WELCOME

TO YOUR BENEFITS

2016 BENEFITS GUIDE

www.bwxt.com/enrollment

BWXT
BWX Technologies, Inc.


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ELIGIBILITY FOR 2016 EMPLOYEE BENEFITS

Active, full-time employees are eligible to participate in the BWXT benefits program. Part-time employees with at least 12 months of continuous service with the company and who maintain a regular work schedule of at least 20 hours per week are also eligible.

If you elect dependent coverage, you may be required to provide proof of your dependents' relationship. See the Eligible Dependents definition in each of the Summary Plan Descriptions for the list of eligible dependents under the plan.

New Employees: Enroll within 30 days of your hire date.

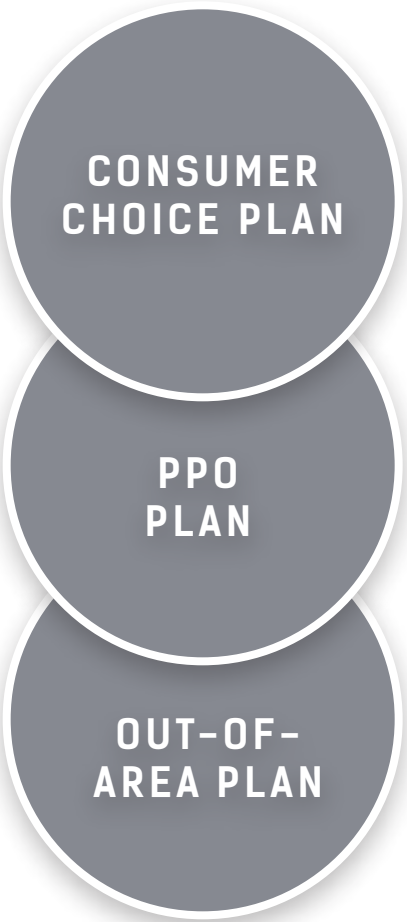
If you were newly hired on or after October 1, 2015, you must elect 2015 and 2016 coverage separately.

YOUR MEDICAL BENEFIT OPTIONS

You have three options for medical coverage:

1. The Consumer Choice Plan
2. The PPO Plan
3. The Out-of-Area Plan*

* The Out-of-Area Plan is provided to eligible participants without network access.



Carefully review the Medical Benefit Summary Plan Description (SPD) provided as some services and treatment require a pre-certification and other services – regardless if recommended by a physician – may be considered "Not Covered." In addition, the SPD can assist in understanding which services require you to meet a deductible before the Medical Benefit begins to pay.

All BWXT plans allow you to see any doctor you choose. However, your out-of-pocket expense will be lower when you use in-network providers.

All BWXT plans cover Preventive Care at 100 percent, even if you have not met your annual deductible or out-of-pocket maximum. This includes annual preventive exams (physicals), well child care and women's preventive services.

See the SPD for more details on services covered under the Preventive Care benefit. Preventive Care services are subject to nationally recognized age and gender guidelines.

COMPARING BWXT PLANS

		Consumer Choice Plan		PPO Plan		Out-of-Area Plan
		In-Network	Out-of-Network	In-Network	Out-of-Network	Out-of-Network
Employee Only	Annual Deductible:	$2,000	$4,000	$1,000	$2,000	$1,500
	Annual Out-of-Pocket Maximum: [1]	$4,000	$8,000	$5,600	$11,200	$3,200
	Health Savings Account (HSA) [2]	$500		N/A		N/A
Employee + Spouse/Child(ren)	Annual Deductible:	$4,000	$8,000	$2,000 [3]	$4,000 [3]	$3,000
	Annual Out-of-Pocket Maximum: [1]	$6,850 [4]	$16,000 [4]	$11,200 [4]	$22,400 [4]	$6,400
	Health Savings Account (HSA) [2]	$1,000		N/A		N/A
Preventive Care Exams		Covered at 100%, subject to age / gender guidelines				
Physician's Office Visits [5]		20% after deductible	50% after deductible	100% after $30 copay	50% after deductible	20% after deductible
Specialist's Office Visits [5]		20% after deductible	50% after deductible	100% after $45 copay	50% after deductible	20% after deductible

1. The out-of-pocket maximum includes the medical deductible. Medical and prescription drug copays and coinsurance also accumulate toward the out-of-pocket maximum.
2. You must open or reauthorize your HSA account each year in order to receive the company contribution. If you do not, there is no way for the company contribution to be made into your account. If you are not eligible for a Health Savings Account, you can still enroll in the Consumer Choice Plan but you will not receive the company contribution. New hire HSA contributions are prorated.
3. One person can meet the individual annual deductible, or a combination of covered family members can meet the annual deductible for these coverage tiers.
4. For the PPO Plan, one person can meet the individual annual out-of-pocket maximum, or a combination of covered family members can meet the annual out-of-pocket maximum for these coverage tiers. For the Consumer Choice Plan, one person is limited or a combination of family members is limited to a $6,850 annual out-of-pocket maximum.
5. PPO copay covers office visit and pathology / labs when occurring within 14 days of visit.

Claims are paid by BWXT and administered by:

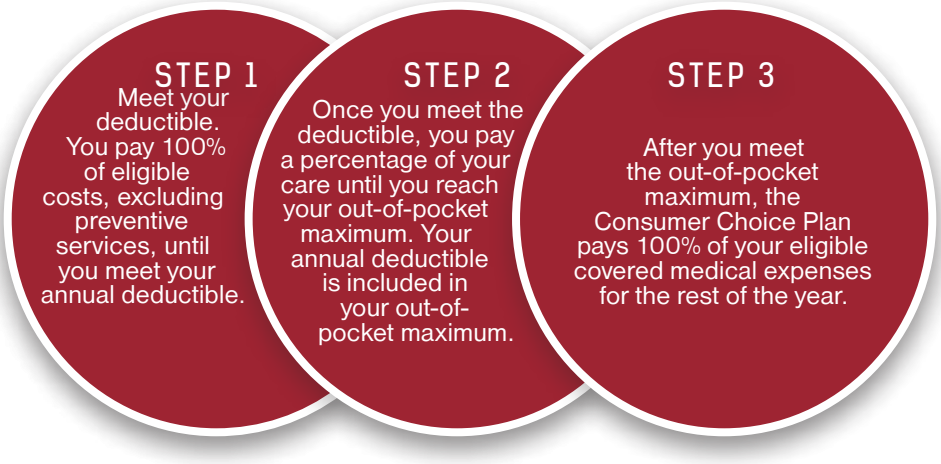
- Mutual Health Services – OH only
- Piedmont Community Health Plan – VA only
- Meritain Health – all others

UNDERSTANDING THE CONSUMER CHOICE PLAN

If you enroll in the comprehensive, high deductible Consumer Choice Plan:

- Employee (payroll) contributions will be lower
- Eligible medical and pharmacy expenses will accumulate towards the deductible and out of pocket maximums
- You will receive a company contribution to your Health Savings Account (HSA) {deposited in January of 2016}
- You can contribute your own, pre-tax monies through payroll deductions to your HSA
- The IRS requires you to “open / re-open” our HSA account each year (including 2016) for the HSA funds to be available to you
- Your HSA monies are never forfeited – they are yours to spend, even if you change plans or after you retire / terminate employment
- If you have Medicare, Veterans Affairs (VA), Tri-care or other coverage that deems you ineligible for an HSA, you may still enroll in the Consumer Choice Plan but the IRS will not allow for company contributions or your own deferrals into an HSA account

There is a three-step process when a claim is submitted under the Consumer Choice Plan and the amount you pay depends on which step you are in:



After your medical claim has been processed, or when you fill a prescription, you may use your HSA dollars to help pay for out of pocket expenses.

Special note about HSA contributions and limits per IRS guidelines: HSA pretax contributions in 2016 are limited to a maximum of $3,350 for employee-only coverage and $6,750 for all other coverages. These maximums include any BWXT contributions you may receive. You are responsible for keeping track of your contributions to ensure your account does not exceed the IRS limit.

If you are currently age 55 or older, or become age 55 in 2016, you can contribute an additional $1,000 under each coverage.

CONTRIBUTION LIMIT	EMPLOYEE	ALL OTHER COVERAGES
With BWXT Contributions	$2,850	$5,750

UNDERSTANDING THE PPO PLAN

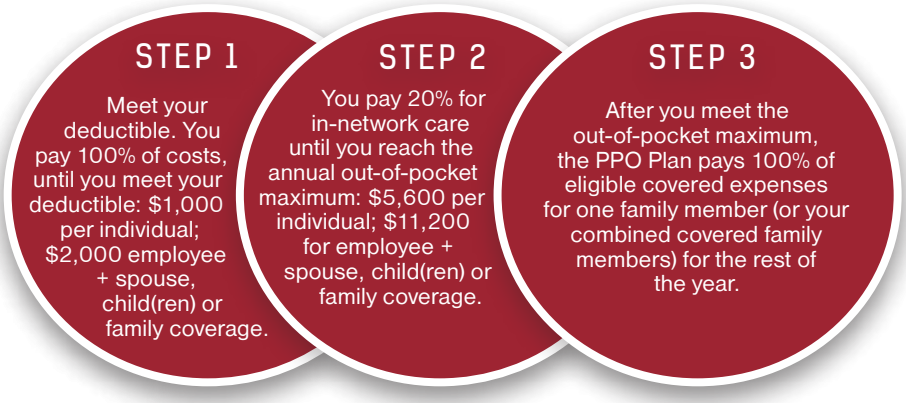
If you enroll in the comprehensive PPO Plan:

- The employee (payroll) contributions are higher because the plan pays for up-front expenses, and features lower copayments, deductibles and out-of-pocket maximums
- Doctor's visits have a copayment – making your out-of-pocket expense for each visit more predictable
- Under the PPO Plan, Medical and Prescription drug copays apply only to the out-of-pocket maximum
- Beginning in January of 2016, this plan no longer includes a company contribution to a Health Reimbursement Account (HRA)
    - ◊ The IRS requires that if you elect the Consumer Choice Plan while you have a remaining balance in your HRA, the HRA funds are forfeited

Under the PPO Plan, Medical and Prescription drug copays apply to only the out-of-pocket maximum.

Under the PPO Plan, the amount you pay depends on the services you use:

* One person can meet a per-individual deductible of $1,000 and then expenses go into Step 2 below. Once all other covered family members, combined, meet the remaining $1,000 deductible, future claims go into Step 2 below. The process works the same for moving from Step 2 to Step 3.



After your medical claim has been processed, or when you fill a prescription, you may use any remaining balance on your Health Reimbursement Account (HRA), HSA funds – if you previously were enrolled in the Consumer Choice Plan – or Flexible Spending Account monies (explained later in the Guide) to help pay for out of pocket expenses.

UNDERSTANDING THE OUT-OF-AREA PLAN

The Out-of-Area Plan is for employees who live outside the network. Under the Out-of-Area Plan, you can use a non-network provider or you can choose to drive to network-covered areas and use an in-network provider. If you are eligible to enroll in the Out-of-Area Plan, you will see this option when you enroll via the online Enrollment Tool.

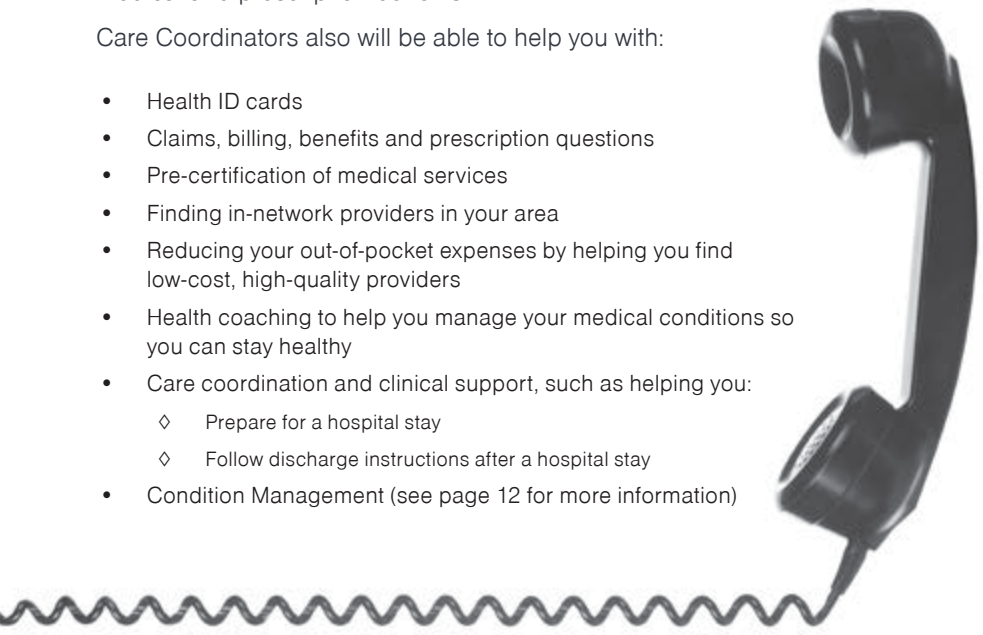
CARE COORDINATORS – HEALTHCARE SERVICE SUPPORT FOR ALL BWXT MEDICAL PLANS

Care Coordinators are a dedicated team of nurses, patient service representatives and benefits specialists who are ready to help you before, during and after any health event. Think of Care Coordinators as your personal health care team.

The Care Coordinators have specific knowledge about the BWXT medical plans and covered services. They can also answer questions about your medical and prescription benefits.

Care Coordinators also will be able to help you with:

- Health ID cards
- Claims, billing, benefits and prescription questions
- Pre-certification of medical services
- Finding in-network providers in your area
- Reducing your out-of-pocket expenses by helping you find low-cost, high-quality providers
- Health coaching to help you manage your medical conditions so you can stay healthy
- Care coordination and clinical support, such as helping you:
  - ◊ Prepare for a hospital stay
  - ◊ Follow discharge instructions after a hospital stay
- Condition Management (see page 12 for more information)



CONTACT THE CARE COORDINATORS AT 1-866-276-9584 MONDAY THROUGH FRIDAY FROM 8:30 A.M. TO 10 P.M. EASTERN TIME, OR VISIT WWW.MYBWXTHEALTHTOOLS.COM

PRESCRIPTION DRUG COVERAGE

	Consumer Choice Plan		PPO Plan		Out-of-Area
	In-Network	Out-of-Network	In-Network	Out-of-Network	Out-of-Network
Prescription Drug Coverage - 30-day Supply RETAIL					
Generic	20% after deductible	Not covered	$10 copay	Not covered	$10 copay
Preferred Brand	30% after deductible	Not covered	25% of cost with $30 min /$75 max	Not covered	25% of cost with $30 min /$75 max
Non-Preferred Brand	45% after deductible	Not covered	35% of cost with $45 min /$110 max	Not covered	35% of cost with $45 min /$110 max
Prescription Drug Coverage - 90-day Supply (Maintenance) MAIL ORDER or at ANY IN-NETWORK RETAIL Pharmacy					
Generic	20% after deductible	Not covered	$25	Not covered	$25
Preferred Brand	30% after deductible	Not covered	$100	Not covered	25% of cost with $75 min /$150 max
Non-Preferred Brand	45% after deductible	Not covered	$150	Not covered	35% of cost with $125 min /$225 max
Specialty (30-day supply)	20% after deductible	Not covered	20% of cost up to maximum $125 copay	Not covered	20% of cost up to maximum $125 copay

THE PRESCRIPTION DRUG PROGRAM:

- Covers 30-day prescriptions through in-network retail pharmacies and
- Allows for 90-day maintenance prescriptions to be obtained ...
  - ◊ At any in-network retail pharmacy or
  - ◊ Through Express Scripts Home Delivery (via mail order)

FREE GENERIC CHRONIC CONDITION MEDICATIONS

Under any Medical Benefit plan, free generic chronic condition medications are available by mail-order for Asthma, Diabetes, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease (COPD) and Coronary Artery Disease (CAD). See the Free Generic Drug List in the Medical Benefit Summary Plan Description for a complete list.

If you are enrolled in the Consumer Choice Plan, you have to meet your deductible before your generic chronic condition medications are covered in full.

DISPENSE AS WRITTEN

If you or your physician request brand-name drugs when a generic drug is available, you will pay the copay or coinsurance for the brand drug plus the difference in cost between the brand and generic prescription.

FILLING PRESCRIPTIONS: RETAIL 30-DAY OR 90-DAY SUPPLY AT ANY IN-NETWORK PHARMACY

1. Present your Health ID card at the pharmacy
2. At the pharmacy, you will pay a copay, deductible or coinsurance, depending on your Medical Benefit plan
3. You may use your HSA, Health Care FSA or remaining HRA card at the time of purchase.

FILLING PRESCRIPTIONS: MAIL-ORDER (90-DAY SUPPLY)

1. Complete the Prescription Drug Mail-Order form available through Express Scripts Home Delivery or the Care Coordinator website.
2. Mail your prescription and completed form to Express Scripts Home Delivery.
    - Your prescription will be mailed to you within one week after your order is received
    - You must mail in your first prescription, but refills can be done on-line or by calling in

ACCREDO® SPECIALTY PHARMACY

For BWXT employees and dependents with certain conditions such as cancer, hepatitis C, multiple sclerosis, growth deficiency, pulmonary arterial hypertension, bleeding disorders, rheumatoid arthritis and others, Accredo® Specialty Pharmacy offers access to the widest range of limited and exclusive distribution drugs and safe, prompt delivery of specialty medications, including those that require special handling, along with any syringes or sharps containers. It also provides you with:

- Specialized, thorough patient care, individualized counseling and education
- Proactive monitoring
- Ongoing support from specialist pharmacists and nurses and coordination with health plan and physicians

EMPLOYEE CONTRIBUTIONS – MEDICAL

2016 MEDICAL BENEFIT PLAN EMPLOYEE CONTRIBUTIONS (MONTHLY)			
Coverage Tier	**Consumer Choice Plan**	**PPO Plan**	**Out-of-Area Plan**
Employee Only	$48	$121	$97
Employee + Spouse	$80	$221	$176
Employee + Child(ren)	$66	$175	$140
Employee + Family	$95	$282	$224

Note: As applicable, the $50 tobacco surcharge and the $50 condition management surcharge will be added to the monthly employee contributions listed above.

SURCHARGES

CONDITION MANAGEMENT SURCHARGE

Covered employees (and covered spouses, if applicable) who have been diagnosed with a chronic condition may be asked to participate in a Condition Management Program through a Care Coordinator.

Participation is optional; however, individuals who have been contacted by a Care Coordinator and choose not to participate will be assessed a surcharge of $50 per month in addition to their 2016 Medical Benefit contribution.

The surcharge is not a result of the condition and will only be assessed when, and as long as, an individual declines to actively participate in the Condition Management Program.

However, if after paying the surcharge the individual begins to participate in the Condition Management program, the surcharge will be eliminated from the paycheck during the following quarter after the Care Coordinator notifies BWXT.

TOBACCO SURCHARGE

Tobacco usage can have a significant impact on an individual's health and on health care costs. Each year during enrollment you will be asked if you or your covered spouse use any tobacco products, and, if you answer 'yes,' your Medical Benefit contribution will have a surcharge of $50 per month.

When you complete a tobacco cessation program and notify the BWXT Enrollment Center, the surcharge will be discontinued on the next available update. You may be asked to provide proof of this completion.

A Care Coordinator can explain the resources available to help you or your spouse stop smoking or using other tobacco products.

DENTAL BENEFITS

The Dental Benefit is designed to help you maintain good dental health. You can choose from two dental options administered by MetLife—the Dental Basic option and the Dental Plus option. Both options cover preventive and diagnostic dental care at 100 percent with no deductible, up to benefit limits.

Features	Dental Basic	Dental Plus
Annual Maximum Benefit	$1,000/person	$1,500/person
Deductible	$50/person $150/family	$25/person $75/family
Preventive and diagnostic care	No deductible Plan pays 100%	No deductible Plan pays 100%
Basic and restorative care	Plan pays 80% after deductible	Plan pays 80% after deductible
Major care	Plan pays 50% after deductible	Plan pays 60% after deductible
Orthodontia for children under age 19	Not covered	Plan pays 50%, no deductible
Orthodontia Lifetime Maximum Benefit for children under age 19	Not covered	$1,500/person

2016 Dental Benefit Employee Contributions (Monthly)		
Coverage Tier	Dental Basic	Dental Plus
Employee Only	$26	$32
Employee + Spouse	$52	$64
Employee + Child(ren)	$60	$74
Employee + Family	$86	$106

VIRGINIA RESIDENTS ONLY

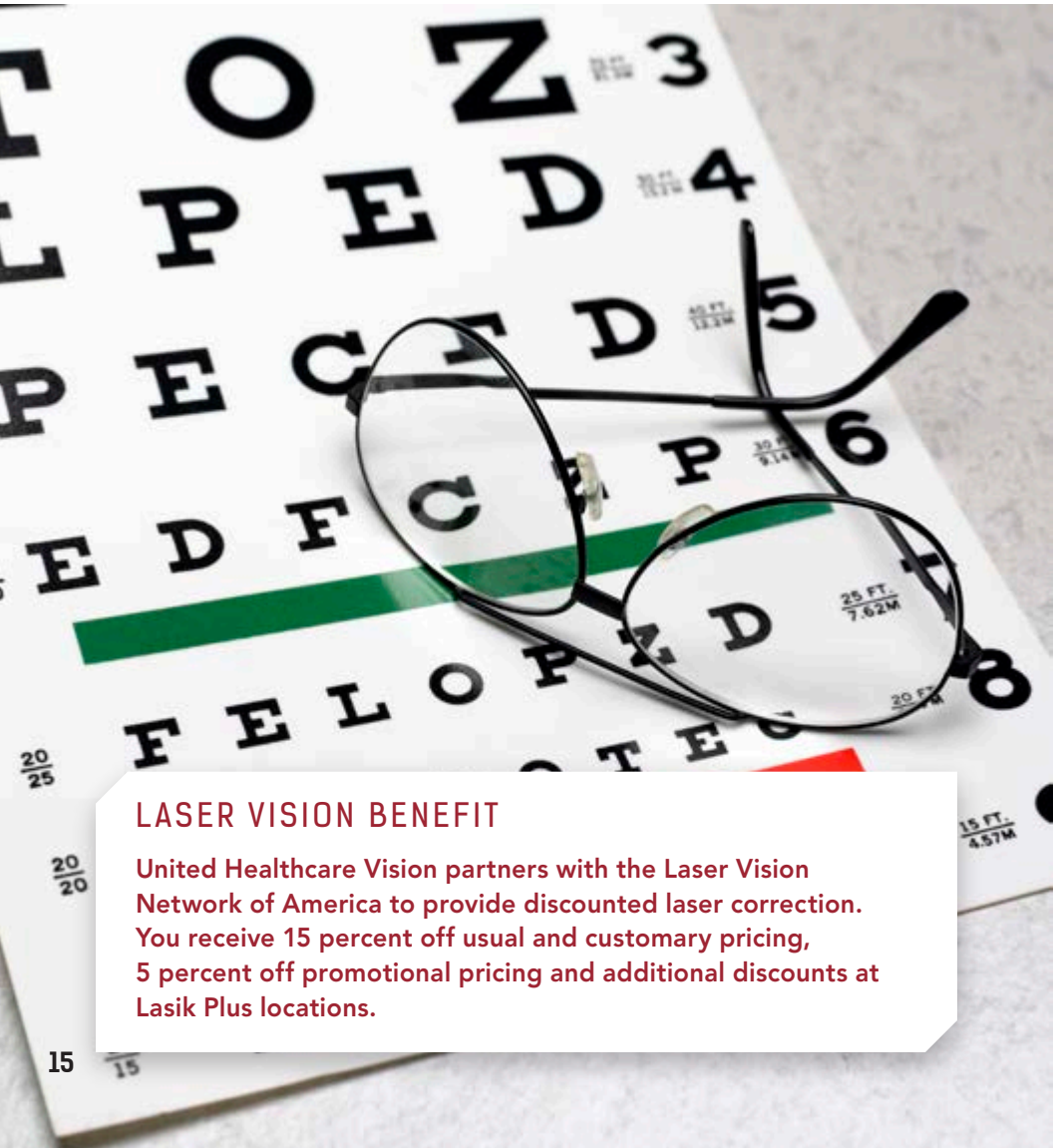
Your benefits are the same, but you must choose between the Cost-Efficient or Standard Network:

- The discounts are better in the Cost-Efficient network
- MetLife administers the Cost-Efficient network
- Anthem administers the Standard network

VA Only 2016 Dental Benefit Employee Contributions (Monthly)				
Coverage Tier	Dental Basic		Dental Plus	
	Cost-Efficient Network	Standard Network	Cost-Efficient Network	Standard Network
Employee Only	$26	$29	$32	$36
Employee + Spouse	$52	$58	$64	$72
Employee + Child(ren)	$60	$67	$74	$83
Employee + Family	$86	$96	$106	$119

VISION BENEFITS

The Vision Benefit is administered by United Healthcare Vision, which offers services through a network of providers at a lower cost. The benefit provides coverage once every 12 months for routine eye exams and glasses or contacts. When you visit an in-network provider, most services will be covered at 100 percent after you pay a copay. You may go to an out-of-network provider, but you will receive an allowance for services and you may have to file your own claims.



LASER VISION BENEFIT

United Healthcare Vision partners with the Laser Vision Network of America to provide discounted laser correction. You receive 15 percent off usual and customary pricing, 5 percent off promotional pricing and additional discounts at Lasik Plus locations.

Features	In-Network Benefit Pays:	Out-of-Network Benefit Pays:
Eye Exam	100% after $10 copay	Up to $45
Glasses – Lenses		
Single Vision	100% after $25 copay	Up to $30
Lined Bifocal	100% after $25 copay	Up to $50
Lined Trifocal	100% after $25 copay	Up to $65
Lenticular	100% after $25 copay	Up to $100
Glasses – Frames		
Covered-in-Full	100% after $25 copay	Up to $70
Wholesale	Up to $50	Up to $70
Retail Allowance	Up to $130	Up to $70
Contact Lenses		
Covered-in-Full Elective Contacts*	100% after $25 copay	Up to $105
All Other Elective Contacts*	Up to $125	Up to $105
Necessary Contacts	100% after $25 copay	Up to $210

*If you select covered-in-full elective contact lenses from an in-network provider, the fitting / evaluation fees, contacts and two follow-up visits are covered (after $25 copay). For all other elective contacts, a $125 allowance is applied toward the fitting / evaluation fees and purchase of contact lenses ($25 materials copay does not apply). Toric, gas permeable and bifocal contacts are all examples of contacts that are not considered covered-in-full.

2016 Vision Benefit Employee Contributions (Monthly)	
Coverage Tier	Vision Coverage
Employee Only	$6.30
Employee + Spouse	$12.61
Employee + Child(ren)	$13.20
Employee + Family	$16.79

FLEXIBLE SPENDING ACCOUNTS (FSA)

DEPENDENT DAY CARE FSA

You can use the Dependent Day Care FSA to pay for dependent care expenses on a pre-tax basis if both you and your spouse are employed during the same hours each day, your spouse goes to school full-time or your spouse isn't able to care for himself or herself. This includes both child day care and elder day care. You can contribute up to $5,000 per year, per household.

You can only use the Dependent Day Care FSA to pay for eligible dependent day care expenses. Medical, dental and vision expenses are not reimbursable using this spending account.

HEALTH CARE FSA

The Health Care FSA is used to pay for eligible health care expenses not paid by the medical, dental and vision plans (essentially, your out-of-pocket expenses.) Annual contributions are made on a pre-tax basis and are limited to $2,500 per eligible household. Even if you do not elect one of the BWXT medical, dental or vision coverages, you may elect the Health Care FSA through BWXT.

Because IRS rules do not allow one to contribute to or receive employer contributions to an HSA and a general purpose Health Care FSA, participants in the consumer Choice Plan may only use Health Care FSA monies for a "limited purpose Health Care FSA." This means that the funds can then only be used for eligible dental and vision expenses.

The Health Care FSA includes a grace period which allows for funds remaining in your account at the end of the previous plan year to be used for reimbursement of claims with dates of service between Jan. 1 and March 15 of the next year. You are able to file claims up to April 15 for dates of service in the previous year.

If you are currently enrolled in the Health Care FSA and next year move to a limited purpose Health Care FSA due to a change in your medical benefit enrollment (from the PPO Plan to the Consumer Choice Plan), the grace period funds will also move to a limited purpose Health Care FSA.

IRS regulations do not allow you to transfer money between your Health Care Flexible Spending Account and Dependent Care Flexible Spending Account.

UNDERSTANDING HSA'S, HRA'S AND HEALTHCARE FSA'S

HSA	HRA	Health Care FSA
Eligibility		
Employees who select the Consumer Choice Plan	Employees with a remaining balance in their HRA who remain in the PPO Plan in 2016	Employees can enroll in the Health Care FSA even if not enrolled in a BWXT Medical Benefit plan
Enrollment		
During annual enrollment, you must chose to enroll in the HSA when you elect the Consumer Choice Plan, even if you currently have an account	N/A	During annual enrollment, you must select the Health Care FSA
Who Can Contribute		
You and BWXT	N/A	Only you
2016 Annual Maximum Contribution Limits		
The total of your pre-tax contributions and BWXT's contributions combined cannot exceed the IRS maximum of $3,350 / employee-only coverage or $6,750 on all other coverages. BWXT will contribute: $500 / employee-only coverage or $1,000 on all other coverages	N/A	$2,500 pretax
Year-to-Year		
If you don't use all of your HSA money, it carries over to the next plan year	If you don't use all of your HRA money, it carries over to the next plan year as long as you remain in the PPO Plan	Through the grace period, you have until March 15, of the following year to use any money left over from the previous year
Portability		
The HSA is yours; you own it, decide how and when to use it, and you take any balance with you if you leave or retire from BWXT	If you leave or retire from BWXT or change to the Consumer Choice Plan, you lose any remaining HRA funds, unless you continue coverage through COBRA	If you leave or retire from BWXT, you lose any remaining funds, unless you continue coverage through COBRA for the remainder of the calendar year
Eligible Expenses		
Eligible medical, dental and vision expenses, including deductibles and coinsurance	Eligible medical, dental and vision expenses, including deductibles, coinsurance and copays	Eligible health care expenses, including deductibles, coinsurance and copays*
Special Rules for Enrolling in More than One Spending Account		
You can enroll in both the HSA and the Health Care FSA. Your Health Care FSA is limited purpose and can only be used for eligible dental and vision expenses.	If you remain in the PPO Plan and have a remaining balance in your HRA, you may also enroll in the Health Care FSA. The Health Care FSA funds will be used prior to any HRA funds.	N/A

*Employees enrolled in the Consumer Choice Plan can only use their Healthcare FSA to pay for eligible dental and vision expenses.

INCOME PROTECTION BENEFITS

BWXT provides you with Basic Life Insurance of $50,000 and Long-Term Disability Insurance at 40 percent coverage. BWXT also offers a variety of income protection benefits you can customize for your personal needs.

Life Insurance pays your beneficiary if you should die. You can elect spouse and child life insurance if you elect employee supplemental life insurance. You will need to name a beneficiary for the basic life and supplemental life insurance coverages on the enrollment site. You are automatically the beneficiary of any dependent life insurance you elect.

All employees enrolled in basic life insurance will have access to a secure online will preparation service. Go to www.willscenter.com, register as a new user and follow the simple instructions on the site to create your document.

New employees hired in 2016 who do not elect supplemental coverage for themselves or their dependents when first eligible to enroll may be required to provide Evidence of Insurablility (EOI) for any new coverage amounts, should they choose to enroll in subsequent years.

Long-Term Disability (LTD) pays you a portion of your income if you are unable to work because of an accident or illness. BWXT will provide all full-time employees with a basic LTD benefit that will cover 40 percent of your base earnings, subject to a monthly limit, if you become disabled. The company's premium on the LTD benefit will be imputed as income to you so that if you become disabled, the benefit paid is tax-free.

New employees hired in 2016 may be required to provide EOI for the 60 percent buy-up option if they do not elect this coverage when they are first eligible to enroll.

Personal Accident Insurance pays a lump sum benefit if an accidental injury results in a catastrophic loss or death. You can purchase coverage for yourself and your family. You will need to name a beneficiary for this benefit.

Group Legal offers you easy and low-cost access to a wide variety of personal legal services. When you elect Group Legal coverage, you gain access to a national network of more than 11,000 attorneys and can use the benefit as often as you like. You pay the cost of coverage through after-tax payroll deductions.

Business Travel Accident Insurance is a company paid benefit provided to all employees in the event of a business travel death.

INCOME PROTECTION BENEFITS OVERVIEW

Benefit	Coverage
Life Insurance Pays the beneficiary if the insured person should die	**Basic Life Coverage:** $50,000 Provided by company to all eligible full-time and part-time employees **Supplemental Life Coverage:** Full-time employees can elect supplemental coverage in $50,000 increments, up to the lesser of 10 times per pay or $2,500,000. Coverage greater than $300,000 may require evidence of insurability. Part-time employees can elect coverage of $50,000, $100,000 or $150,000 **Spouse Life Coverage:** All employees can elect spouse coverage of $10,000, $25,000, $50,000, $75,000 or $100,000; up to 50% of the employee supplemental life coverage amount. Coverage greater than $25,000 may require evidence of insurability. **Child(ren) Life Coverage:** All employees can elect $5,000, $10,000 or $15,000 life insurance coverage per child
Long-Term Disability (LTD) Insurance Monthly benefit if you are unable to work because of an accident or illness	**40% Basic LTD:** Provided by company to all eligible full-time employees at no cost **60% Buy-Up Option:** Paid by employee Minimum monthly benefit of $100; Maximum monthly benefit of $10,000
Personal Accident Insurance Pays a lump-sum benefit if an accidental injury results in a catastrophic loss or death	Pays up to 10 times of base pay: **Employee:** $50,000 to $1,000,000 **Spouse:** 70% of the employee coverage amount without insured child(ren); 65% with insured child(ren) **Child(ren):** 25% of the employee coverage amount without insured spouse; 20% with insured spouse
Group Legal Easy and low-cost access to a wide variety of personal legal services	Access to a national network of more than 11,000 attorneys for a variety of legal needs

PROVIDING EVIDENCE OF INSURABILITY (EOI)

For Life Insurance and Long-Term Disability, you may be required to provide Evidence of Insurability (EOI) to enroll yourself or your dependents.

Life Insurance: The online Enrollment Tool will link directly to MetLife so you can electronically complete the form, if required.

Long-Term Disability: The Enrollment Tool will link directly to Cigna so you can electronically complete the form, if required.

ENROLLING IN YOUR BENEFITS

QUALIFYING LIFE EVENTS

If, in 2016, you experience a qualifying life event during the year, you can make changes to your benefit elections within 30 days following the event. Examples of the most common qualifying life events are:

- Marriage or Divorce
- Birth or adoption of a child

For more information on qualifying life events, refer to the Summary Plan Descriptions for the coverage you wish to change.

If you do not make a change to your benefits within 30 days after experiencing a qualifying life event, you will have to wait until the next annual enrollment period to make changes.

ENROLLMENT DATES AND DEADLINES

Current Employees: Annual Enrollment is from **Nov. 2 through Nov. 13, 2015.** You must finalize your enrollment elections no later than 11:59 p.m. Eastern Time on Friday, Nov. 13, 2015 to receive benefits coverage in 2016.

WHAT HAPPENS IF YOU DON'T ENROLL?

Current Employees: You should enroll during Annual Enrollment. If you don't enroll during Annual Enrollment, some of your 2015 benefits coverages will not rollover to 2016 and you will not have the ability to obtain those coverages until the next annual enrollment period, unless you experience a qualifying life event.

New employees: You must enroll within 30 days of your hire date. If you don't enroll, you will not have benefits coverage and will not have the ability to obtain coverage until the next annual enrollment period, unless you experience a qualifying life event. Your coverage is effective on the first day of the month following your hire date.

You are encouraged to actively enroll in your benefits to have coverage in 2016. If you choose not to enroll, some of your coverages will rollover and some will not.

IF YOU DO NOTHING DURING OPEN ENROLLMENT:

	Will Carry Over from 2015 to 2016 [1]	Will Not Carry Over to 2016
Medical	✓	
Dental	✓	
Vision	✓	
HRA [2]	✓	
HSA – Employee Contribution		✓
Health Care FSA		✓
Dependent Care FSA		✓
Basic LTD (Company Paid) [3]	✓	
Buy Up LTD	✓	
Basic Life (Company Paid) [4]	✓	
Supplemental Life	✓	
Personal Accident Insurance	✓	
Business Travel Accident Insurance	✓	
Group Legal		✓

1. If you have not elected any of these coverages for 2015, the coverage will stay the same for 2016.
2. Any remaining funds in the HRA at the end of the year will roll over from year to year unless you leave the company, move to the Consumer Choice Plan or waive medical coverage. No new funds will be added to this account in 2016.
3. BWXT provides basic 40% LTD at no cost to each eligible full-time employee, and you can elect the 60% buy-up option.
4. BWXT provides a $50,000 basic life benefit to each eligible employee. You are able to elect supplemental life insurance.

RESOURCES

BWXT Enrollment Center: For questions related to the enrollment process and all benefit programs except the Medical Benefit, call 1-844-708-1088. Customer Service Representatives are available weekdays, 8 a.m. to 8 p.m. Eastern Time, except holidays.

Care Coordinators: For questions related to the Medical Benefit, call a Care Coordinator at 1-866-276-9584 or visit www.mybwxthealthtools.com. Care Coordinators are available weekdays, 8:30 a.m. to 10 p.m. Eastern time, except holidays.

PROVIDER CONTACT INFORMATION

Benefit	Provider/Administrator	Website	Phone Number
General Questions and Enrollment	BWXT Enrollment Center	www.bwxt.com/enrollment	1-844-708-1088 (weekdays, 8 a.m. to 8 p.m. Eastern Time, except holidays)
Medical and Prescription Drug Information	Care Coordinators	www.mybwxthealthtools.com	1-866-276-9584 (weekdays, 8:30 a.m. to 10 p.m. Eastern Time, except holidays)
Health Savings Account (HSA)	Optum Health Bank	www.optumhealthbank.com	1-866-234-8913
Health Reimbursement Account (HRA)	ConnectYourCare	www.connectyourcare.com	1-877-906-7787 (24 hours/day, 7 days/week)
Flexible Spending Account (FSA)	ConnectYourCare	www.connectyourcare.com	1-877-906-7787 (24 hours/day, 7 days/week)
Dental Benefit	MetLife Anthem BlueCross BlueShield	www.metlife.com/dental www.anthem.com	1–800-942-0854 1–866-470-7250
Vision Benefit	United Healthcare Vision	www.myuhcvision.com	1-800-839-3242
Life Insurance	MetLife	www.metlife.com	1-800-638-6420
Long-Term Disability Benefit	Cigna	www.mycigna.com (once a claim is filed)	1-800-238-2125
Family Medical Leave and Short-Term Disability Benefit	Cigna	www.mycigna.com (once a claim is filed)	1-888-842-4462
Personal Accident Insurance	Chubb Group	www.chubb.com	
Hospital Income	Continental American (Aflac)	www.caicworksite.com	1-800-433-3036
COBRA - for COBRA participants	bswift	Email: COBRA@bswift.com	1-844-708-1088
Critical Illness	American Heritage Life Insurance Company	www.allstateatwork.com	1-800-348-4489
Group Legal Benefit	Hyatt Legal	www.legalplans.com	1-800-821-6400
Thrift Plan	Vanguard	www.vanguard.com	1-800-523-1188
Retirement Benefits	Charles Schwab	http://eac.schwab.com	1-800-654-2593
Pension Retirement Planning Resource	On-Point	www.bwxt.hrodb.com	1-877-201-0908
Perks @ Work Employee Discounts	Beneplace	www.beneplace.com/BWXT	