

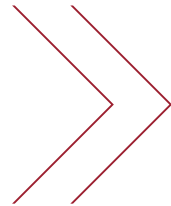
BENEFITS ENROLLMENT

# Guide



2019

WELCOME  
TO YOUR BENEFITS



People Strong  
INNOVATION DRIVEN >

**BWXT**  
BWXT Technologies, Inc.





# ELIGIBILITY FOR 2019 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 (SPDs).

## **New Employees: Enroll within 31 days of your hire date.**

If you were newly hired or had a life event (marriage, newborn child, etc.) on or after October 1, 2018, you ***must*** elect both 2018 and 2019 coverage separately.

Annual Enrollment begins on Monday, October 15 and ends at 11:59 p.m. Eastern Time on Friday, October 26.

# YOUR MEDICAL BENEFIT OPTIONS

You have two options for medical coverage which are administered by Anthem Blue Cross Blue Shield:

1. The Consumer Choice Plan
2. The PPO Plan



## CONSUMER CHOICE PLAN

## PPO PLAN

Both 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.

Both 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.

It is important to note that some services and treatment require a precertification – regardless if recommended by a physician – and may be considered “Not Covered.” Thus, please carefully review

the Medical Benefit Summary Plan Description (SPD), available on myBWXT, the BWXT Enrollment site or via a request of your Human Resources (HR) professional. In addition, the SPD can assist in understanding which services require you to meet a deductible before the medical benefit begins to pay.

### To find an in-network provider:

- Go to [www.anthem.com](http://www.anthem.com) > Providers > Find A Doctor
- Register if you have coverage
- If you are not registered, you can search as a 'Guest'
- Use **NATIONAL PPO (BLUECARD PPO)** under the plan / network option
- Fill in the rest of the information for your search

# COMPARING BWXT PLANS

		Consumer Choice Plan		PPO Plan	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Employee Only	Annual Deductible:	\$2,000	\$4,000	\$1,000	\$2,000
	Annual Out-of-Pocket Maximum: <sup>1</sup>	\$4,000	\$8,000	\$5,600	\$11,200
	Health Savings Account (HSA) <sup>2</sup>	\$500		N/A	
Employee + Spouse/Child(ren)	Annual Deductible:	\$4,000 <sup>5</sup>	\$8,000 <sup>5</sup>	\$2,000 <sup>3</sup>	\$4,000 <sup>3</sup>
	Annual Out-of-Pocket Maximum: <sup>1</sup>	\$6,850 <sup>6</sup>	\$16,000 <sup>6</sup>	\$11,200 <sup>4</sup>	\$22,400 <sup>4</sup>
	Health Savings Account (HSA) <sup>2</sup>	\$1,000		N/A	
Preventive Care Exams		Covered at 100%, subject to age / gender guidelines			
Physician's Office Visits		20% after deductible	50% after deductible	100% after \$30 copay	50% after deductible
Specialist's Office Visits		20% after deductible	50% after deductible	100% after \$45 copay	50% after deductible
LiveHealth Online		20% after deductible		\$10 copay	

1. For both plans, 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. If you elect the Consumer Choice Plan:

- You must open or reauthorize your Health Savings Account (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 an HSA, you can still enroll in the Consumer Choice Plan but you will not receive the company contribution.
- New hire HSA contributions are prorated.

3. For the PPO Plan, one person can meet no more than the individual annual deductible.

A combination of covered family members can also meet the annual deductible for these coverage tiers.

4. For the PPO Plan, one person can meet no more than 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.

5. For the Consumer Choice Plan, one person or combo of family members' expenses contributes toward the annual deductible

6. For the Consumer Choice Plan, one person or a combination of family members' expenses contributes toward the annual out-of-pocket maximum.



## UNDERSTANDING THE CONSUMER CHOICE PLAN

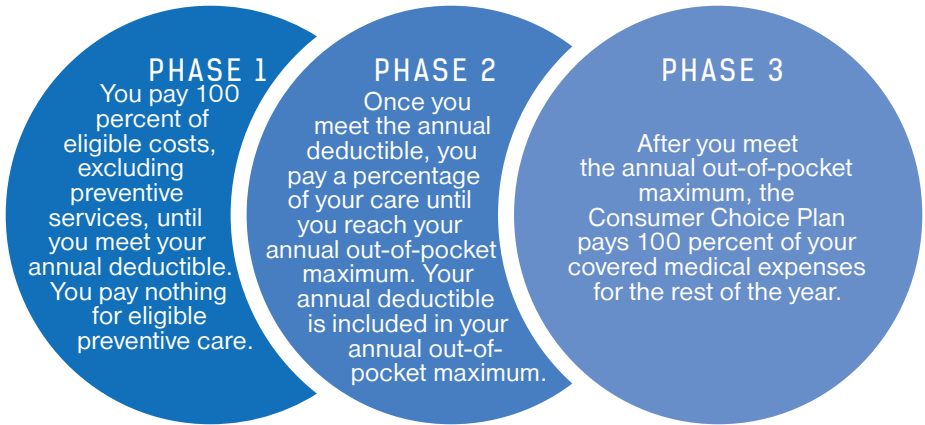
If you enroll in the comprehensive, high deductible Consumer Choice Plan:

- Employee (payroll) contributions will be lower than the PPO Plan.
- Eligible medical and pharmacy expenses will accumulate towards the deductible and out-of-pocket maximums.
- You will receive a company contribution to your HSA (deposited in January of 2019)\*. (Prorated throughout the year for new hires)
- You can contribute your own, pre-tax monies through payroll deductions to your HSA\* up to the annual Internal Revenue Service (IRS) limits.
- The IRS requires you to “open / re-open” your HSA account each year 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.
- Limited Purpose Health Care Flexible Spending Account (FSA) can only be used to pay for eligible dental and vision expenses.

\* **Note:** 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.

# HOW CLAIMS ARE PAID

When a claim is submitted under the Consumer Choice Plan, the amount you pay depends on which phase you are in:



**Note:** 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 pre-tax contributions in 2019 are limited to a maximum of \$3,500 for employee-only coverage tier and \$7,000 for all other coverage tiers. 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.

Factoring in BWXT contributions, employees are limited to the following amounts:

CONTRIBUTION LIMIT	EMPLOYEE ONLY	ALL OTHER COVERAGE TIERS
With BWXT Contributions*	\$3,000	\$6,000

*If you are currently age 55 or older, or become age 55 in 2019, you may contribute an additional \$1,000 under each coverage tier.*

\* New hire company contributions are prorated monthly throughout the year based on effective date.



## UNDERSTANDING THE PPO PLAN

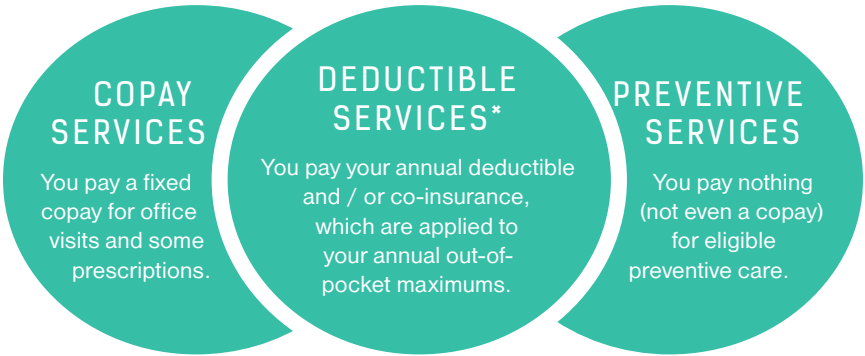
If you enroll in the comprehensive PPO Plan:

- The employee (payroll) contributions are higher than the Consumer Choice Plan because:
  1. The plan shares the cost of up-front expenses associated with office visits and prescriptions.
  2. The plan features copayments and lower deductibles than the Consumer Choice Plan.
- Doctor's visits have a copayment\* – making your out-of-pocket expense for each visit more predictable.
- Medical and prescription drug copays only apply to the annual out-of-pocket maximum – not the deductible.
- If you have remaining balances in your Health Reimbursement Account (HRA) at the end of 2018 it will carry forward into 2019 as long as you remain in the PPO Plan.
  - 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

\* Only in-network doctor's visits have a copayment.



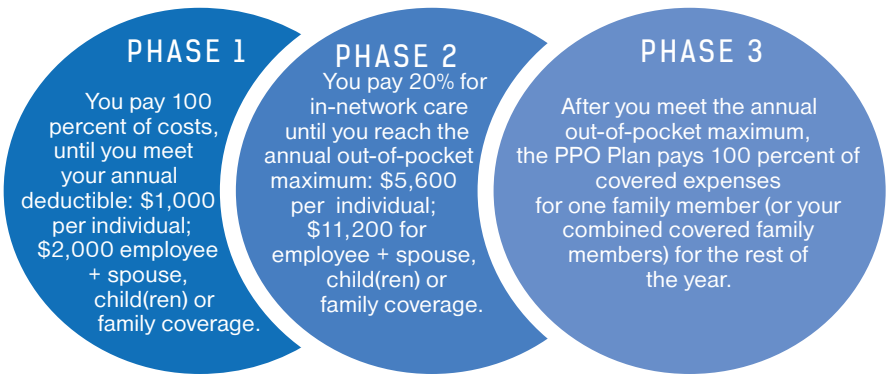
Under the PPO Plan, the amount you pay depends on the services you use:



\* One person can meet no more than the per-individual deductible of \$1,000 and then expenses go into Phase 2 below. Once all other covered family members combined meet the remaining \$1,000 deductible, future claims go into Phase 2 below. The process works the same for moving from Phase 2 to Phase 3.

## HOW THE PPO CLAIMS ARE PAID

For covered services rendered that apply to the deductible:



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

# HEALTH ADVOCATE

Health Advocate is a team of highly skilled registered nurses and benefits experts that are here to assist with health related issues.

With knowledge of BWXT's medical plans and covered services, 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
- 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 (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 as 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, your child, your parents or parents-in-law, even if they are not covered by BWXT's medical plan.



Contact your Health Advocate Monday through Friday  
from 8:00 a.m. – 12:00 a.m. ET (5:00 a.m.–9:00 p.m. PT)  
at 866-695-8622 or visit [www.healthadvocate.com/members](http://www.healthadvocate.com/members).

9 Clinical staff is also available after hours and weekends.

# PRESCRIPTION DRUG COVERAGE

## THE PRESCRIPTION DRUG PROGRAM:

- Covers 30-day prescriptions through in-network retail pharmacies
- Allows for 90-day maintenance prescriptions to be obtained
  - At any in-network retail pharmacy or
  - Through Express Scripts Home Delivery (via mail order)
- Claims are paid by BWXT and administered by Express Scripts (ESI)

## PRESCRIPTION DRUG COVERAGE BY PLAN

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

## 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 Pharmacy 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 balance at the time of purchase, or pay out of pocket.

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

1. Complete the Prescription Drug Mail-Order form available through Express Scripts Home Delivery, call 844-567-8518.
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 online or by phone 844-567-8518.

## **ACCREDITO® SPECIALTY PHARMACY**

For BWXT employees and dependents that take medication for certain conditions such as cancer, hepatitis C, multiple sclerosis, growth deficiency, pulmonary arterial hypertension, bleeding disorders, rheumatoid arthritis and others, Accredo® Specialty Pharmacy offers 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

## FREE GENERIC CHRONIC CONDITION MEDICATIONS

Under either 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 on the ESI website.

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.

# MEDICAL EMPLOYEE CONTRIBUTIONS

## 2019 MEDICAL BENEFIT PLAN FULL-TIME EMPLOYEE CONTRIBUTIONS (MONTHLY)

Coverage Tier	Consumer Choice Plan	PPO Plan
Employee Only	\$53	\$135
Employee + Spouse	\$90	\$249
Employee + Child(ren)	\$72	\$195
Employee + Family	\$107	\$318

## 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.

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

Please notify the BWXT Enrollment Center if you or your spouse have completed a tobacco cessation program or been tobacco free for three months. The surcharge will be discontinued on the next available update.

# 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.

If you live in Virginia, you have the option of choosing your network, MetLife or Anthem. The plan design is the same under both the MetLife and Anthem network.

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

MetLife Dental *does not* issue dental cards. Provide the employee's SSN when you are at the provider's office to verify coverage.

Anthem *does* issue dental cards. You will only receive a new ID card if you are a new enrollee.



## 2019 Dental Benefit Employee Contributions (Monthly)

Coverage Tier	Dental Basic	Dental Plus
Employee Only	\$27	\$33
Employee + Spouse	\$54	\$66
Employee + Child(ren)	\$62	\$76
Employee + Family	\$89	\$109

## 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

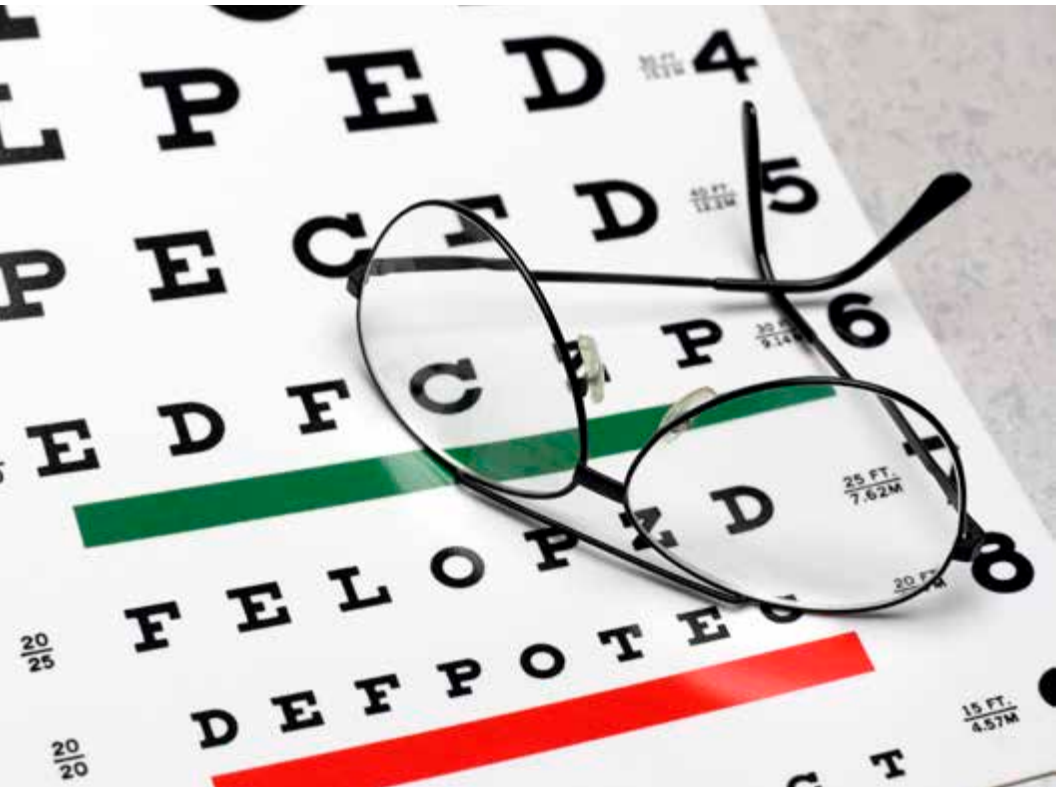
## VA Only 2019 Dental Benefit Employee Contributions (Monthly)

Coverage Tier	Dental Basic		Dental Plus	
	Cost-Efficient Network	Standard Network	Cost-Efficient Network	Standard Network
Employee Only	\$27	\$30	\$33	\$37
Employee + Spouse	\$54	\$60	\$66	\$74
Employee + Child(ren)	\$62	\$69	\$76	\$86
Employee + Family	\$89	\$99	\$109	\$123



# VISION BENEFITS

The Vision Benefit is administered by UnitedHealthcare (UHC) 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

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



Features	In-Network Benefit Pays:	Out-of-Network Benefit Reimburses:
Eye Exam	100% after \$10 copay	Up to \$45
<b>Glasses – Lenses</b>		
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
<b>Glasses – Frames</b>		
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
<b>Contact Lenses</b>		
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.

<b>2019 Vision Benefit Employee Contributions (Monthly)</b>	
Coverage Tier	Vision
Employee Only	\$6.99
Employee + Spouse	\$14.00
Employee + Child(ren)	\$14.65
Employee + Family	\$18.64

UHC Vision does not issue vision ID cards. Provide the employee's SSN when you are at the provider's office to verify coverage.

# FLEXIBLE SPENDING ACCOUNTS (FSA)

## DEPENDENT DAY CARE FSA

You may contribute to a Dependent Day Care FSA 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 and non-transferable 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 \$2,700<sup>1</sup> 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.

### Consumer Choice Plan and "limited purpose Health Care FSA"

Because IRS rules do not allow individuals to contribute to or receive employer contributions to an HSA while enrolled in a general purpose Health Care FSA, participants in the Consumer Choice Plan with an HSA account, may only use Health Care FSA monies as a "limited purpose Health Care FSA." This means that the funds can then only be used for eligible dental and vision expenses. If you enroll in the Consumer Choice (HSA) Plan in a new plan year and had the PPO Plan in the prior year with FSA funds able to be carried over, those funds may only be used for "limited purpose" expenses (e.g., dental and vision) in the new plan year.

### FSA carry over for both Health Care FSA Plans

The Health Care FSA allows employees to carry over up to \$500 of unused Health Care FSA monies from one year to the next. This means that if you elect more in Health Care FSA deductions in a given plan / calendar year than you are able to be reimbursed for, you can carry over up to \$500 into the following year's Health Care FSA and be reimbursed for eligible expenses in the new year for monies contributed in the prior year.

For example, if you elect \$1,000 of Health Care FSA in a given plan year and you use \$700 of those monies, you will have a \$300 carry over balance from the previous plan year moved into the following year. That year, you elect an additional \$300 in Health Care FSA deductions - for a total of \$600 available Health Care FSA dollars. After that plan year ends, your account still has all \$600 in it. Since the Health FSA plan has a \$500 carry over limit, you may only carry over \$500 to the next plan year, and you forfeit the remaining \$100.

Carried over amounts do not count toward your contribution limit in the subsequent year. You may still contribute up to the IRS limit (\$2,700<sup>1</sup> in 2019) whether or not you have carried over funds from a previous year.

# UNDERSTANDING HSAs, HRAs AND HEALTH CARE FSAs

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 2019	Employees can enroll in the Health Care FSA even if not enrolled in a BWXT Medical Benefit plan
Enrollment		
During annual enrollment, you must choose 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
2019 Annual Maximum Contribution Limits		
The total of your pre-tax contributions and BWXT's contributions combined cannot exceed the IRS maximum of \$3,500 / employee-only coverage or \$7,000 on all other coverages. 55+ can contribute \$1,000 more in catch up funds. BWXT will contribute: \$500 / employee-only coverage or \$1,000 on all other coverages	N/A	\$2,700 <sup>1</sup> pre-tax
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	2019 funds, you can carryover up to \$500 to the next plan year. 2018 funds have until March 15, 2019 to be used.
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, coinsurance and copays	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.

<sup>1</sup> Amount is subject to the annual IRS increase in 2019.

# INCOME PROTECTION BENEFITS

BWXT provides you with Basic Life Insurance of \$50,000 and Long-Term Disability (LTD) 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](http://www.willscenter.com), register as a new user and follow the simple instructions on the site to create your document.

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

**Short-Term Disability (STD)** pays you a portion of your income if you are unable to work because of an approved accident or illness. STD is a company paid benefit provided to all eligible employees.

## PROVIDING EVIDENCE OF INSURABILITY (EOI)

**For Life Insurance and LTD, 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.**

**LTD: The enrollment tool will link directly to Cigna so you can electronically complete the form, if required.**

**Long-Term Disability (LTD)** pays you a portion of your income if you are unable to work because of an approved 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.

Employees may elect additional income protection through an employee-paid "buy-up" program that provides an additional 20 percent of benefit should the employee become disabled for more than six months.

Employees who do not elect the 60 percent buy-up option when originally hired may be required to provide EOI to add the buy-up coverage at a later date.

**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 entire cost of coverage through after-tax payroll deductions.

**Business Travel Accident Insurance** is a company paid benefit provided to all eligible employees in the event of a business travel death. No election is necessary.

## INCOME PROTECTION BENEFITS OVERVIEW

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

# ENROLLING IN YOUR BENEFITS

New hires: coverage begins the first of the month following date of hire unless the date of hire is the first of the month.

## QUALIFYING LIFE EVENTS

If you experience a qualifying life event during the year, you can make changes to your benefit elections within 31 days following the event. Examples of the most common qualifying life events are:

- Marriage or Divorce
- Birth or adoption of a child (must add new child even if you already have “Employee + children” or “family” coverage.)



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 31 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 **October 15 through October 26, 2018**. You must finalize your enrollment elections no later than 11:59 p.m. Eastern Time on Friday, October 26, 2018 to receive benefits coverage in 2019.

## 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 2018 benefits coverages will not rollover to 2019 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 31 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.

# CURRENT EMPLOYEES

You are encouraged to actively enroll in your benefits to have coverage in 2019. If you choose not to enroll, some of your coverages will rollover and some will not.

## IF YOU DO NOTHING DURING ANNUAL ENROLLMENT:

	Will Carry Over from 2018 to 2019 <sup>1</sup>	Will Not Carry Over to 2019
Medical	✓	
Dental	✓	
Vision	✓	
HRA <sup>2</sup>	✓	
HSA - Employee Contribution		✓
Health Care FSA		✓
Dependent Care FSA		✓
Basic LTD (Company Paid) <sup>3</sup>	✓	
Buy Up LTD	✓	
Basic Life (Company Paid) <sup>4</sup>	✓	
Supplemental Life	✓	
Personal Accident Insurance	✓	
Business Travel Accident Insurance	✓	
Group Legal		✓

1. If you have not elected any of these coverages for 2018, the coverage will stay the same for 2019.
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 2019.
3. BWXT provides basic 40 percent LTD at no cost to each eligible full-time employee, and you can elect the 60 percent buy-up option, at your expense.
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.

## PROVIDER CONTACT INFORMATION

Benefit	Provider/Administrator	Website	Phone Number
<b>General Questions and Enrollment</b>	BWXT Enrollment Center	<a href="http://www.bwxt.com/enrollment">www.bwxt.com/enrollment</a>	1-844-708-1088 (weekdays, 8 a.m. to 8 p.m. Eastern Time, except holidays)
<b>Medical and Prescription Drug Information</b>	Anthem Blue Cross Blue Shield Express Scripts - ESI Health Advocate	<a href="http://www.anthem.com">www.anthem.com</a> <a href="http://www.express-scripts.com">www.express-scripts.com</a> <a href="http://www.healthadvocate.com/members">www.healthadvocate.com/members</a>	1-844-344-7419 1-844-567-8518 1-866-695-8622
<b>LiveHealth Online</b>	Virtual Healthcare	<a href="http://www.livehealthonline.com">www.livehealthonline.com</a>	1-888-LiveHealth (1-888-548-3432)
<b>Health Savings Account (HSA)</b>	Optum Health Bank	<a href="http://www.optumhealthbank.com">www.optumhealthbank.com</a>	1-866-234-8913
<b>Health Reimbursement Account (HRA)</b>	ConnectYourCare	<a href="http://www.connectyourcare.com">www.connectyourcare.com</a>	1-877-906-7787 (24 hours/day, 7 days/week)
<b>Flexible Spending Account (FSA)</b>	ConnectYourCare	<a href="http://www.connectyourcare.com">www.connectyourcare.com</a>	1-877-906-7787 (24 hours/day, 7 days/week)
<b>Dental Benefit</b>	MetLife Anthem Blue Cross Blue Shield	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a> <a href="http://www.anthem.com">www.anthem.com</a>	1-800-942-0854 1-866-470-7250
<b>Vision Benefit</b>	United Healthcare Vision	<a href="http://www.myuhcvision.com">www.myuhcvision.com</a>	1-800-839-3242
<b>Life Insurance</b>	MetLife	<a href="http://www.metlife.com">www.metlife.com</a>	1-800-638-6420
<b>Long-Term Disability Benefit</b>	Cigna	<a href="http://www.mycigna.com">www.mycigna.com</a> (once a claim is filed)	1-800-238-2125
<b>Family Medical Leave and Short-Term Disability Benefit</b>	Cigna	<a href="http://www.mycigna.com">www.mycigna.com</a> (once a claim is filed)	1-888-842-4462
<b>Personal Accident Insurance</b>	Chubb Group	<a href="http://www.chubb.com">www.chubb.com</a>	1-800-252-4670
<b>COBRA - for COBRA participants</b>	bswift	Email: <a href="mailto:COBRA@bswift.com">COBRA@bswift.com</a>	1-844-708-1088
<b>Group Legal Benefit</b>	Hyatt Legal	<a href="http://www.legalplans.com">www.legalplans.com</a>	1-800-821-6400
<b>Thrift Plan</b>	Vanguard	<a href="http://www.vanguard.com">www.vanguard.com</a>	1-800-523-1188
<b>Pension Retirement Planning Resource</b>	On-Point	<a href="http://www.bwxt.hrodb.com">www.bwxt.hrodb.com</a>	1-877-201-0908
<b>Perks @ Work Employee Discounts</b>	Beneplace	<a href="http://www.beneplace.com/BWXT">www.beneplace.com/BWXT</a>	1-800-683-2886
<b>Critical Illness*</b>	American Heritage Life Insurance Company	<a href="http://www.allstateatwork.com">www.allstateatwork.com</a>	1-800-348-4489
<b>Hospital Income*</b>	Continental American (Aflac)	<a href="http://www.caicworksite.com">www.caicworksite.com</a>	1-800-433-3036

\* These plans are only available to those grandfathered employees currently enrolled in them.

