How To Enroll document in the Enrollment Kit}

Start your enrollment process at the enrollment website: www.bwxt.com/enrollment. See questions in Annual Enrollment – Enrollment Process section for additional information about how to access the BWXT Enrollment Center to make your elections/changes.

You make your benefit selections/changes through the BWXT Enrollment Center site at www.bwxt.com/enrollment or by calling the BWXT Enrollment Center at 1-844-708-1088.