

# BENEFITS GUIDE

FOR BENEFITS EFFECTIVE JANUARY 1 – DECEMBER 31, 2025





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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 and dental plan designs
- Your company-paid life and accidental death and dismemberment ("AD&D") insurance coverage, along with supplemental life insurance coverage options

### What IS changing?

- How you enroll in benefits: NOG Euclid 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, and following the enrollment window, you will receive a paper enrollment confirmation statement delivered to your home address on file.
  - 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 <u>www.bwxt.com/enrollment</u>. 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 <a href="https://www.vanguard.com">www.vanguard.com</a>.
- **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.
- Medical, prescription, dental, and vision administrators are changing: While the plan designs remain unchanged (except for the change to the vision plan outlined below), the administrators of these plans are changing.
  - Medical: From Cigna to Anthem Blue Cross/Blue Shield
  - Prescription: From Cigna to Capital Rx
  - Dental: From Cigna to Anthem Blue Cross/Blue Shield
  - Vision: From VSP to Anthem Blue Cross/Blue Shield

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# **WELCOME TO OPEN ENROLLMENT**

- Vision Plan Design: Union leadership has endorsed a plan design change that eliminates the six month waiting period for plan eligibility upon hire.
- **Dependent Life Insurance:** Union leadership has endorsed a plan design change that allows you to enroll spouses and children separately under dependent life insurance options versus paying for bundled coverage you may not need.

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



# THE BASICS



### WHO IS ELIGIBLE FOR BWXT BENEFITS?

Employees who work full time, 40 hours per week, 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 immediately if hired on the first of the month; otherwise, 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 <u>www.bwxt.com/enrollment</u> from Oct. 28, 2024 Nov. 8, 2024.

## Need assistance or have a question?

Contact the Benefits Team at <a href="mailto:bwxt.com">bwxtbenefits@bwxt.com</a>.

### WHERE DO I ENROLL IN BENEFITS?

Enrolling in benefits is easy! You have options:

- Enroll online at <u>www.bwxt.com/enrollment</u>.
- 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**

For 2025, medical coverage will move to Anthem. You can enjoy access to providers in the Blue Card PPO Network.

		TRADITIONAL PLAN		BASIC	PLAN
		IN-NETWORK	OUT-OF- NETWORK	IN-NETWORK	OUT-OF- NETWORK
O O	Annual Deductible	\$350	\$700	\$2,000	\$4,000
Employee Only	Co-Insurance	20%	50%	20%	50%
Emp	Annual Out-of-Pocket Maximum	\$2,400	\$4,800	\$4,000	\$8,000
+	Annual Deductible	\$700	\$1,400	\$4,000	\$8,000
Employee Family	Co-Insurance	20%	50%	20%	50%
	Annual Out-of-Pocket Maximum	\$4,800	\$9,600	\$8,000	\$16,000
	Preventive Care		Eligible expenses	covered at 100%	
	Doctor Visit	\$25 co-pay	50% co-insurance	\$30 co-pay	50% co-insurance
	Specialist Visit	\$25 co-pay	50% co-insurance	\$60 co-pay	50% co-insurance
	LiveHealth Online	\$25 co-pay		\$30 (	co-pay



# YOUR PRESCRIPTION DRUG PLAN





NEW for 2025, we will partner with Capital Rx for our prescription drug program. You will receive the same services you are familiar with today. However, Capital Rx will continue to enhance your member experience to best suit your needs.

Once active with Capital Rx, customer care experts are available 24/7 to support you. You can reach Capital Rx by dialing the number listed on the back of your ID card once received.

Manage your pharmacy benefits on the go with the Capital Rx mobile app. Personalized access will be available after January 1, 2025.

After January 1, 2025, access the member portal online by scanning this code or visit www.cap-rx.com.







## **Capital Rx Pharmacy Benefit FAQs**

### Can I still fill my prescriptions at my preferred pharmacy with Capital Rx?

Capital Rx maintains a national network of more than 60,000 pharmacies, including all national chains and most independent pharmacies. However, with some prescription benefit plans, certain pharmacies may be excluded from the network. To confirm the network status of your preferred pharmacy, use the Capital Rx microsite link found below. Once you arrive at the pharmacy, don't forget to show the pharmacist your ID card to ensure you only pay the out-of-pocket cost associated with your prescription benefit plan.

## Is my current (or new) prescription covered by Capital Rx?

Your coverage for each prescription drug is outlined on our formulary (i.e., preferred drug list). To confirm the coverage status of a medication - including if a prior authorization, step therapy, or quantity limit applies - please consult the Liberty formulary by using the Capital Rx microsite link found below.

# How do I know what my out-of-pocket cost (i.e., co-pay or coinsurance) will be with Capital Rx?

You can easily view expected medication cost by logging into the member portal and click the **best price** icon, once the portal goes live in 2025. Enter the name of the medication in the drug name field. Define specific options using the drop downs for type, form, dosage, and quantity. Click on the **find lowest price** icon. A list of local pharmacies will be provided along with the expected cost for the specified medication.

### **Capital Rx MicroSite**

Visit our website at <a href="https://enrollment.cap-rx.com/liberty">https://enrollment.cap-rx.com/liberty</a> to search for in-network pharmacies and to check if your prescription medication is currently covered under the formulary.



# YOUR PRESCRIPTION DRUG PLAN

## PRESCRIPTION DRUG COVERAGE AT A GLANCE

	TRADITIONAL PLAN		BASIC PLAN				
	IN-NETWORK	OUT-OF-NETWORK BENEFIT REIMBURSES	IN-NETWORK	OUT-OF-NETWORK BENEFIT REIMBURSES			
30-DAY RETAIL SUPPLY	30-DAY RETAIL SUPPLY (NON-MAINTENANCE MEDICATIONS)						
Generic	\$15		\$20				
Preferred Brand	\$25	50%	\$40	50%			
Non-Preferred Brand	\$50		\$60				
90-DAY RETAIL SUPPLY	(NON-MAINTENANC	E MEDICATIONS)					
Generic	\$45		\$60				
Preferred Brand	\$75	50%	\$120	50%			
Non-Preferred Brand	\$150		\$180				
90-DAY OR MAIL-ORD	ER SUPPLY (MAINTE	NANCE MEDICATIONS)					
Generic	\$30		\$40				
Preferred Brand	\$50	50%	\$80	50%			
Non-Preferred Brand	\$110		\$120				
SPECIALTY							
Generic	\$15		\$20				
Preferred Brand	\$25	50%	\$40	50%			
Non-Preferred Brand	\$50		\$60				



# MEDICAL & PRESCRIPTION DRUG EMPLOYEE CONTRIBUTIONS (MONTHLY)



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

COVERAGE TIER	TRADITIONAL PLAN	BASIC PLAN	
Employee Only	\$60	\$5	
Employee + Family	\$120	\$10	

Effective May 17, 2025, Traditional Plan contributions will increase to \$65 for Single, and \$130 for Family.



### The Convenience of Telehealth

Have any of your children become ill in the middle of the night? Have you been traveling for business or pleasure and become ill? For unexpected, non-serious health issues, telehealth can be a convenient way to access care from your home or on the road. BWXT provides telehealth services to employees via LiveHealth Online. Simply download the app (supported by both Apple and Android) or log in online at <a href="https://www.livehealthonline.com">www.livehealthonline.com</a>, then enter your insurance information and schedule an appointment to meet with a physician 24/7/365. You can even enter your preferred pharmacy; that way, if your telehealth physician determines a prescription is necessary, they can send it directly to the pharmacy of your choice!

**DID YOU KNOW?** 



# **DENTAL BENEFITS**



# Anthem 🚭 🗓

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. Both of our plan options cover preventive and diagnostic dental care at 100% before the deductible is triggered, up to benefit limits.

### **DENTAL PLANS AT A GLANCE**

FEATURE	DENTAL BASIC			
Annual Maximum Benefit	\$2,000/person			
Deductible	\$25/person \$50/family			
Preventive & Diagnostic Care	No deductible; plan pays 100%			
Basic & Restorative Care	Plan pays 80% after deductible			
Major Care	Plan pays 50% after deductible			
Orthodontia	60% coinsurance (deductible waived)			
Orthodontia Lifetime Maximum (adult/child coverage)	\$2,000/person			

# **Dental Plan Employee Contributions** (Monthly)

COVERAGE TIER	DENTAL BASIC
<b>Employee Only</b>	\$0
Employee + Family	\$0





### 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?**

Employees are required to elect medical coverage in order to enroll in dental and vision coverage.



# **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 innetwork providers.

### **VISION PLAN AT A GLANCE**

	IN-NETWORK BENEFIT PAYS	OUT-OF-NETWORK BENEFIT REIMBURSES
Routine Eye Exam	\$0 co-pay	Up to \$42
	GLASSES	
Single Vision	\$0 co-pay	Up to \$47
Lined Bifocal	\$0 co-pay	Up to \$60
Lined Trifocal	\$0 co-pay	Up to \$80
Lenticular	\$0 co-pay	Up to \$125
Frames	\$140 allowance, then 20% off any balance	Up to \$47
	CONTACT LENSES	
Elective Conventional	\$125 allowance, then 15% off any balance	Up to \$105
Elective Disposable	\$125 allowance with no additional discount	Up to \$105
Non-Elective (Medically Necessary)	Covered in full	Up to \$210
Standard Fitting	Up to \$40	Not covered
Premium Fitting	10% off retail price	Not covered

## VISION PLAN EMPLOYEE CONTRIBUTIONS (MONTHLY)

COVERAGE TIER	BLUE VIEW VISION
Employee Only	\$0
Employee + 1	\$0
Employee + Family	\$0

Employees are required to elect medical coverage in order to enroll in dental and vision coverage.

# **HEALTH ADVOCATE**





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.

DENEELT		O PAYS?	ENDOLLMENT
BENEFIT	BWXT	EMPLOYEE	ENROLLMENT
Employee Basic Life Insurance			
• \$40,000 of coverage is provided at no cost to you.	X		No
<ul> <li>Pays a death benefit to your beneficiary should you die.</li> </ul>	^		NO
Evidence of Insurability (EOI) is not required.			
Employee Supplemental Life Insurance			
In addition to Employee Basic Life Insurance, you may select \$40,000 of supplemental life coverage.		X	Yes
Pays a death benefit to your beneficiary should you die.			
Evidence of Insurability (EOI) is not required.			
Spouse Life Insurance			
Must be enrolled in Supplemental Life Insurance.			
You may select \$30,000 of Spouse Life Insurance.		Х	Yes
<ul> <li>Pays a death benefit to you should your spouse die.</li> </ul>			
Evidence of Insurability (EOI) is not required.			
Child Life Insurance			
Must be enrolled in Supplemental Life Insurance.			
<ul><li>You may select \$15,000 of Child Life Insurance.</li></ul>		X	Yes
<ul> <li>Your selected Child Life Insurance amount provides equivalent coverage to all your children.</li> </ul>			
<ul><li>Pays a death benefit to you should your child(ren) die.</li></ul>			
Short-Term Disability			
Coverage is provided at no cost to you.	х		No
Pays you a portion of your income if you are unable to work because of a verified accident or illness.			
Basic Long-Term Disability			
<ul> <li>Coverage is provided at no cost to you; however, imputed income tax will be deducted from your pay to ensure any benefits payable in the future remain tax-free.</li> </ul>	x		No
<ul> <li>Pays you 60% of your income, up to a monthly income limit of \$5,000, if you are unable to work because of a verified accident or illness.</li> </ul>			



# **INCOME PROTECTION BENEFITS**

DENICEIT	WH	O PAYS?	ENDOLLMENT
BENEFIT	BWXT	EMPLOYEE	ENROLLMENT
Basic Accidental Death & Dismemberment Insurance (AD&D)			
<ul> <li>Basic coverage of \$40,000 is provided at no cost to you.</li> </ul>			
<ul> <li>Pays a lump-sum benefit to you or your designated beneficiary should you die as the result of an accident or should you experience a catastrophic event that results in (among other things) the loss of a limb or appendage.</li> </ul>	X		No
Supplemental Accidental Death & Dismemberment Insurance (AD&D)			
<ul> <li>In addition to Employee Basic Life Insurance, you may select \$40,000 of supplemental AD&amp;D coverage.</li> </ul>		X	Yes
Pays a lump-sum benefit to you or your designated beneficiary should you die as the result of an accident or should you experience a catastrophic event that results in (among other things) the loss of a limb or appendage.		-	



## **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 <a href="mailto:bwxt.com">bwxtbenefits@bwxt.com</a>.

Benefit	Provider/Administrator	Website	Phone Number
Enrollment	ollment  BWXT Enrollment  Center  www.bwxt.com/enrollment		844-708-1088 (weekdays, 8 a.m. to 8 p.m. Eastern Standard Time except holidays)
EAP	Health Advocate	healthadvocate.com/members	877-240-6863
Medical and Prescription Drug Information	Anthem Blue Cross Blue Shield Capital Rx	www.anthem.com cap-rx.com	844-344-7419 833-463-1652
Virtual Healthcare	LiveHealth Online	www.livehealthonline.com	888-548-3432
Dental Benefit	Anthem Blue Cross Blue Shield	www.anthem.com	866-470-7250
Vision Benefit	Anthem Blue Cross Blue Shield	www.anthem.com	866-723-0515
Life and AD&D	MetLife	www.metlife.com	800-638-6420
Long-Term Disability Benefit	Reliance / Matrix	www.matrixcos.com (once a claim is filed)	877-202-0055
Family Medical Leave and Short-Term Disability Benefit	Reliance / Matrix	www.matrixcos.com (once a claim is filed)	877-202-0055
COBRA - for COBRA participants	bswift	Email: COBRA@bswift.com	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.