



# BENEFITS GUIDE

FOR BENEFITS EFFECTIVE JANUARY 1 – DECEMBER 31, 2025



# 2025

NOG B UNION EMPLOYEES



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# WELCOME TO OPEN ENROLLMENT



It is hard to believe that 2025 is just around the corner. With the new year approaching, that brings another benefit annual enrollment process, which will begin on October 28, 2024 and extend through November 8, 2024. This year's enrollment process will be different than you are typically used to. This enrollment guide is designed to ensure you have all the relevant information to make your 2025 benefit selections.

## What IS NOT changing?

- Medical, prescription, dental and vision plan designs
- Your company-paid life insurance, along with employee paid basic and supplemental life insurance options

## What IS changing?

- **How you enroll in benefits:** NOG Barberton health and welfare plans are moving under the administration of the BWXT Enrollment Center. This year, enrollment will be paperless, and there will be three options available to enroll, as outlined below. During the annual enrollment window, you may change your elections at any time. Following the enrollment window, you will receive a paper enrollment confirmation statement delivered to your home address on file. More details regarding enrollment process changes can be found within this enrollment guide.
  - **Enroll via Phone:** You may contact the BWXT Enrollment Center at 844-708-1088 (and select Option 2 from the menu) anytime between 8 a.m. and 8 p.m. Eastern Standard Time, Monday through Friday. A representative will assist you with making your enrollment selections and adding your dependents and beneficiaries.
  - **Enroll via the Web:** Visit [www.bwxt.com/enrollment](http://www.bwxt.com/enrollment). Detailed instructions to enroll online are provided within this enrollment guide.
  - **Use the bswift Mobile App (bswift Mobile):** Using bswift Mobile allows you to have convenient access to your benefits information 24/7/365.
- **Enrollment will be active in order to ensure beneficiary elections are current:** We have had recent examples of former spouses being listed as beneficiaries of life insurance coverage, which was not the true intention of the employee. We understand that many times, employees will make an initial election at the time of hire, and then never re-visit this process even though life circumstances have changed. As part of this migration to the BWXT Enrollment Center, all health and welfare beneficiaries will default to "Your Estate" absent a beneficiary election. Please use this opportunity to refresh your beneficiary elections. You may also wish to review your 401k beneficiary elections at [www.vanguard.com](http://www.vanguard.com).
- **Dependent Verification:** To complete our federal compliance process with respect to dependent verification, to the extent you added new dependents to benefits coverage after May 2023, and those dependents were not verified during the 2023 Dependent Audit, they will go through the dependent verification process after annual enrollment is complete. If applicable, dependent verification communications will be sent to your home address on file, and dependents must be verified timely, in order for 2025 coverage to remain in place. Any dependents previously verified will not be subject to dependent verification. Going forward, new dependents added to coverage will be subject to dependent verification. This is necessary to remain in compliance with federal regulations that require dependents under BWXT plans be legitimately eligible to participate.

More details around these changes are included in this guide.

Throughout this transition, your local HR team and the benefits enrollment center will be available for support. We remain focused on preserving the value of the benefits offered to you; ensuring you have a positive annual enrollment experience; and offering better access to your benefits information, along with efficiency to make applicable changes during the course of the year.

Very truly yours,

**Adam T. Histed**  
**VP, Total Rewards, HR Systems and Process**



## WHO IS ELIGIBLE FOR BWXT BENEFITS?

Active employees are eligible to participate in BWXT benefit plans. Interns, seasonal field employees, part-time casual employees, contract employees paid through a third-party agency, and the like are ineligible to participate.

## WHEN CAN I ENROLL IN BENEFITS?

- **New Hires (in general):** New hires may enroll in BWXT benefit plans within 31 days of their date of hire. Benefits will be effective on the first of the month following the date of hire. New hires after Oct. 28, 2024, will be required to enroll in 2024 benefits and 2025 benefits.
- **During Open Enrollment:** Enroll online at [www.bwxt.com/enrollment](http://www.bwxt.com/enrollment) from Oct. 28, 2024 – Nov. 8, 2024.

### Need assistance or have a question?

Contact the Benefits Team at [bwxtbenefits@bwxt.com](mailto:bwxtbenefits@bwxt.com).

## WHERE DO I ENROLL IN BENEFITS?

Enrolling in benefits is easy! You have options:

- Enroll online at [www.bwxt.com/enrollment](http://www.bwxt.com/enrollment).
- Enroll via phone at 844-708-1088; weekdays (with the exception of holidays) from 8 a.m. to 8 p.m., Eastern Standard Time.
- Enroll from your phone, via the bswift mobile app.





# MEDICAL PLANS AT A GLANCE



## MEDICAL PLAN OVERVIEW

BWXT offers the choice of two medical benefits plans through Medical Mutual of Ohio: the Heritage Plan and the Basic Plan.

		HERITAGE PLAN		BASIC PLAN	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Employee Only	Annual Deductible	\$500	\$1,000	\$2,000	\$4,000
	Co-Insurance	80%	70%	80%	60%
	Annual Out-of-Pocket Maximum	\$7,150	Unlimited	\$7,150	Unlimited
Employee + Family	Annual Deductible	\$1,000	\$2,000	\$4,000	\$8,000
	Co-Insurance	80%	70%	80%	60%
	Annual Out-of-Pocket Maximum	\$14,300	Unlimited	\$14,300	Unlimited
Preventive Care		Eligible expenses covered at 100%			
Doctor Visit		\$25 co-pay, then 100%	\$25 co-pay, then 100%	\$25 co-pay, then 100%	60% after deductible
Specialist Visit		\$25 co-pay, then 100%	\$25 co-pay, then 100%	\$30 co-pay, then 100%	60% after deductible
Urgent Care		\$25 co-pay, then 100%	\$25 co-pay, then 70%	\$40 co-pay, then 100%	60% after deductible
Emergency Room		\$125 co-pay		\$125 co-pay	





# YOUR PRESCRIPTION DRUG PLAN



## PRESCRIPTION DRUG COVERAGE AT A GLANCE

Prescription drugs are covered through the medical plan with Medical Mutual of Ohio.

	HERITAGE PLAN		BASIC PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>30-DAY RETAIL SUPPLY (NON-MAINTENANCE MEDICATIONS)</b>				
<b>Generic</b>	20%/\$5 co-pay	Not covered	20%/\$5 co-pay	Not covered
<b>Preferred Brand</b>	20%/\$10 co-pay	Not covered	20%/\$10 co-pay	Not covered
<b>Non-Preferred Brand</b>	20%/\$10 co-pay	Not covered	20%/\$10 co-pay	Not covered
<b>90-DAY MAIL-ORDER SUPPLY (MAINTENANCE MEDICATIONS)</b>				
<b>Generic</b>	20%/\$5 co-pay	Not covered	20%/\$5 co-pay	Not covered
<b>Preferred Brand</b>	20%/\$10 co-pay	Not covered	20%/\$10 co-pay	Not covered
<b>Non-Preferred Brand</b>	20%/\$10 co-pay	Not covered	20%/\$10 co-pay	Not covered

**Note:** If Home delivery is not utilized for 90-day fills, then you will pay a higher co-pay amount. There will be **three** grace fills before the higher co-pay amount is enforced:

### 90 day:

- Generic: 30%/\$10 co-pay
- Preferred Brand: 30%/\$20 co-pay
- Non-Preferred Brand: 30%/\$20 co-pay

### Specialty Drugs: The plan covers up to a 30 day supply.

Certain specialty drugs are considered non-essential health benefits and therefore do not apply to the out-of-pocket maximum. They will also be subject to higher cost-share.

# MEDICAL & PRESCRIPTION DRUG EMPLOYEE CONTRIBUTIONS



These contributions include access to medical and dental coverage. Employees are required to elect medical coverage in order to enroll in dental coverage.

COVERAGE TIER	HERITAGE PLAN		BASIC PLAN
	MONTHLY	WEEKLY	
Employee Only	\$23.58	\$5.44	\$0.00
Employee + Family	\$70.74	\$16.32	\$0.00





# DENTAL BENEFITS



Oral health is a key contributor to overall physical health and well-being. The Dental Plans offered are designed to help you maintain and improve your oral health. **Dental benefits are bundled with medical coverage. You must enroll in medical coverage for dental coverage to apply.**

## DENTAL PLANS AT A GLANCE

DENTAL PLAN FEATURES	
Annual Maximum Benefit	\$1,500
Deductible	\$0
Preventive & Diagnostic Care	100%
Basic & Restorative Care	80%
Major Care	50%
Orthodontia (Up to Age 19)	50%
Orthodontia Lifetime Maximum	\$1,000



### ORAL HEALTH

According to the Mayo Clinic, your oral health can have a direct influence on several medical conditions, including endocarditis, cardiovascular disease, pregnancy and birth complications and pneumonia. To protect your oral health, follow these guidelines:

- Brush your teeth at least twice a day for two minutes each time. Use a soft-bristled brush and fluoride toothpaste.
- Floss daily.
- Use mouthwash to remove food particles left after brushing and flossing.
- Eat a healthy diet and limit the amount of sugary foods and drinks you consume.
- Replace your toothbrush every three to four months, or sooner if bristles are splayed or worn.
- Schedule regular dental checkups and cleanings.
- Avoid tobacco use.

### DID YOU KNOW?



# VISION BENEFITS



The Vision Plan, through Anthem Blue View Vision, provides coverage once every 12 months for routine eye exams and glasses or contacts and offers services through a network of over 37,000 providers at a lower cost than you would pay without vision benefit coverage. When you visit an in-network provider, BWXT will cover most services at 100% after you pay a co-pay. If you go to an out-of-network provider, you will receive an allowance for services and may need to file for claims reimbursement.

## LASER VISION BENEFIT

Save \$800 on LASIK when you choose any “featured” Premier LASIK Network provider. Save 15% with all other in-network providers.

## VISION PLAN AT A GLANCE

	IN-NETWORK BENEFIT PAYS	OUT-OF-NETWORK BENEFIT REIMBURSES
<b>Routine Eye Exam</b>	\$10 co-pay	Up to \$45
<b>GLASSES</b>		
<b>Single Vision</b>	\$25 co-pay	Up to \$30
<b>Lined Bifocal</b>	\$25 co-pay	Up to \$50
<b>Lined Trifocal</b>	\$25 co-pay	Up to \$65
<b>Lenticular</b>	\$25 co-pay	Up to \$100
<b>Frames</b>	\$130 allowance, then 20% off any balance	Up to \$70
<b>CONTACT LENSES</b>		
<b>Elective Conventional</b>	\$125 allowance, then 15% off any balance	Up to \$105
<b>Elective Disposable</b>	\$125 allowance with no additional discount	Up to \$105
<b>Non-Elective (Medically Necessary)</b>	Covered in full	Up to \$210
<b>Standard Fitting</b>	Up to \$55	Not covered
<b>Premium Fitting</b>	10% off retail price	Not covered

## VISION PLAN EMPLOYEE CONTRIBUTIONS

COVERAGE TIER	BLUE VIEW VISION	
	MONTHLY	WEEKLY
<b>Employee Only</b>	\$4.86	\$1.12
<b>Employee + Spouse</b>	\$9.71	\$2.24
<b>Employee + Child(ren)</b>	\$10.37	\$2.39
<b>Employee + Family</b>	\$16.49	\$3.81



It's not easy when challenges arise. Big or small, personal or work-related, the Health Advocate Employee Assistance Program (EAP) is there to help you address and overcome obstacles so you can live a more meaningful life. You are only a phone call away from free, confidential counseling on a wide variety of personal work/life balance concerns and so much more. Just call, tap, or click to reach us and receive confidential, personalized support from our caring team.

## Connect with us to:

- **Figure out what type of counseling** may work best for you and what counseling options are available to you: telephone, virtual or in-person
- Build skills to address a variety of **emotional and mental health needs**, and develop a plan to feel more in control
- Locate the right resources to help you **better balance work and life** such as childcare, eldercare and more
- **Find long-term help** from qualified professionals and treatment centers
- Get guidance from specialists for help with **legal and financial issues**
- Get help with travel plans, event planning, reservations, and other time-consuming tasks through our **concierge service**



# INCOME PROTECTION BENEFITS



BWXT offers various forms of income protection benefits to employees. Some benefits are fully paid by BWXT, whereas others are available as employee-paid supplemental coverages or enhancements.

BENEFIT	WHO PAYS?		ENROLLMENT
	BWXT	EMPLOYEE	
<b>Employee Basic Life Insurance</b> <ul style="list-style-type: none"> <li>\$30,000 of coverage is provided at no cost to you.</li> <li>Pays a death benefit to your beneficiary should you die.</li> <li>Evidence of Insurability (EOI) is not required.</li> </ul>	X		No
<b>Employee Supplemental Life Insurance</b> <ul style="list-style-type: none"> <li>In addition to Employee Basic Life Insurance, you may select supplemental coverage in \$10,000 increments, from \$10,000-\$90,000.</li> <li>Pays a death benefit to your beneficiary should you die.</li> <li>Evidence of Insurability (EOI) is required for an increase in coverage.</li> </ul>		X	Yes
<b>Short-Term Disability</b> <ul style="list-style-type: none"> <li>Coverage is provided at no cost to you.</li> <li>Pays you a portion of your income if you are unable to work because of a verified accident or illness.</li> </ul>	X		No



## Short-Term Disability

Objective medical documentation may be requested by Matrix, BWXT's claims administrator, to substantiate a continued disability at various points during your leave. The timing of these documentation requests depend on your condition, the medical procedure(s) performed and any comorbidities that may exist. If documentation is required, you will be notified by your Matrix Case Manager, and they can assist you by requesting this documentation directly from your medical provider.

## DID YOU KNOW?



# PROVIDER CONTACTS

## Need assistance or have a question?

Contact the Benefits Team at [bwxtbenefits@bwxt.com](mailto:bwxtbenefits@bwxt.com).

Benefit	Provider/Administrator	Website	Phone Number
Enrollment	BWXT Enrollment Center	<a href="http://www.bwxt.com/enrollment">www.bwxt.com/enrollment</a>	844-708-1088 (weekdays, 8 a.m. to 8 p.m. Eastern Standard Time except holidays)
EAP	Health Advocate	<a href="http://healthadvocate.com/members">healthadvocate.com/members</a>	877-240-6863
Medical and Prescription Drug Information	Medical Mutual of Ohio	<a href="http://www.medmutual.com">www.medmutual.com</a>	800-382-5729
Dental Benefit	Medical Mutual of Ohio	<a href="http://www.medmutual.com">www.medmutual.com</a>	800-382-5729
Vision Benefit	Anthem Blue Cross Blue Shield	<a href="http://www.anthem.com">www.anthem.com</a>	866-723-0515
Life and AD&D	MetLife	<a href="http://www.metlife.com">www.metlife.com</a>	800-638-6420
Family Medical Leave and Short-Term Disability Benefit	Reliance / Matrix	<a href="http://www.matrixcos.com">www.matrixcos.com</a> (once a claim is filed)	877-202-0055
COBRA - for COBRA participants	bswift	Email: <a href="mailto:COBRA@bswift.com">COBRA@bswift.com</a>	844-708-1088











BWXT has made every attempt to ensure the accuracy of the information described in this enrollment guide. This guide is not an official plan document and does not provide a complete description of your benefit plans. Any discrepancy between this guide and the insurance contracts, summary plan descriptions (SPDs) or any other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to those documents. Any examples, such as infographics provided in this guide are purely illustrative in nature, and actual plan costs and coverage will differ based on coverage selected. BWXT reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and BWXT share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with BWXT.