

Medical Support

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

BWXT Medical Support			
Vendor	Anthem BlueCross BlueShield	Health Advocate	BWXT Enrollment Center <i>provided by bSwift</i>
Overview of Service(s)	Medical Claims Payor and Medical Benefit Support	BWXT Benefits Support	Enrollment
Phone	844-344-7419	866-695-8622	844-708-1088
List of Typical Services	Answering claim payment and medical benefit questions	Resolving claims issues	On-Line or Phone
	Ordering ID cards	Pre-service pricing guidance	Annual enrollment
	Confirming member enrollment	Coordinate care	New hire enrollment
	Obtaining pre-certification (all cost containment)	Assisting with provider related issues	Life event enrollment - Marriage - Divorce - Newborn or adoption - Ineligible dependent
	Education on medical plans	Education on plans	
	Locating network providers	Locating network providers	
	Assisting with transition services	Assisting with transition services	Education on plans

1. 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 starting on January 1, 2017.

The 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.

2. What can Health Advocate assist with?

Starting on January 1st 2017, Health Advocate 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
- Better understand the BWXT medical plan provisions
- Resolve insurance claims issues and assist with billing errors, including claims for 2016
- 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 ASD-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
- Health Advocate is available to you, your spouse, children, and even your parents or parents-in-law.

3. 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 BCBS
- Go to www.anthem.com, click ‘Find A Doctor’ to search for an in-network provider
 - Prior to 1/1/2017 or if you are not registered select ‘Guest’
 - Use **NATIONAL PPO BLUECARD NETWORK** under the group section for network option
 - Fill in the rest of the information for your search, OR
- Call your Health Advocate at **1-866-695-8622 starting 1/1/2017**

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

4. How do I register on www.anthem.com?

- Once you have your new Medical ID card, on 1/1/2017 go to www.anthem.com
- Click “Register Now” on the right side of the screen
- Fill out the required fields
- Click the “Register” button after all fields are complete

5. In 2017, if I have 2016 claims questions or EOB requests, what do I do?

- Starting on 1/1/2017, you can contact the Health Advocates at 1-866-695-8622 and they can assist you with 2016 claims questions and EOB requests.

6. Where do I find copies of my 2017 EOBs?

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

Transition of Care

1. What is “Transition of Care?”

Transition of Care is only needed if you or a covered dependent has a serious medical condition being treated in 2016 by a provider who is NOT in the Anthem BCBS National BlueCard PPO Network.

Completing and submitting a Transition of Care form allows you to make Anthem Blue Cross and Blue Shield aware that you or a covered family member is managing ongoing treatment of a condition during the time when BWXT is changing health care coverage and the treating provider is not a participating provider in Anthem’s network. This service is for a limited time until you can find an in-network provider.

2. When should I complete a Transition of Care form?

You should complete this form if you and/or a covered dependent have a serious medical problem that requires a limited course of follow-up treatment (not to exceed 6 months) and are currently being treated by a physician or provider who is **NOT** part of the Anthem BCBS National BlueCard PPO Network. Check with your doctor to see if they are in-network. **Return this form to your local HR or the Corporate Benefits department so it can be sent to Anthem for special processing.**

3. Where can I find the Transition of Care form?

The Transition of Care form will be posted on myBWXT.com and also available from your Human Resources Generalist starting in November.

4. What should I do if I have serious health condition?

If you and/or a covered dependent have a serious medical problem that is currently being treated by a physician, contact your doctor's office immediately to see if they are a participating provider within the Anthem BCBS National BlueCard PPO Network. If they are in-network, just let them know your insurance is changing to Anthem BCBS 1/1/2017. If they are not in-network, complete the Transition of Care form and return it to HR so it can be sent to Anthem for special handling.

5. How do I know if I should apply for transition of care?

Transition of care is available for the following conditions if your provider is **NOT** in-network:

- You have just begun intensive medical treatment (e.g., newly diagnosed cancer, recent heart attack, chemotherapy, radiation therapy, or recent surgery).
NOTE: Transition of care is not available for chronic medical conditions such as diabetes, allergies or asthma.
- You are in your third trimester of pregnancy when your new health care coverage begins.
- Major surgery previously scheduled after the date that your new health care coverage begins (e.g., transplant, heart surgery).

Tobacco Surcharge

1. 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 3 months is considered a tobacco user.

2. 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.

3. 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.

4. If my spouse or I are tobacco users, is there a way to stop the tobacco surcharge?

Once you have completed a tobacco cessation program 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. You do not have to be tobacco free for 3 months, but must complete a program. You will need to provide proof, if asked, of the program completion. You must complete the program in each year that you meet the definition of a "tobacco user" to avoid the surcharge. For example, if you

completed a program in 2016 and are still a “tobacco user,” you must complete a program again to avoid the surcharge in 2017.

5. 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.

6. 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 2017 plan year, the tobacco surcharge would be removed on the next available update from the BWXT Enrollment Center to BWXT.

Long Term Disability (40% Basic LTD Imputed Income)

1. 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 LTD coverage.

2. 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 Long-Term Disability Plan insurance rate and your base salary.

Sample Imputed Income for Basic Long-Term Disability 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 Long-Term Disability 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.

3. 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.

4. 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.

5. 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.

6. 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)

- 1. If I currently have the 40% option in 2016 and want to increase my coverage to 60% in 2017, will underwriting be required?**
If you would like to buy-up from 40% to 60%, Evidence of Insurability will be required.
- 2. Can I choose to enroll in the 60% buy-up option as a result of a Qualified Life Event during 2017?**
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 (FSAs)

- 1. Will employees receive a new card?**
If you currently have a Connect Your Care (CYC) card you will not receive another card unless the expiration date is set to expire on your card. New participants in the Health Care Spending Account or the Limited Purpose Health Care Spending Account will receive a card.
- 2. Does my 2016 FSA election(s) rollover to 2017?**
No. If you do not make HealthCare or Dependent Day Care FSA elections during Annual Enrollment, you will not have FSA benefits in 2017.
- 3. 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.

Healthcare Savings Account (HSA)

- 1. 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 Health Savings Account (HSA) will receive a card.
- 2. 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 2017 - once your account has been “opened / re-opened.”

Annual Enrollment – Enrollment Process

- 1. How do I know what my 2016 elections are when making my 2017 selections?**
For your convenience, 2016 elections will be prepopulated for the benefits which are eligible to be rolled over into 2017 elections.
- 2. What is the impact of not participating in Annual Enrollment?**
BWXT strongly encourages all employees ‘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 2016 elections will rollover for 2017.
 - As an example, if you do not have BWXT medical coverage in 2016 and you do nothing during Annual Enrollment, you will not have medical coverage in 2017.
 - If you currently have coverage and wish to drop that coverage, you must actively “de-select” that coverage during Annual Enrollment for the 2017 plan year.

3. Which benefits do not automatically rollover from 2016 to 2017?

The following elections will not automatically rollover and must be selected for 2017:

- HealthCare Flexible Spending Account (FSA) elections {limited to \$2,500}
- 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 the account
- Group Legal

4. 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 2nd = a user name of johnsmith0402
 - NOTE: Username must not include any special characters
 - Password is your date of birth (mmddyyyy)
- All passwords are reset on October 15th 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 making your elections, review your selections
- 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

5. 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 17 to October 28, 2016.

6. What is Coordination of Benefits?

During the enrollment process you are asked to answer a question to satisfy this Coordination of Coverage requirement.

- 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**

7. 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 yours 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.

8. 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, as well as on myBWXT.net. **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
- ACA Form 1095 for Employee
- 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**

9. 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 mailed in December 2016. If you elect medical coverage you will receive two separate cards in two separate mailings: medical (Anthem BCBS) and prescription drug (Express Scripts). If for some reason your new ID cards do not arrive by January 1, you can call Anthem BCBS at 844-344-7419 or Express Scripts at 844-567-8518 to request a copy of your card.

It is important to note that you must provide your new Anthem BCBS and Express Scripts cards starting on January 1, 2017. 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 2017, you will get a new Dental ID card in December 2016.
- **UHC Vision** does not issue Vision ID card. 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

1. 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.

2. 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 coincident with or next following your hire date, provided you enroll within your first 31 days.

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.

3. 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)

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

If you are permitted to make a change, 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.

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.

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

Changes in coverage are effective the 1st of the month following the event with the exception of a birth which is effective the date of the event.

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

Yes, you must add your new child to your medical coverage if you intend to cover the child in that plan year. Federal law requires all medical plans to cover a newborn child for 31 days after the child's birth, even if the child is not added to the plan. However, if you do not enroll your newborn child within the first 31 days after birth, no benefits will be payable for expenses or services provided after the initial 31-day period.

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

Start your enrollment process at the enrollment website: www.bwxt.com/enrollment.

See questions 4 and 5 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.