

Your benefits plan at a glance

Protection for you and your family

You're probably familiar with the statement that our health is one of the most valuable things we have. But really, when you stop to think about it, it's true. So it's good to know that as a salaried employee of BWXT Canada Ltd., the Company provides you with a comprehensive benefits plan for yourself and your family.

Keeping you informed

This brochure provides you with an overview of the BWXT Canada Ltd. benefits plan for salaried employees. It describes the key components that make up your benefits plan: it also explains how the benefits plan works and what you have to do should you need to make use of it. You'll also find tips on managing your own healthcare costs and a list of available resources if you want to find out more.

Help us manage costs

We manage our business responsibly, and we apply the same approach to the benefits plan. However, we all have a shared responsibility in managing the costs of our plan. BWXT Canada Ltd. is committed to providing employees with the information they need to make the most of their plan, and employees have a responsibility to review and understand the materials they are given so that they can make informed choices.

Just like other expenses in life, the total cost of providing our benefits package is rising, and these increases have an impact on our bottom line. That's why the benefits plan has been designed to be as cost effective as possible, while providing you and your family with the benefits you need. While the Company pays for most of the cost of the services available under the benefits plan, employees are also required to contribute towards the cost of certain services.

It's our hope that by understanding the information in this brochure and accessing the tools and resources available to you, you'll be able to make the best use of the protection that the benefits plan offers and become an informed and conscientious consumer of medical and dental services.

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Did you know?

Healthcare benefit plan costs in Canada have increased more than 10% per year on average for at least 10 years.

These costs are expected to continue to rise at this level, while dental costs are expected to continue to rise between 7% and 10% per year.

Your quick-check benefits chart

This chart provides an overview of what your benefits plan includes.

Plan	Key features
Eligibility	<ul style="list-style-type: none"> • Effective immediately for all salaried employees and eligible family members
Life Insurance Provides a lump-sum amount to your beneficiary(ies) or estate in the event of your death	
Basic life	<ul style="list-style-type: none"> • 1 x base salary for employees
Optional life	<ul style="list-style-type: none"> • Units of \$10,000 up to a maximum of \$500,000 for employee and spouse • Units of \$5,000 up to a maximum of \$10,000 for children
Accidental Death & Dismemberment (AD&D) Insurance Provides a lump-sum payment if you die or are injured in an accident.	
Basic AD&D	<ul style="list-style-type: none"> • 1 x base salary for employees
Optional AD&D	<ul style="list-style-type: none"> • Units of \$10,000 up to a maximum of \$500,000 for employee or employee and family
Salary Continuance The salary continuance plan will replace a portion of your income if you are unable to work due to a non-occupational illness or injury.	
Benefit amount	<ul style="list-style-type: none"> • Salary continues at either 66 ²/₃% or 100% of monthly base salary, depending on years of service
Maximum benefit period	<ul style="list-style-type: none"> • 26 weeks
Long-Term Disability (LTD) The LTD plan provides you with monthly income if you remain disabled and are unable to return to work after 26 weeks of illness or injury.	
Monthly benefit amount	<ul style="list-style-type: none"> • 66 ²/₃% of monthly base salary • Maximum of \$9,000 for employees • Taxable benefit, as premiums are Company-paid
Maximum benefit period	<ul style="list-style-type: none"> • The duration of your total disability, up to age 65
Dental Care The dental plan helps you pay for many emergency and routine dental expenses that are incurred by you and your dependents and performed by a licensed dentist or dental surgeon.	
Benefit	<ul style="list-style-type: none"> • \$1,500 maximum per person per calendar year for Basic, Minor and Major services combined • Child orthodonture up to a lifetime maximum of \$1,500 per dependent child • One year lag on Ontario Dental Association Fee Schedule (ODA)

Plan	Key features
Dental Care (continued)	
Basic services	<ul style="list-style-type: none"> • Reimbursed at 90% (employee pays the rest) • Includes exams, x-rays, polishing, fluoride, fillings etc.
Minor services	<ul style="list-style-type: none"> • Reimbursed at 80% (employee pays the rest) • Includes oral surgery, endodontics, periodontics etc.
Major services	<ul style="list-style-type: none"> • Reimbursed at 50% (employee pays the rest) • Includes caps, crowns and denture services
Orthodonture	<ul style="list-style-type: none"> • Reimbursed at 50% (employee pays the rest)
Extended Healthcare Coverage	
The extended healthcare plan covers a variety of services that are not covered or are only partially covered by your provincial health plan.	
Annual deductible	<ul style="list-style-type: none"> • No deductible • 100% reimbursement of eligible expenses
Prescription drugs Dynamic Therapeutic Formulary (DTF) is explained in more detail on page 4.	<ul style="list-style-type: none"> • Dynamic Therapeutic Formulary (DTF) • 90% or 70% reimbursement based on drug eligibility (employee pays the rest) • Maximum out-of-pocket limit per employee (including eligible family members) is \$850 per year • Dispensing fee cap of \$10.25
Vision care	<ul style="list-style-type: none"> • \$300 per person per 24 consecutive months and per 12 consecutive months
Eye exam	<ul style="list-style-type: none"> • \$60 per person per 24 consecutive months
Hospital accommodation	<ul style="list-style-type: none"> • Semi-private room
Hearing aids	<ul style="list-style-type: none"> • \$500 per person per 60 consecutive months
Orthotics	<ul style="list-style-type: none"> • \$300 per person per year
Orthopedic shoes	<ul style="list-style-type: none"> • \$500 per person per year
Paramedical (chiropractor, massage therapist etc.)	<ul style="list-style-type: none"> • \$750 per person per year (for all services combined) • Unlimited coverage for psychologist and physiotherapist services
Emergency medical and travel assistance	<ul style="list-style-type: none"> • Covers employee and eligible dependents for up to 90 days per trip • Hospital semi-private room and board charges • Inpatient and outpatient medical hospital services • Licensed doctors' charges • Professional ambulance services including by air or rail
Lifetime maximum on health & dental charges	<ul style="list-style-type: none"> • \$1 million per person
What do paramedical services include?	
The benefits plan covers a wide variety of paramedical services, including those of the following practitioners:	
<ul style="list-style-type: none"> • Chiropractor • Massage therapist • Osteopath • Speech therapist 	<ul style="list-style-type: none"> • Naturopath • Podiatrist • Acupuncture

Managing prescription drug costs

Dynamic Therapeutic Formulary (DTF)

With the cost of prescription drugs increasing, forward-thinking healthcare providers have been looking at new approaches for containing these rising costs. Dynamic Therapeutic Formulary (DTF) is an innovative drug benefit plan that maintains a high quality of benefits without compromising standards of treatment and care.

How are drugs on the DTF selected?

The drugs on the DTF list are selected using the most up-to-date guidelines used by physicians and hospitals across Canada and North America. New drugs are added only if they are deemed more clinically effective and less expensive than the alternatives already on the list. Drugs on the list are removed only if it is proven that they are no longer the most clinically effective or cost-effective.

The DTF approach means that drug cost reimbursement is determined according to a drug list, called the Dynamic Therapeutic Formulary (DTF). Drugs on this list are reimbursed at a higher level than that of other drugs available under the benefits plan. Think of it as a two-tier system where you get the highest level of coverage for drugs listed on the formulary and a lower level of coverage for drugs not on the formulary. The formulary, or drug list, is included in your information kit – please take the time to review it.

If your doctor prescribes a drug from the DTF list, you will be reimbursed at a higher level than you would for other medications not on the list. It's important to work in partnership with your doctor to determine which treatment best suits your medical needs and will provide you with higher coverage. Your DTF Pocket Guide can be a useful reference for this purpose – keep it handy, especially when you go to your doctor.

You should also review your current medications to determine if they are included on the DTF list. If they aren't, you and your doctor can discuss alternative drugs for your condition that **are** covered on the DTF.

What's the difference between a brand name and a generic drug?

Generic drugs are simply copies of brand name drugs whose patents have expired. Both are held to the same rigorous standards and offer the same in quality, purity, effectiveness and safety. All drugs sold in Canada must be approved by the federal Health Protection Branch and each product must also meet strict regulations established by the Food and Drug Act. The only big difference you will see is in the price. Since the initial research has already been done, generic drugs cost less.

If there is a generic drug that is considered interchangeable with a brand name drug, the plan will only reimburse the cost of the generic drug.

Making your benefits plan work for you

Having a benefits plan that is easy to understand and straightforward to use is important. The BWXT Canada Ltd. benefits plan offers you several tools and features to make your life easier.

The benefits plan website

Along with information about your benefits, the benefits plan website has a wide selection of services and features. The “Send a note” feature allows you to ask confidential questions about your benefits by email. Online claims submission is a quick and convenient way to deal with most of your benefits plan claims. The benefits plan website also offers a wealth of useful health and wellness resources.

All you have to do is register and you’re ready to go!

To register, go to www.manulife.ca/groupbenefits. Select Plan Member, enter your plan contract number and click Go. Select Register and follow the steps.

Direct deposit

Get your payments faster! Sign up for the direct deposit feature on the plan website and have your reimbursements deposited automatically into your bank account. This way you won’t have to worry about delays in the mail, and you receive your money 70% faster than you would by cheque!

Submitting claims online

It’s really straightforward: you just log in to the benefits plan website and confirm your direct deposit and contact information. All the steps you need to follow are on the site, and don’t worry – they’re easy. Be sure to keep your receipts in case you are asked for them.

Your benefits card

Think of your benefits card as the key to your benefits. It contains all the information you need to access your benefits, and you can use it both at home and abroad. Be sure to keep it with you when you visit your pharmacy, the hospital, your dentist and other healthcare service providers.

Your plan booklet

This booklet contains all the details about your benefits plan. It tells you what benefits you are covered for, how frequently you may claim for these benefits, and how much you will be reimbursed.

How does my benefits card work?

Give your benefits card to the pharmacist when picking up prescription drugs. You pay only your share of the cost at the pharmacy, which is calculated right away. The pharmacist uses the number on your card to bill the insurance company directly for the costs that the benefits plan pays. There is no paperwork for most claims, and you will not have to wait for payment.

Being a smart consumer

Rising healthcare costs are a growing concern for both employees and employers across Canada. BWXT Canada Ltd. is committed to providing a comprehensive benefits plan that will be sustainable into the future, and it is essential that we all work together to manage costs. The more efficient our plan, the more dollars we have to spend on coverage that is meaningful to you. Here are some ways you can help us do this by controlling your own costs.

Coordinate benefits coverage with your spouse

Coordinating benefits coverage with your spouse is an effective way to maximize reimbursement for medical and dental expenses. If your spouse has benefits coverage with his or her employer, you can be reimbursed under one plan, and then submit the rest of the expense to the other plan. This process is called “coordination of benefits.”

- **Who claims first?**

To coordinate benefits between two plans, you must submit claims for your expenses to your own plan first.

You may then submit any remaining expenses to your spouse’s plan.

In the same way, your spouse must submit claims for his or her expenses to his or her own plan first.

Then your spouse may submit any unpaid expenses to your plan.

When paid from the first plan, you or your spouse should receive an Explanation of Benefits along with the payment. Manulife will need both the Explanation of Benefits and a copy of the receipt in order to process the claim.

- **Who claims for the kids?**

Claims for dependent children must first be submitted to the plan of the parent whose birthday falls earlier in the year. For example, if your birthday is in November and your spouse’s birthday is in February, all claims for dependent children must be submitted to your spouse’s plan first (year of birth doesn’t matter). Any unpaid expenses may be submitted to your plan afterwards.

Reduce unnecessary prescription drug costs

Be sure to bring your DTF Pocket Guide with you when you visit your doctor. (You can even ask your doctor to take a photocopy of the DTF list to keep on your file.) When prescribing treatment, see if he or she can take into consideration drugs which are on the DTF list. This way you will be reimbursed at a higher rate.

You can also shop around for lower dispensing fees, as these can vary considerably among pharmacies.

Most important: live a healthy lifestyle!

This isn't just about cutting costs – it's about your health and what you can do for yourself. Do what you can to eat right and stay fit, and don't be afraid to talk to your doctor about what's best for your health.

For more information

To get a copy of your benefits plan booklet or claim forms	Contact the human resources department
To find out more about: <ul style="list-style-type: none">• Your coverage• The status of your claims• Medical emergencies when outside Canada• How to get the most of the services offered by Manulife• Signing up for direct deposit of your claim reimbursements	Call the Manulife Group Benefits Customer Service Centre at: 1-800-268-6195 Or visit their website at: www.manulife.ca/groupbenefits
To learn more about your health and how you can take better care of yourself	Access Manulife's Health eLinks online (see address above)

Contact Human Resources Department with any other questions.

Disclaimer text: This document provides a summary of the key components that make up your health, dental and insurance benefits plan. It is not intended to provide full details of the plan. Full details of the plan are described in the related insurance contracts and plan texts. If there is any discrepancy, questions or disagreement with the information in this document, benefits will be paid according to the terms and conditions of the insurance contracts, plan texts, collective agreement and government regulations.