

# ENERGY SOLUTIONS



**All Locations**  
(Excluding CA/OR Region)



## BENEFITS ESSENTIALS

2022 Employee Benefits Overview

July 1, 2022 – June 30, 2023



# OUR BENEFITS PACKAGE

At Energy Solutions, we truly value the dedication that goes into our work every day. We're proud of our talented employees and understand that our success is due to them. That's why as an Energy Solutions employee, you would have access to a comprehensive, quality benefits package that offers flexibility and security. Please take the time to read and understand this overview so you can gain a better understanding of your options.

## Company-paid benefits for which no enrollment is required:

- Life and Accidental Death and Dismemberment (AD&D)
- Long-Term Disability (LTD)
- Life Assistance Plan (EAP)

## Benefits that can be selected as a new hire or during the annual Open Enrollment period:

- Medical, Dental and Vision
- Flexible Spending Account (FSA) for Health & Dependent Care
- Commuter Benefits – transit and parking costs associated with getting to and from work

### Eligibility:

Full-time and part-time employees (working a minimum of 20 hours per week) and their eligible dependents can participate in Energy Solutions' benefits program.

### Eligible dependents include:

- Your spouse or domestic partner
- Child(ren) up to age 26
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

## MEDICAL BENEFITS

| Key Features   | Core Plan<br>Blue Shield Full PPO 0/20 |                             | Kaiser KPIC PPO                  |                                  |
|--|--|-----------------------------|----------------------------------|----------------------------------|
|  | In-Network                             | Out-of-Network <sup>1</sup> | In-Network Only                  | Out-of-Network <sup>1</sup>      |
| <b>Calendar Year Deductible<sup>2</sup></b><br>Individual / Family     | None                                   | \$3,000 / \$6,000           | \$500 / \$1,000                  | \$1,000 / \$2,000                |
| <b>Out-of-Pocket Maximum (includes deductible)</b> Individual / Family | \$3,000 / \$6,000                      | \$9,000 / \$18,000          | \$3,000 / \$6,000                | \$6,000 / \$12,000               |
| <b>Lifetime Maximum</b>  | No limit                               |                             | No Limit                         |                                  |
| <b>Preventive Care</b>   | No charge                              | Not covered                 | No charge                        | 40% coinsurance                  |
| <b>Physician Services</b> (Primary Visit / Specialist Visit)           | \$20 copay                             | 50%                         | \$25 copay                       | 40% coinsurance                  |
| <b>Urgent Care Copay</b>   | \$20 copay                             | 50%                         | 20% coinsurance                  | 40% coinsurance                  |
| <b>Emergency Room Copay</b> (waived if admitted)                       | \$150 per visit                        | \$150 per visit             | \$100 copay then 20% coinsurance |                                  |
| <b>Inpatient Hospital</b> (per admission)                              | \$250 copay                            | 50% up to \$600/day         | \$250 copay then 20% coinsurance | \$500 copay then 40% coinsurance |
| <b>Lab and X-Ray Services</b> (provided at lab center)                 | \$20 copay                             | 50% up to \$350/day         | 20% coinsurance                  | 40% coinsurance                  |
| <b>Complex Imaging</b> (MRI, CT and PET scans)                         | \$0 copay at ASC<br>\$100 at hospital  | 50%                         | 20% coinsurance                  | 40% coinsurance                  |
| <b>Prescription Drugs</b>  |  |                             |                                  |                                  |
| <b>RETAIL PRESCRIPTIONS (30-DAY SUPPLY)</b>                            |  |                             |                                  |                                  |
| <b>Tier 1 / Generic</b>  | \$15                                   | 25% + \$15 copay            | \$15                             | Not covered                      |
| <b>Tier 2 / Preferred Brand</b>  | \$40                                   | 25% + \$40 copay            | \$40                             | Not covered                      |
| <b>Tier 3 / Non-Preferred Brand</b>                                    | \$70                                   | 25% + \$70 copay            | \$40                             |                                  |
| <b>Tier 4 / Specialty</b>  | 30% up to \$250 max                    | 25% + \$250 copay           | 30% up to \$250                  | Not covered                      |

<sup>1</sup> Out-of-network providers can bill you for any charges not covered by Blue Shield.

<sup>2</sup> For out-of-network medical services, deductible must be met before coinsurance applies

# OUR BENEFITS PACKAGE

## DENTAL BENEFITS\*

| Delta Dental                          | Delta PPO/Premier |
|---------------------------------------|-------------------|
| Cal. Year Maximum Benefit             | \$1,500           |
| Cal. Year Deductible                  |                   |
| Individual                            | \$50              |
| Family                                | \$150             |
| Dental Plan Benefits                  |                   |
| Type A - Diagnostic & Preventive      | No charge         |
| Type B - Restorative (Basic)          | 20% coinsurance   |
| Type C - Major                        | 50% coinsurance   |
| Type D - Orthodontics (Adult & Child) | 50% coinsurance   |

## VISION BENEFITS\*

| Vision Plan Services (VSP)               |                                      |
|--|--------------------------------------|
| Eye Examinations                         |                                      |
| Frame Exam                               | \$10                                 |
| Contact Exam                             | \$10                                 |
| Frames                                   |                                      |
| Any frame available at provider location | Plan pays up to \$130                |
| Lenses (Standard uncoated plastic)       |                                      |
| Single Visions                           | Covered in full after \$25 copay     |
| Bifocals                                 |                                      |
| Trifocals                                |                                      |
| Contact Lenses                           |                                      |
| Elective                                 | Plan pays up to \$130                |
| Medically Necessary                      | Covered in full after copay          |
| Frequency                                |                                      |
| Examinations                             | Every 12 months                      |
| Frames                                   | Every 24 months                      |
| Lenses                                   | Every 12 months                      |
| Contact Lenses                           | Covered in lieu of frames and lenses |

\*These are in-network benefits only. Please refer to the summary plan document (SPD) for full details, including out-of-network benefits.

## BASIC LIFE / AD&D BENEFITS

| NY Life                           |  |
|-----------------------------------|--|
| Employee Coverage                 | - Basic Life Insurance: \$50,000<br>- AD&D: \$50,000<br>- Accidental Death & Dismemberment coverage varies based on impact to the body |
| Coverage paid by Energy Solutions |  |

## LONG-TERM DISABILITY (LTD) BENEFITS

| NY Life                           |  |
|-----------------------------------|--|
| Covered Monthly Percentage        | 60%  |
| Maximum Monthly Benefit           | \$10,000   |
| Waiting Period                    | 90 days  |
| Maximum Benefit Period            | Benefits continue until you are no longer disabled or until you reach Social Security Normal Retirement Age, whichever comes first |
| Coverage paid by Energy Solutions |  |

## FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts allow you to pay for certain qualifying health care and dependent care expenses with pre-tax dollars. The FSAs are offered through iSolved Benefit Services. When you enroll in the FSA, you will receive a debit card to pay charges (or you can submit claims for reimbursement)

Maximum annual employee contributions are as follows:

**Health Care FSA Maximum Annual Contribution:** \$2,850

- IRS qualified expenses include out-of-pocket medical, dental, vision and prescription expenses for you or your dependents
- The total amount you choose to contribute to your Health Care FSA is available immediately to pay for expenses
- You can roll over up to \$570 in unused funds at the end of the plan year

**Dependent Care FSA Maximum Annual Contribution :** \$5,000 (or \$2,500 if married and filing separate tax returns)

- Children under 13 attending daycare
- Elders living with you and listed as dependents on your taxes
- You can spend the funds in your Dependent Care FSA as they are deposited
- Unused funds are forfeited at the end of the plan year

## COMMUTER BENEFITS

Save on parking and transit expenses by using pre-tax money. You can set aside, on a monthly basis, up to:

- \$280 for mass transit (i.e., ferry, subway, train, bus, vanpool)
- \$280 for parking (i.e., to take another mode of transportation to work or for parking at your workplace)



# CONTACTS

## CARRIER CONTACTS

| For Questions About               | Carrier/Vendor   | Phone Number | Website/Email                   |
|-----------------------------------|--|--------------|---------------------------------|
| Medical                           | Blue Shield PPO  | 800-810-2583 | www.bcbs.com                    |
| Medical                           | Kaiser PPO   | 800-813-2000 | www.kp.org                      |
| Dental                            | Delta Dental   | 800-765-6003 | www.deltadentalins.com          |
| Vision                            | VSP  | 800-877-7195 | www.vsp.com                     |
| Life/AD&D/LTD                     | NY Life  | 800-225-5695 | www.newyorklife.com             |
| Employee Assistance Program (EAP) | NY Life/Cigna  | 800-538-3543 | www.cignalap.com                |
| FSA / Transit                     | iSolved Benefits   | 866-370-3040 | www.isolvedbenefitsservices.com |
| Additional Assistance             | Our Human Resources team is here to answer questions and assist with the benefits needs of you and your family |              |                                 |

## LIFE ASSISTANCE PROGRAM (EAP)

The EAP is a confidential counseling and referral service available to you and your family members at no cost to you through New York Life.

The EAP offers 24/7 telephone access to licensed professionals who can help with concerns regarding marriage and relationships, depression, anxiety, stress, grief, substance abuse, childcare, elder care, work-related issues, and much more.

The EAP may refer you to a local counselor who can address your concerns in person. The LAP provides 3 free face-to-face consultations per issue per person each year.



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