

2022 Annual Benefits Enrollment Guide

FLUOR BWXT USW EMPLOYEES (ACTIVE AND LTD*)



2022 ANNUAL BENEFITS ENROLLMENT

Each year during our Annual Benefits Enrollment period, you have the opportunity to review your Health and Welfare benefit choices, consider your needs, and choose benefits coverage for the next year. The information you and your family members need to make informed decisions about your 2022 Annual Benefits Enrollment is available in this guide and online at www.ucor.com/benefitsRMP.html. Through this site, you may also submit questions and view responses to Frequently Asked Questions (FAQs) related to your 2022 benefits.

***NOTE:** If you are on LTD you are no longer considered an active employee, but you are still eligible for certain benefits as described in this guide.



2022 Annual Benefits Enrollment Dates: October 25 – November 5, 2021

You can enroll by telephone at **(888) 890-5631** or online at www.hrbenefitsadvantage.com. Enrollment instructions are included in your packet with this guide. A statement of your current benefit coverages was provided to you in advance of the 2022 enrollment period.



ENROLLMENT ACTION

If you want to keep the same benefits you have now, you are not required to take action during the 2022 Annual Benefits Enrollment period. If you don't take action, you will automatically be re-enrolled in the same medical, dental, vision, and life benefits you had in 2021, at the 2022 premium rates.

However, enrollment action is required if you want to change your life benefit coverage or coverage levels for 2022. The benefit election choices you make for January 1, 2022, will remain in place for the entire plan year unless you experience a qualifying life event such as a marriage, divorce, birth or adoption of a child, etc.

MAKING CHANGES DURING THE YEAR

Typically, the elections you make during Annual Enrollment will stay in effect until December 31, 2022. However, in certain circumstances, you may be able to make changes to your benefits during the year. If you experience a qualified life event, such as a marriage, divorce, or birth or adoption of a child, you can make benefit changes directly related to that life event. You must initiate your qualified life event change within 31 days of the qualifying event by calling Mercer Single Source 1™ (SS1) at **(888) 890-5631**.

? WHAT'S NEW FOR 2022?

MEDICAL PLANS

You have two medical plan options for 2022.

1. **The PPO Plan:** This is the same medical plan that you were offered in 2021. **Monthly premiums will increase for 2022.** Remember, your costs for medical care through the PPO Plan will be lower if you use an in-network provider. This plan includes the Aetna Premier Plus 4-Tier Drug Formulary. For details on which medications are covered, please go to www.ucor.com/benefitsRMP.html.
2. **The Consumer Directed Health Plan (CDHP):** This is the same medical plan that you were offered in 2021. **Your monthly CDHP premiums will not increase for 2022.** This plan meets all the qualifications for an affordable medical plan under the Affordable Care Act. A CDHP has a higher deductible than the PPO Plan, but also has lower premium rates. Like the PPO Plan, there's also a cap on how much you pay in a given year, called the out-of-pocket maximum. If you select the CDHP, you may be eligible to participate in an individual Health Savings Account, or HSA, through your bank. An HSA can be used to pay for eligible medical expenses—with tax-free dollars. This medical plan includes the Aetna Value Plus Drug Formulary. *This formulary is different from the Aetna Premier Plus 4-Tier Drug Formulary, which is available through the PPO Plan. Before electing the CDHP, please go to www.ucor.com/benefitsRMP.html to review prescription drug coverage under the Value Plus Formulary.*

Note: Prescription Drug Formularies are updated regularly by our medical plan carrier. Be sure to review the Formularies regularly. Changes to the Formularies during the plan year may impact your Prescription Drug Coverage.

The 2022 monthly premiums are on page 5.



Don't forget that you have access to the following resources to help save money on your healthcare expenses.

Teladoc: If you're enrolled in UCOR Health and Welfare medical benefits, you can access virtual support from board-certified doctors through Teladoc, the telehealth provider in partnership with Aetna. With Teladoc, you'll be able to speak to a doctor by phone or video 24/7, for a diagnosis of minor, short-term issues such as a fever or the flu. Teladoc provides adult and pediatric general medical care, and the physicians can prescribe short-term medication for a wide range of conditions when medically appropriate. You pay only your doctor visit copay (or deductible) for Teladoc consults. See page 6 for Teladoc information sources.

MinuteClinic: If you're enrolled in UCOR Health and Welfare medical benefits, you can access in-person non-emergency care at a MinuteClinic, available inside select CVS Pharmacy and Target stores – walk-in or by appointment. You can get treatment for a variety of illnesses, injuries or conditions or even receive a prescription (if appropriate). MinuteClinics are open seven days a week (including evenings and weekends), and you can pick up your prescriptions on-site.

MEDICAL AND PRESCRIPTION DRUG COMPARISON

2022 Medical Plan Options				
Plan Design Provisions	PPO Plan		CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Single/Family)	\$0/\$0	\$100/\$200	\$2,800/\$5,600	\$5,000/\$10,000
Plan Pays	100%	90% after deductible	50% after deductible	50% after deductible
Annual Out-of-Pocket Maximum Single/Family (Includes deductible, coinsurance and copays paid by you)	\$600/\$1,200	\$600/\$1,200	\$6,550/\$13,100	\$13,100/\$26,200
Physician Office Visits Participant pays per visit	0%	Deductible + 10%	Deductible + 50%	Deductible + 50%
Inpatient Hospital Participant pays	0%	Deductible + 10%	Deductible + 50%	Deductible + 50%
Outpatient Surgery Participant pays	0%	Deductible + 10%	Deductible + 50%	Deductible + 50%
Emergency Room Participant pays per visit	0%*	0%*	Deductible + 50%	Deductible + 50%
Lab/X-Rays/Diagnostics Participant pays	0%	Deductible + 10%	Deductible + 50%	Deductible + 50%
Urgent Care Facility Participant pays	0%	Deductible + 10%	Deductible + 50%	Deductible + 50%
2022 Prescription Drug Coverage (In-Network)				
	Retail (30-day supply)	Mail (90-day supply)	Retail (30-day supply)	Mail (90-day supply)
	\$100/\$200		Integrated with medical	
Formulary (Please see www.aetna.com for prescription formulary details.)	Premier Plus		Value Plus	
Tier I - Generic Participant pays	10% after deductible	\$5	30% after deductible	30% after deductible
Tier II – Formulary Brand Name Participant pays	10% after deductible	\$15	30% after deductible	30% after deductible
Tier III – Non-Formulary Brand Name Participant pays	10% after deductible	\$15	45% after deductible	45% after deductible
Tier IV – Specialty Participant pays	10% after deductible	Not covered	45% after deductible	Not covered
Annual Out-of-Pocket Maximum Single/Family	\$600/\$1,200 (Applies to the out-of-network medical annual out-of-pocket maximum)		Integrated with medical	



SAVINGS AND SPENDING ACCOUNTS

Health Savings Account (HSA)

If you enroll in the high-deductible medical plan (CDHP), you may be eligible for an individual Health Savings Account (HSA), which is a savings account for qualified medical expenses. With an HSA, you can deposit, grow, save, and pay for qualified expenses today, while saving for future qualified expenses, tax-free. This means account holders get triple tax savings. You may contribute **up to \$3,650** per calendar year for yourself and **up to \$7,300** for family coverage. The HSA can be set up with any qualified trustee or custodian such as a bank, credit union, insurance company, or other financial institution. **This money is yours, even if you leave the company.** You can use the money in your HSA to pay for any eligible medical, dental, and vision care expenses you have, including expenses that count toward your annual deductible and coinsurance.

Note: An HSA is available only to employees enrolled in an IRS-qualified high-deductible health plan, like the CDHP. If you are enrolled in the PPO Plan or Medicare, you are not eligible for an HSA. For more details on HSA requirements, visit www.irs.gov.



VISION PLAN

2022 vision benefits will remain unchanged, and **monthly premiums will remain the same for 2022**. No enrollment action is needed if you want to keep the same vision benefits you have now. The 2022 monthly premiums are on page 5. Please visit www.ucor.com/benefitsRMP.html for additional information.



DENTAL PLAN

There are no changes to the dental plan design for 2022, and **dental plan monthly premiums will remain the same for 2022**. For your 2022 coverage, no enrollment action is needed if you want to keep the same dental benefits you have now. The 2022 monthly premiums are on page 5.

Note, it is important to check whether your dental providers are in the Cigna network. You may use any dentist, but you will generally pay less for in-network providers. To view dental providers in the Cigna network, go to www.mycigna.com. To view your applicable dental plan summaries, visit www.ucor.com/benefitsRMP.html.



LIFE INSURANCE

The Basic and Optional Life Insurance Plans for 2022 will continue to be offered through Securian. There will be no changes to the life insurance provisions for 2022, and **monthly premiums for Optional Life will remain the same**. For your 2022 coverage, no enrollment action is needed if you want to keep the same life insurance coverage you have now. The 2022 monthly premiums are on page 5.

Basic Life

There are no changes to the Basic Life benefit, which is currently 2x your annual earnings. **Basic Life premiums will remain the same in 2022**. If you have Basic Life Insurance, but choose to drop that coverage for 2022, you will no longer be eligible for the optional employee life coverages. In addition, if you drop coverage and want to re-enroll at a later time, you will be required to submit Evidence of Insurability (EOI).

Optional Life

There will be no change to monthly premiums for 2022. If you would like to increase your coverage, you will be subject to EOI requirements.

2022 BENEFIT PREMIUMS

MEDICAL

Employee Monthly Premiums		
	PPO Plan	CDHP
Single	\$622.29	\$103.12
Dual	\$1,226.72	\$216.60
Family	\$1,726.69	\$309.44

VISION

Employee Monthly Premiums	
Single	\$2.80
Dual	\$4.06
Family	\$7.27

DENTAL

Employee Monthly Premiums	
Single	\$8.19
Family	\$24.56

LIFE

Basic Life	
2x Annual Salary	100% Employer Paid

LIFE

Optional Employee Life (Rate per \$1,000 per month)	
<30 years old	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.100
45-49	\$0.190
50-54	\$0.300
55-59	\$0.505
60-64	\$0.800
65-69	\$1.270
70-74	\$2.060
75-79	\$3.340
80-84	\$5.410
85-89	\$8.760

Important Disclosures

This summary information provides an overview of some of the main features of the benefit plans for eligible employees but does not reflect all of the benefits, exclusions, and limitations of the plans. For all of the plan rules, details, and coverage provisions, the terms of the plans are governed by the Plan Documents and insurance contracts. Should there be any inconsistencies between the Plan Documents and this summary information, the Plan Documents and insurance contracts will prevail. The Company reserves the right to amend or terminate any of the plans, in whole or in part, at any time.

INFORMATION SOURCES

The 2022 Annual Benefits Enrollment is handled by Mercer Single Source 1™ (SS1). Mercer Single Source 1™ is available to answer questions via email at ETTP@Mercer.com or by telephone at **(888) 890-5631**, Monday – Friday from 9:00 a.m. to 6:00 p.m. Eastern Time.

Prior to the 2022 Annual Benefits Enrollment period, you will receive a personalized Benefits Statement with a summary of the 2021 Health and Welfare Benefits for which you are currently enrolled. This summary will be useful in determining what benefits you may need for the coming year and whether you need to take action.

At the conclusion of the 2022 Annual Benefits Enrollment period, you will receive a personalized 2022 Benefits Confirmation Statement from SS1. **Please review it carefully to ensure that it accurately reflects your benefit elections for 2022.** Evidence of Insurability (EOI) forms may be required for new or additional life coverage, and such coverage will not be effective until your application is approved by the insurance carrier.

Benefit	Resource	Phone	Website
Benefits Enrollment	Mercer Single Source 1™	(888) 890-5631	www.hrbenefitsadvantage.com
Medical	Aetna	(888) 238-6203	www.aetna.com
Rx Benefits	Aetna	(888) 792-3862	www.aetna.com
Vision	Vision Services Plan (VSP)	(800) 877-7195	www.vsp.com
Dental	Cigna	(800) 244-6224	www.mycigna.com
Life	Securian	(888) 658-0193	www.lifebenefits.com
AbleTo Behavioral Care Program	AbleTo (Aetna)	(844) 330-3648	www.AbleTo.com/Aetna
Telehealth	Teladoc (Aetna)	(855) Teladoc (835-2362)	www.Teladoc.com/Aetna

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