





SALARIED BENEFITS CONTACT INFORMATION

Newport News Shipbuilding
A Division of Huntington Ingalls Industries

Employee Benefits Office
Building 884-7 (2600 Washington Ave., 7th floor)
757.380.2268 or 1.800.442.1108 (Toll-Free)

Health Care Plans

Anthem PPO	1.855.223.0556	www.anthem.com/ca
Anthem CDHP	1.855.223.0556	
CVS/Caremark	1-844-287-1289	www.caremark.com
TRICARE Supplement	1.800.638.2610 ext. 255	

Employee Assistance Program

Anthem EAP	1.855.400-9185	www.anthemeap.com
------------	----------------	--

Dental Plans

Delta Dental	1.800.237.6060	www.deltadental.com
Dental Care # 2600-002		
Dental Care Plus # 2600-0001		
Preventative Care # 2600-004		

Vision Service Plan (VSP)

Group # 30022911	1.800.877.7195	www.vsp.com
------------------	----------------	--

Flexible Spending Account (FSA) and Commuter

Your Spending Account (YSA)	1.877.216.3222	UPoint on www.hiibenefits.com
-----------------------------	----------------	--

Other Services

Teladoc	1-800-TELADOC	www.teladoc.com/hii
HII Family Health Center	757-327-4200	www.myquadmed.com/hii

Hyatt Legal:
1.800.821.6400
www.legalplans.com

**Critical Illness, Accident,
Hospital Indemnity:**
800.438.6388

Leave of Absence:
757.688.3800
1.866.667.5627

Huntington Ingalls Benefits Center (HIBC):

1.877.216.3222
www.hiibenefits.com





SALARIED MEDICAL OPTIONS

Plan	Anthem PPO	Anthem CDHP
Deductible (PPO)	<ul style="list-style-type: none"> In-Network: \$500 Individual / \$1,000 Family Out-of-Network: \$800 Individual / \$1,600 Family 	N/A
Health Reimbursement Account (HRA)	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Employee: \$1,000 Employee + Spouse: \$1,500 Employee + Child(ren): \$1,500 Family: \$2,000
Payroll Contributions	<ul style="list-style-type: none"> Moderate 	<ul style="list-style-type: none"> Lower
Preventive Care	<ul style="list-style-type: none"> Covered In-Network at 100% 	<ul style="list-style-type: none"> Covered In-Network at 100%
Copays	<ul style="list-style-type: none"> In-Network Office Visit: \$20 / Specialist: \$40 	<ul style="list-style-type: none"> No Copays
Bridge (CDHP)	<ul style="list-style-type: none"> N/A 	Out-of-Pocket Responsibility: <ul style="list-style-type: none"> Employee: \$800 Employee + Spouse: \$1,200 Employee + Child(ren): \$1,200 Family: \$1,600
Patient Coinsurance	<ul style="list-style-type: none"> In-Network: 20% Out-of-Network: 40% 	<ul style="list-style-type: none"> If your expenses exceed your HRA and the Bridge, you pay 20% Coinsurance in-network / 40% out-of-network
HII-Funded Account CDHP	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> HII-Funded Health Reimbursement Account (HRA) helps cover out-of-pocket expenses
Out of Pocket Max (Including Deductible)	<ul style="list-style-type: none"> In-Network: \$5,000 Individual / \$10,000 Family Out-of-Network: \$6,350 Individual / \$12,700 Family 	<ul style="list-style-type: none"> Employee: \$6,350 Employee + Spouse: \$8,500 Employee + Child(ren): \$8,500 Family: \$10,500
Prescription Drug Coverage	<ul style="list-style-type: none"> CVS/Caremark 	<ul style="list-style-type: none"> CVS/Caremark
Other	<ul style="list-style-type: none"> No Primary Care Physician or Referrals Needed 	<ul style="list-style-type: none"> No Primary Care Physician or Referrals Needed
Summary	<ul style="list-style-type: none"> Lower deductible than CDHP; Higher Premium 	<ul style="list-style-type: none"> Lower Premium than PPO; Higher Deductible (Bridge) to meet

UNDERSTANDING ANTHEM CDHP

PREVENTATIVE CARE

- 100% coverage for nationally recommended services including annual physicals, immunizations, breast cancer and prostate cancer screenings and more
- No Deductions from the HRA

HEALTH REIMBURSEMENT ACCOUNT (HRA):

- Benefit plan year allocation from Huntington Ingalls Industries
- Plan pays 100% when funds are available
- Use it on HRA extras such as prescriptions, weight loss programs and tobacco cessation programs
- Unused HRA dollars rollover to following years

BRIDGE:

- Employee's responsibility if expenses exceed the benefit plan year HRA allocation
- Paid only as expenses are incurred
- Can be reduced or eliminated by HRA rollover

TRADITIONAL HEALTH COVERAGE:

- Additional protection covers the services allowed by Huntington Ingalls Industries
- You pay coinsurance for covered service
- 100% coverage once out-of-pocket maximum is met for the plan year



AND REMEMBER, WITH BOTH OF THESE PLANS
YOU'LL HAVE ACCESS TO THE FAMILY HEALTH CENTERS.



SALARIED VISION AND DENTAL OPTIONS



THREE DENTAL OPTIONS TO CHOOSE FROM

Plans	Delta Dental Preventative Care	Delta Dental Dental Care	Delta Dental Dental Care Plus
Deductible	<ul style="list-style-type: none"> • \$0 	<ul style="list-style-type: none"> • Preferred Network; \$50 Individual/\$100 Family • Premier Network; \$100 Individual/\$200 Family • Out-of-Network; \$150 Family/\$250 Family 	<ul style="list-style-type: none"> • Preferred Network; \$50 Individual/\$100 Family • Premier Network; \$100 Individual/\$200 Family • Out-of-Network; \$150 Family/\$250 Family
Preventive Care	<ul style="list-style-type: none"> • 100% covered • Includes fillings 	<ul style="list-style-type: none"> • 100% covered 	<ul style="list-style-type: none"> • 100% covered
Basic Restorative Coverage	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Preferred Network; 80% • Premier Network; 75% • Out-of-Network; 70% 	<ul style="list-style-type: none"> • Preferred Network; 80% • Premier Network; 75% • Out-of-Network; 70%
Major Restorative	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • 50% Covered 	<ul style="list-style-type: none"> • 50% Covered
Orthodontia	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • 50% Covered up to a lifetime maximum of \$3,000
Plan year Maximum	<ul style="list-style-type: none"> • \$500 	<ul style="list-style-type: none"> • Preferred Network; \$1,500 • Premier Network; \$1,250 • Out-of-Network; \$1,000 	<ul style="list-style-type: none"> • Preferred Network; \$3,000 • Premier Network; \$2,500 • Out-of-Network; \$1,000

VISION PLAN OPTIONS

Vision Service Plan (VSP)

The Vision Service Plan (VSP) covers eye exams, eyeglasses and/or contact lenses

- 10% - 20% discount on laser vision surgery
- 20% discount on a second pair of frames
- Exams – Plan covers 100% after \$10 co-pay
- Lenses – Plan covers 100% after \$10 co-pay
- Frames – Plan covers up to \$150 after \$10 co-pay every two benefit years (Buy-up plan available for frames every benefit year)
- Contact Lenses – Plan covers up to \$150, instead of eyeglasses, once every benefit year

Vision Plan Options

1. **Base plan without Safety:** New non-safety frames every other year
2. **Base plan with Safety:** New frames (including safety glasses) every other year
3. **Buy-up plan without Safety:** New non-safety frames every year; After you pay a \$10 copay, the plan pays up to \$250
4. **Buy-up plan with Safety:** New frames (including safety glasses) every year; After you pay a \$10 copay, the plan pays up to \$250

Note: Safety glasses are available for employees and spouses only.

YOU CAN FIND COST INFORMATION FOR ALL OF THE VISION PLAN
OPTIONS ON UPOINT WHEN YOU GO ONLINE TO ENROLL.











SALARIED RETIREMENT BENEFITS

Retirement Account (RAC)

- Employees are automatically enrolled and do not make contributions
- The plan is fully paid by the company - Company contributes 3% - 5% of base pay per pay period
- After three years of service you are vested, which means if you work at HII for at least three years then the money will be paid to you when you leave the company
- RAC contributions will be based on your age at the end of the calendar year, as well as your eligible compensation

Savings Plan

- Employees can contribute up to 75% of their pay into the Savings Plan if you are not considered highly compensated by the IRS; Highly compensated employees can contribute up to 25% of their pay
- Automatic enrollment occurs 45 days after your date of hire (2% contribution)
- Company match contribution based on the first 8% of your pay that you contribute to the Savings Plan with a maximum company match of 4%
- 100% of the first 2% of your pay that you contribute: (\$1 for \$1 for the first 2%)
- 50% of the next 2% of your pay that you contribute: (\$.50 on the \$1 for the next 2%)
- 25% of the next 4% of your pay that you contribute: (\$.25 on the \$1 for the next 4%)

	You Contribute:	Company Matches:	
FIRST 2% of contributed Pay			Matches 100%
NEXT 2% of contributed Pay			Matches 50%
NEXT 4% of contributed Pay			Matches 25%



SALARIED ADDITIONAL BENEFITS

Short-Term Disability (STD)

- 100% of weekly pay for first six weeks; 50% of weekly pay for weeks seven through 26
- Coverage begins on day eight, after you have completed a week-long, continuous-calendar-day elimination period
- Coverage begins on day one if you have been hospitalized as an inpatient
- No cost to employee
- Employees may purchase optional STD coverage which will provide an additional 20% of weekly pay in addition to the standard 50% for a total of 70% of weekly pay for absences covered under STD beginning week seven

Long-Term Disability (LTD)

- 50% of monthly base salary once you've been disabled, as determined by the plan, for at least six months
- No cost to employee
- Employees may purchase additional 10% for a total of 60% coverage of your base salary or an additional 20% for a total of 70% coverage of your base salary. No evidence of insurability (EOI) is required if you enroll during the first 30 days of hire or transfer

Life Insurance

- Greater of 1x annual base salary or \$50,000
- No cost to employee
- Employees may also purchase optional coverage for themselves or dependents

Accidental Death and Dismemberment (AD&D)

- Provides income protection in the event of an accident that causes death or catastrophic injury
- Greater of 1x annual base salary or \$50,000
- No cost to employee
- Employees may purchase additional optional AD&D insurance for themselves or family

Flexible Spending Account (FSA)

Employees are able to save money on taxes by using pre-tax dollars to pay for eligible expenses.

There are two types of FSAs:

1. Health Care FSA

- Set aside up to \$2,700 for out-of-pocket expenses such as co-pays, coinsurance and non covered services for medical, dental, vision and prescription drug

2. Dependent Care FSA

- Set aside up to \$5,000 for eligible dependent day care expenses for your child under age 13 (or your disabled dependent over 13)

Commuter Benefit

- Save money by using pre-tax dollars to purchase transit and/or parking passes or tickets for commuting between home and work
- Set aside up to \$260 per month for eligible transit and/or parking expenses

Group Legal

Two plan options are available:

1. Basic:

- Covers estate planning documents including wills, document preparation, document review and legal telephone advice

2. Advantage:

- Covers attorney fees for a variety of personal legal services when you use a plan attorney (out of network benefits also available)
- Provides the Basic coverage listed above, plus legal services such as legal telephone advice and consultations, document review, debt collection, will preparation and estate advice

Critical Illness Insurance

Coverage provides financial assistance when illnesses arise.

- Choose to purchase \$10,000, \$20,000 or \$30,000 of coverage for yourself and \$5,000, \$10,000 or \$15,000 of coverage for your dependents. Employees must be enrolled for dependents to be eligible for coverage.
- Covered conditions include, but are not limited to: Heart attack, blindness, major organ failure, end-stage renal (kidney) failure, occupational HIV, benign brain tumor, and coronary artery bypass surgery. Please see the plan summary for a complete description of covered conditions.
- Premiums are deducted from your paycheck after taxes

Accident Insurance

- Provides financial assistance when you and/or a covered dependent suffers a covered accident
- Offers a schedule of payment for each benefit to cover expenses like diagnostic testing, labs, office or emergency room visits, hospital admissions, physical therapy and more
- Use the benefit to cover out of pocket costs not covered by insurance, or to help pay for living expenses that you may not otherwise afford

Hospital Indemnity Insurance

- Provides financial assistance when you and/or a covered dependent has a planned or unplanned hospital admission
- Pays a daily benefit for a covered hospital stay
- Use the benefit to cover out of pocket costs not covered by insurance, or to help pay for living expenses that you may not otherwise afford

2019-20 SALARIED EMPLOYEE BI-WEEKLY CONTRIBUTIONS

MEDICAL PLANS NON-TOBACCO PREFERRED RATES

	Anthem Preferred PPO	Anthem CDHP	Tricare
Under \$50,000			
Employee Only	\$71.12	\$41.10	\$29.77
Employee + Child/DP Child	\$120.77	\$79.20	\$57.32
Employee + Spouse / DP	\$156.02	\$97.04	\$60.69
Employee + Family	\$181.00	\$118.76	\$77.77
\$50,000 - \$74,999			
Employee Only	\$79.81	\$45.36	\$29.77
Employee + Child/DP Child	\$135.53	\$87.40	\$57.32
Employee + Spouse / DP	\$175.08	\$107.09	\$60.69
Employee + Family	\$203.12	\$131.05	\$77.77
\$75,000 - \$84,999			
Employee Only	\$79.81	\$45.36	\$29.77
Employee + Child/DP Child	\$135.53	\$87.40	\$57.32
Employee + Spouse / DP	\$175.08	\$107.09	\$60.69
Employee + Family	\$203.12	\$131.05	\$77.77
\$85,000 & Above			
Employee Only	\$130.67	\$93.06	\$29.77
Employee + Child/DP Child	\$205.13	\$145.25	\$57.32
Employee + Spouse / DP	\$264.32	\$187.64	\$60.69
Employee + Family	\$322.64	\$220.88	\$77.77

VISION PLANS

	Base Plan	Base + Safety Glasses	Buy-Up	Buy-Up + Safety Glasses
Employee Only	\$4.04	\$4.66	\$6.40	\$7.02
Employee + Child/DP Child	\$7.62	\$8.24	\$12.07	\$12.69
Employee + Spouse/DP	\$7.74	\$8.99	\$12.28	\$13.52
Employee + Family	\$12.69	\$13.94	\$20.12	\$21.36

DENTAL PLANS

	Delta Preventative	Delta Care	Delta Care Plus
Employee Only	\$2.31	\$4.15	\$6.36
Employee + Child/DP Child	\$5.54	\$9.23	\$13.69
Employee + Spouse/DP	\$5.08	\$9.23	\$13.21
Employee + Family	\$9.23	\$16.15	\$23.47

OPTIONAL EMPLOYEE LIFE INSURANCE

Based on employee age on 12/31

Age	Rate Per \$1,000 of Coverage
Under Age 25	\$0.016
25-29	\$0.019
30-34	\$0.025
35-39	\$0.028
40-44	\$0.030
45-49	\$0.047
50-54	\$0.072
55-59	\$0.138
60-64	\$0.207
65-69	\$0.411
70 and over	\$0.658

OPTIONAL SPOUSE LIFE INSURANCE

Based on employee age on 12/31

Age	Rate Per \$1,000 of Coverage
Under Age 25	\$0.016
25-29	\$0.019
30-34	\$0.025
35-39	\$0.028
40-44	\$0.030
45-49	\$0.047
50-54	\$0.072
55-59	\$0.138
60-64	\$0.207
65-69	\$0.411
70 and over	\$0.658

OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Plan	Rate Per \$1,000 of Coverage
Employee	\$0.014
Family	\$0.023

OPTIONAL CHILD LIFE INSURANCE

Coverage	Rate
\$10,000	\$0.462
\$20,000	\$0.923
\$30,000	\$1.385

LEGAL PLANS

Plan	Rate
Advantage	\$6.23
Basic	\$3.12

LONG TERM DISABILITY INSURANCE

Monthly

Percentage Covered	Rate Per \$100 of Covered Salary
50%	Free
60%	\$0.213
70%	\$0.446

EXAMPLE OF HOW TO CALCULATE LTD COVERAGE AT 60%

Annual Salary	=	\$45,000.00
\$45,000.00 ÷ 100	=	\$450
\$450 x 0.213	=	\$95.85/yr
\$95.85 ÷ 26	=	\$3.69/paycheck



2019-20 SALARIED EMPLOYEE BI-WEEKLY CONTRIBUTIONS ADDITIONAL VOLUNTARY BENEFITS

Hospital Indemnity	Bi-weekly
Employee Only	\$7.034
Employee + Spouse	\$17.105
Employee + Children	\$12.134
Employee + Spouse + Children	\$22.205

Accident Insurance	Bi-weekly
Employee Only	\$2.82
Employee + Spouse	\$4.67
Employee + Children	\$5.52
Employee + Spouse + Children	\$7.37

Critical Illness Insurance

Rates for critical illness insurance vary based on age, tobacco-use status and the coverage amount selected. Employees can view calculated rates on UPoint at hiibenefits.com.

Benefits options for employee, spouse and child coverage:

- Employee: \$10,000, \$20,000 or \$30,000
- Spouse: 50% of the employee's benefit amount
- Children Coverage: 50% of the employee's benefit amount

Sample Rates For Employee-Only Critical Illness Coverage (Based On Employee's Age)

Age	Tobacco-Use Status	Bi-weekly Rate Per \$1,000
45-49	Non-Tobacco User	\$0.475
45-49	Tobacco User	\$0.766
55-59	Non-Tobacco User	\$1.015
55-59	Tobacco User	\$1.726
65-69	Non-Tobacco User	\$2.234
65-69	Tobacco User	\$3.918

Sample Rates For Employee + Children Critical Illness Coverage (Based On Employee's Age)

Age	Tobacco-Use Status	Bi-weekly Rate Per \$1,000
45-49	Non-Tobacco User	\$0.577
45-49	Tobacco User	\$0.863
55-59	Non-Tobacco User	\$1.117
55-59	Tobacco User	\$1.828
65-69	Non-Tobacco User	\$2.335
65-69	Tobacco User	\$4.015

Sample Rates For Employee + Spouse Critical Illness Coverage (Based On Employee's Age)

Age	Tobacco-Use Status	Bi-weekly Rate Per \$1,000
45-49	Non-Tobacco User	\$0.692
45-49	Tobacco User	\$1.103
55-59	Non-Tobacco User	\$1.412
55-59	Tobacco User	\$2.377
65-69	Non-Tobacco User	\$3.018
65-69	Tobacco User	\$5.257

Sample Rates For Employee + Spouse + Children Critical Illness Coverage (Based On Employee's Age)

Age	Tobacco-Use Status	Bi-weekly Rate Per \$1,000
45-49	Non-Tobacco User	\$0.794
45-49	Tobacco User	\$1.205
55-59	Non-Tobacco User	\$1.509
55-59	Tobacco User	\$2.478
65-69	Non-Tobacco User	\$3.120
65-69	Tobacco User	\$5.358

Rates guaranteed through June 30, 2020.

SALARIED FAQ'S

Medical

Q. When are the funds for the Anthem CDHP Health Reimbursement Account (HRA) available?

A. The full amount is available to you at the beginning of the plan year.

Q. What happens to unused funds in the HRA at the end of the plan year?

A. Unused funds in your HRA account will roll over to the next plan year, if you continue coverage in the Anthem CDHP option. There are no limits on the amount you can roll over.

Q. To be eligible to receive services at the HII Family Health Center, do I need to enroll in one of the HII medical options?

A. Yes. The HII Family Health Center is available to active represented and non-represented employees and eligible dependents covered by the Anthem CDHP and PPO plans.

Q. What is the cost to receive services at the Family Health Center?

A. For physician care, an employee or their covered dependent will pay a flat fee of \$15 and all usual co-pays and deductibles will be waived. This fee covers all services received during that visit. There is no cost for wellness counseling and annual physicals.

Q. When does the benefit plan year begin?

A. The benefit plan year begins July 1 and ends June 30. Annual Enrollment takes place each spring.

Dental

Q. Does the dental coverage cover orthodontia?

A. Yes. Delta Dental offers three insurance options: Preventive Care, Dental Care and Dental Care Plus. The Dental Care Plus plan covers 50% of orthodontia costs, up to a lifetime maximum of \$2,000.

Vision

Q. I have not received insurance cards for my vision coverage. Who should I contact?

A. VSP does not send out insurance cards. The doctor's office will ask you for your Social Security number or other information that can be used to file a claim with VSP, HII's vision services provider.

Beneficiaries

Q. How do I elect a beneficiary?

- A. You can elect or change a beneficiary online through HII UPoint or by calling the HIBC at any time. You must elect beneficiaries for the HII Savings Plan, Life Insurance and Accidental Death + Dismemberment coverage.

Flexible Spending Accounts (FSA)

Q. If I have money left in my Flexible Spending Account at the end of the plan year, does it roll over for use the next plan year?

- A. No, the dollars in your FSA account do not rollover. You may incur expenses through September 15 of the following plan year and file them by December 31 for reimbursement. You must re-enroll in the FSA each year during Annual Enrollment.

Q. Can I use a Flexible Spending Account with the Consumer Driven Health Plan?

- A. Yes, you may use your FSA to pay for any out-of-pocket expenses that occur in your CDHP plan, similar to the HII PPO plan.

Q. How long do I have to submit claims for reimbursement from my FSA?

- A. Claims must be submitted by December 31 following the benefit plan year.

Teladoc

Q. Can the Teladoc \$10 co-pay be reimbursed from my Flexible Spending Account?

- A. Yes, the Teladoc co-pay can be reimbursed from your healthcare FSA. Direct reimbursement is not set up at this time if you do not use your YSA debit card, so proper documentation must be submitted to Your Spending Account (YSA) for your reimbursement. Contact YSA to request a claim form.

Q. If I participate in the CDHP, can I use the money in the Health Reimbursement Account to pay the \$10 Teladoc co-pay?

- A. If you have a consultation with Teladoc, you will need to pay the \$10 co-pay with a debit or credit card at the time of your consultation. Following the consultation, you can print a receipt and submit the claim using the appropriate Anthem reimbursement request form to have the \$10 co-pay reimbursed to you from your Health Reimbursement Account. The form needed to submit for reimbursement is available on the Benefits Connect website. At this time, it is not possible to pay the co-pay directly from the HRA.

Miscellaneous

Q. Who can I contact if I have additional questions regarding my benefits?

- A. The Huntington Ingalls Benefits Center (HIBC) is available Monday through Friday from 9:00am to 6:00pm EST. Simply call 1-877-216-3222. You can also find benefits information on the HII UPoint site, <http://hiibenefits.com>.

Q. What information do I need to provide when I call the HIBC?

- A. You will be asked to enter your password. New users can create a password on the HII UPoint website or receive assistance from a benefits representative at the HIBC.

Q. Can I make changes to my benefits after I enroll?

A. Benefit elections can only be changed during the annual open enrollment period, or if you experience a qualified life event such as gaining a dependent through marriage, birth or adoption. You have 30 days from the date of the event to call the HIBC and change your benefits.

Q. Do you have to be enrolled in a HII medical plan to be eligible to use the Employee Assistance Program (EAP)?

A. No, the EAP program is not part of the HII medical plans and it is separate from the mental health and substance abuse programs available under the medical plan options.

Q. Can I purchase additional life insurance for myself or my dependents?

A. Yes, you may purchase additional coverage for yourself by enrolling in the Group Optional Life Insurance plan. You may purchase additional coverage for spouse and/or children by enrolling in the Dependent Life Insurance plan.

Q. If I sign up for the commuter benefit will I be required to participate the entire plan year?

A. No, the commuter benefit is a month-to-month election. You can enroll during the monthly designated window.

Q. If I enroll in both accident insurance and hospital indemnity and become hospitalized due to an accident, will both plans pay benefits?

A. Yes, if you are hospitalized for a covered accident both plans will pay benefits. To learn more about how the plans coordinate, please call MetLife at (800) 438-6388.