Westinghouse

2020 BENEFITS GUIDE

POWERFUL SOLUTIONS
FOR YOUR HEALTH AND YOUR LIFE

Rolls-Royce's Civil
Nuclear North America
Acquisition

Welcome to Westinghouse

We are excited to welcome you to the Westinghouse team!

We have an amazing opportunity — every day — to make a real difference in the lives of people all over the world by delivering powerful energy solutions for our global customers, our stakeholders and our communities. We intend to invest in our most valuable assets — you, our employees — by providing you with "powerful solutions" that will help you deliver on the Westinghouse promise. Westinghouse is providing a comprehensive and competitive benefits package to help you and your family stay safe and achieve your best physical and financial health.

At Westinghouse, we are proud of the benefits program we have designed to deliver quality coverage and value to you and your family. We are happy to have you join our team and take advantage of the programs we offer to our employees.

We ask that you take time to fully read and understand the information presented in this Guide so that you can make the best possible choices during your benefits enrollment — choices that can have lasting, positive effects on you and your family for years to come.

IMPORTANT ENROLLMENT INFORMATION

Keep in mind that federal tax law prohibits you from making changes to your health and welfare benefits outside of your 31-day initial enrollment period, or each Annual Enrollment time frame, without a qualified life event (see page 5 for more information).

You make your Benefits Enrollment elections on the *Your Benefits Resources* website (YBR) at www.myWECbenefits.com.

NEED ASSISTANCE?

After the acquisition date, if you have a question or need assistance regarding your health and welfare benefits, call the Westinghouse Benefits Center at 1-800-890-3600. Follow the prompts to enter your personal information, then say "representative," then "Benefits Center," then enter your phone PIN. If you don't have your phone PIN, you can say "Benefits Center" again, and you will be connected to a Benefits Center representative.

Representatives are available between 9 a.m. and 5 p.m. Eastern time, Monday – Friday.

You can also use Web Chat on the *Your Benefits Resources* website for help during regular Benefits Center hours. Just click on "Chat" in the top blue banner to begin.

Table of Contents

SECTION 1: How to Make Your Initial Benefit Elections

This Guide provides you with an overview of the benefits we offer so you can make informed decisions for yourself and your family.

Use this Checklist to track the actions you take to enroll in your health and welfare benefits.

- ☐ **Register as a new user** on the *Your Benefits Resources* website at www.myWECbenefits.com to obtain your online enrollment information. **Be sure to set up your security questions and add a cell phone number on this site.**
- ☐ **Read through this Guide carefully** to learn about the health and welfare benefits available to you.
- ☐ **Enroll in your health and welfare benefits within 31 days of the acquisition date.**

  From work or home, log on to the *Your Benefits Resources* website at www.myWECbenefits.com. You'll see "Action Needed" — just click on the arrow in the "Enroll in Your Benefits" message to begin. You'll find information and resources such as plan comparison charts and calculators to help you make the best benefit choices for yourself and your family.

  Click on each benefit program and follow the prompts to make your benefit elections before the enrollment deadline.
- ☐ **Add your dependents.** If you are adding a dependent(s) to your health care coverage, you will be required to comply with the Dependent Eligibility Verification Process by providing the requested information. See page 35 for details.
- ☐ **Designate your beneficiaries.** You'll need to have beneficiaries on file for your life and accident coverages. Make sure you keep them accurate and up-to-date.
- ☐ **Confirm your health and welfare elections.**

  Keep in mind that after making your health and welfare elections, you must confirm your choices to finalize the enrollment process. If you do not confirm your elections, *Your Benefits Resources* will not recognize your enrollment and you will receive default coverage. See page 4 for the default for each benefit type.

  Make sure that you see the "Your Enrollment is Confirmed" screen, which tells you that your elections have been saved.
- ☐ **Print a confirmation statement** from *Your Benefits Resources* before logging off so that you have a record of your elections. Your Benefits Resources will also send a "Confirmation of Enrollment Choices" to your preferred email address after you complete your enrollment.

DO NOT MISS THE DEADLINE!

If you do not enroll within 31 days of the acquisition date, you will not be covered by medical, dental, or vision, and you will receive only the Company-paid benefits (Employee Assistance Program, Basic Life and AD&D, Short-Term Disability and Business Travel Accident Insurance).

Additional Information to Consider When Enrolling in Your Benefits

Non-Duplication of Benefits

Westinghouse medical coverage contains a non-duplication of benefits provision. This provision means that when Westinghouse medical coverage is the secondary plan, it will reimburse only the difference between the primary plan payment and what the Westinghouse plan would normally pay.

Since many employer plans now feature this same provision, those with duplicate coverage often receive only the coverage of the better of the two plans involved. Thus, while you are paying two benefit plan premiums, you may only actually collect from one of the plans. Although the decision is yours, for most people coverage under only one plan may be the most cost-effective solution.

If You and Your Spouse Both Work for Westinghouse

If you and your spouse are both benefits-eligible full-time Westinghouse employees (a "Company couple"), you may each enroll in medical coverage as an employee, or the higher-paid employee can cover the lower-paid employee as a dependent. If you both enroll as employees, only one of you may cover your eligible children. The Working Spouse Surcharge will not apply.

If you are part of a Company couple and have questions about your benefits enrollment, please contact the Westinghouse Benefits Center at 1-800-890-3600.

BENEFIT VENDOR INFORMATION

Contact information for each benefit vendor is listed on pages 36 – 37 of this Guide.

RETIREMENT PLAN INFORMATION

If you are eligible for the 401(k) savings plan, be on the lookout for additional information mailed directly to your home from the plan recordkeeper regarding how to enroll.

Getting Started with Your Health Care Benefits

Identification Cards

Aetna: When you enroll in Westinghouse medical coverage, you'll receive a medical ID card from Aetna. Be sure to carry your card and show it whenever you receive care. If you lose your card or need additional cards, you can access a digital copy on your Aetna member website at www.aetna.com or on the Aetna Health℠ app. See page 13 for details.

CVS Caremark: You will receive a separate ID card from CVS Caremark for prescription drugs. You can also access a digital copy of your ID card online at www.caremark.com or by using the CVS Caremark® app. See page 18 for details.

Note: You will ***not*** have Identification Cards for dental (MetLife) or vision (VSP) coverage. The providers simply submit claims using your Social Security number.

If You Need Care Soon

If you need care before you receive your medical and prescription drug ID card(s), you can:

- Log on to the vendor's website to see if an online version of your ID card is available for you to print;
- Have your provider contact the vendor to confirm your eligibility; or
- Pay the provider directly for your services and file a claim for reimbursement after you have received your ID card.

What Happens If You Don't Enroll*

Submitting your elections during your initial enrollment period will help ensure that you and your family have the benefits coverage that meets your needs for the remainder of 2020. If you do not enroll within 31 days of the acquisition date, **you will not be covered for many of the Company benefits, including health care**. See the following chart for details:

BENEFIT	DEFAULT 2020 COVERAGE IF YOU MISS THE 31-DAY ENROLLMENT DEADLINE
Medical, Dental and Vision	No coverage
Hospital Indemnity, Critical Illness and Accident Insurance, Identity Theft Protection and Group Legal	No coverage
Flexible Spending Accounts (FSAs)	You will default to $0 in the Health Care, Limited Purpose (if you enroll in the Aetna CDHP) and Day Care FSAs.
Health Savings Account (HSA)	If you enroll in the Aetna CDHP medical option and have a Health Savings Account (HSA), you will receive the 2020 Company contribution to your HSA, if eligible.** However, you will default to $0 for your own contributions to your HSA.
Long-Term Disability (LTD)	No coverage
Optional Life, Dependent Life and Optional AD&D Insurance for Employee, Spouse, and/or Child(ren)	No coverage
Employee Assistance Program	Coverage
Basic Life and AD&D	Coverage
Short-Term Disability	Coverage
Business Travel Accident	Coverage

* *Generally, the default coverage will remain in effect until December 31, 2020, as long as you remain eligible. No changes will be permitted during the plan year unless you have a Qualified Life Event.*

** *The Company contribution to your HSA will be pro-rated on the number of full months in which you are enrolled in the Aetna CDHP medical option.*

SECTION 2: Making Changes to Your Benefit Elections

Qualified Life Event (QLE)

Remember, the health and welfare elections you make during benefits enrollment will remain in effect until December 31, 2020, as long as you remain eligible. Generally, you **cannot** make changes to your coverage during the year unless you have a qualified life event. Examples of qualified life events that allow you to change some of your benefits during the year include:

- Marriage or divorce
- Birth or adoption of your child
- Death of your spouse or child
- Change in your child's dependent status
- Change in your benefit eligibility status
- Change in your spouse's benefit eligibility or employment status
- Spouse's annual enrollment period is different from Westinghouse's

You have 31 days from the date of your qualified life event to make changes to your health and welfare benefits (you can't make the change ahead of time). The changes will be effective on the date of your life event (for example, your baby's date of birth or the date of your marriage). You will be required to comply with the Dependent Eligibility Verification Process by providing supporting documentation. (See page 35 for information on Dependent Eligibility Verification.)

To make changes to your benefits as a result of a qualified life event, access the *Your Benefits Resources* website at www.myWECbenefits.com or call 1-800-890-3600.

Note: You cannot change your election in the Health Care FSA during the year, even if you experience a qualified life event.

Annual Enrollment

You will have the opportunity each November during the Annual Enrollment period to change your benefit elections for the following calendar year.

Even though you have this opportunity to change your benefits annually, certain benefits, such as Optional Life, Dependent Life and/or Long-Term Disability, may require Evidence of Insurability if you are making a new election or increasing coverage during Annual Enrollment.

SECTION 3: Overview of Your Benefits

Westinghouse has strong, comprehensive benefits that work together to help you when you need them. This Guide can help introduce you to some of the features that come with your plan — and that can help you save. Saving time and money is important, which is why Westinghouse benefits provide the tools and services to help you do both.

The chart below gives you a summary of your benefit coverages, who pays for each program, and where in this Guide you can find enrollment information.

BENEFIT	FUNDED BY	PAGE
Medical (including Prescription Drug)	Company & you (pre-tax)	7
MyHealth Rewards	Part of medical coverage	14
Teladoc	Part of medical coverage	15
Hospital Indemnity Insurance	You (after-tax)	19
Critical Illness Insurance	You (after-tax)	20
Accident Insurance	You (after-tax)	22
Expert Medical Opinion	Company	23
Health Advocate	Company	23
Health Savings Account (HSA)	Company & you (pre-tax)	24
Flexible Spending Accounts (FSAs)	You (pre-tax)	25
Dental	Company & you (pre-tax)	27
Vision	Company & you (pre-tax)	28
Disability Coverage	Company & you (after-tax)	29
Short-Term Disability (Salary Continuance for salaried employees and Accident & Sickness for hourly employees)	Company	30
Long-Term Disability (LTD)	You (after-tax)	30
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	Company	31
Optional Life	You (after-tax)	31
Dependent Life	You (after-tax)	32
Optional AD&D	You (pre-tax for employee coverage; after-tax for family coverage)	32
Business Travel Accident	Company	33
Employee Assistance Program (EAP)	Company	33
Group Legal	You (after tax)	33
Identity Theft Protection	You (after tax)	33
PowerUP	Company	34
Voluntary Benefits	You (after-tax)	34
Paid Parental Leave	Company	34

Medical

Westinghouse offers two medical plan options from which to choose, both administered by Aetna.

- The Aetna Consumer-Driven Health Plan (CDHP)
- The Aetna Preferred Provider Organization Plan (PPO)

Note: *Expatriates must enroll in a separate medical and prescription drug plan, insured by Cigna Global.*

AETNA CDHP

The **Aetna CDHP** combines medical coverage and a tax-favored Health Savings Account (HSA). After you meet the annual deductible, the plan pays a share of your covered expenses. This share — expressed as a percentage — is called coinsurance. Once your deductible plus your share of covered expenses reaches the plan's out-of-pocket maximum, benefits for covered expenses are paid at 100% for the rest of the plan year.

Please note that under the CDHP option:

- If you do not choose the individual coverage level, you must meet the family deductible before the plan starts paying covered expenses for any covered family member, except for preventive care and preventive prescription drugs, as listed on Aetna's medical preventive schedule and CVS Caremark's preventive prescription drug list.
- Likewise, if you do not choose the individual coverage level, you must meet the family out-of-pocket maximum before the plan starts paying 100% of covered expenses for the rest of the year for any covered family member.

AETNA PPO

The **Aetna PPO** works like many traditional medical plans. You meet an annual deductible and then you pay your share of covered expenses. For some types of expenses, you pay coinsurance. For others, you pay a copayment. Once your deductible plus your share of covered expenses reaches the out-of-pocket maximum, benefits for covered expenses are paid at 100% for the rest of the plan year.

Please note that, under the Aetna PPO, there is one set of deductibles for medical coverage and a separate deductible for prescription drug expenses.

Also, please note that under the Aetna PPO:

- If one covered family member meets the individual deductible, the plan starts paying its share for that family member.
- Likewise, if one covered family member meets the individual out-of-pocket maximum, the plan starts paying 100% of covered expenses for that member.
- Office visit and emergency room copayments apply with no deductible — please note, however, that copayments do not count toward the deductible (copayments do, however, count toward the out-of-pocket maximum). Once you reach your out-of-pocket maximum, you are no longer required to pay the applicable copayment for office or emergency room visits.

PLAN FEATURES	AETNA CDHP		AETNA PPO	
	In-Network	*Out-of-Network*	*In-Network*	*Out-of-Network*
Deductible				
▪ Individual	$2,000[1]	$3,500[1]	$1,000	$2,500
▪ Family	$4,000[1]	$7,000[1]	$2,000	$5,000
Aetna Health Savings Account (HSA)	Westinghouse contributes $500/year for individual coverage and $1,000/year for other coverage categories		Not available under the Aetna PPO option	
Benefits Summary				
Coverage Pays	90% after deductible	60% after deductible	80% after deductible	60% after deductible
***You* Pay**	10% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient and Outpatient Services; Diagnostic Labs	90% after deductible	60% after deductible	80% after deductible	60% after deductible
Quest Lab Services	100% after deductible	N/A	100%, not subject to deductible	N/A
Routine Physical Exams[2]	100%, not subject to deductible	Not covered	100%, not subject to deductible	Not covered
Teladoc	90% after deductible	N/A		N/A
▪ Medical			▪ 100% after $5 copayment[3]	
▪ Dermatology			▪ 100% after $40 copayment[3]	
▪ Behavioral Health			▪ 100% after $25 copayment[3]	
Retail Clinic Visit	90% after deductible CVS/pharmacy MinuteClinic: 100% after deductible	60% after deductible	100% after $10 copayment[3] CVS/pharmacy MinuteClinic: 100%, not subject to deductible	60% after deductible
Primary Care Office Visit	90% after deductible	60% after deductible	100% after $25 copayment[3]	60% after deductible
Specialist Office Visit (including urgent care)	90% after deductible	60% after deductible	100% after $40 copayment[3]	60% after deductible

See footnotes on page 9.

(continued)

PLAN FEATURES	AETNA CDHP		AETNA PPO	
	In-Network	*Out-of-Network*	*In-Network*	*Out-of-Network*
Behavioral Health	90% after deductible	60% after deductible	100% after $25 copayment for office visits; otherwise 80% after deductible	60% after deductible
Emergency Room Visit	90% after deductible	90% after deductible	100% after $150 copayment[3]	100% after $150 copayment[3]
Out-of-Pocket Max				
▪ Individual	$3,500[1]	$6,500[1]	$5,000[4]	$8,150[4]
▪ Family	$7,000[1]	$13,000[1]	$10,000[4]	$16,300[4]

[1] *Under the Aetna CDHP, if choosing a coverage level other than individual coverage, the family deductible must be met before the plan starts paying covered expenses for any family members (other than preventive care); additionally, the family out-of-pocket maximum must be met before the plan starts paying 100% of covered expenses for any family members.*

[2] *Preventive services, including schedule of exams, are covered according to Aetna's Preventive Schedule.*

[3] *An office visit or Emergency Room copayment is not applied to the deductible. Other services performed during the visit, such as lab work and X-rays, are subject to the deductible and coinsurance. Emergency room copayment is waived if admitted.*

[4] *The out-of-pocket maximum includes the deductible, copayments and coinsurance amounts for covered medical and prescription drug expenses.*

Monthly Medical Contributions for Full-Time Employees *(30 or more hours per week)*

Your payroll contribution for medical coverage is based on your annual benefit pay (which for 2020 is your annual base rate of pay as of the acquisition date).

	BELOW $50,000		$50,000 – $61,999		$62,000 – $84,999		$85,000 – $109,999		$110,000 – $149,999		$150,000 OR GREATER	
	Aetna CDHP	*Aetna PPO*	*Aetna CDHP*	*Aetna PPO*	*Aetna CDHP*	*Aetna PPO*	*Aetna CDHP*	*Aetna PPO*	*Aetna CDHP*	*Aetna PPO*	*Aetna CDHP*	*Aetna PPO*
Employee Only	$28.68	$70.55	$43.01	$89.80	$66.91	$121.87	$100.37	$166.77	$133.83	$211.67	$181.62	$320.71
Employee + Spouse	$63.09	$155.21	$94.64	$197.53	$147.22	$268.10	$220.82	$366.86	$294.43	$465.63	$399.59	$705.50
Employee + Child(ren)	$53.05	$130.52	$79.58	$166.13	$123.79	$225.46	$185.68	$308.51	$247.58	$391.58	$336.00	$593.29
Employee + Family	$87.48	$215.18	$131.21	$273.87	$204.10	$371.67	$306.15	$508.59	$408.20	$645.54	$553.99	$978.08

Monthly Medical Contributions for Part-Time Employees *(at least 24 hours, but less than 30 hours per week)*

MEDICAL OPTION	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Aetna CDHP	$302.97	$666.55	$560.49	$924.12
Aetna PPO	$349.67	$769.20	$646.87	$1,066.39

Working Spouse Surcharge

Spousal coverage makes up a large portion of dependent costs. To help Westinghouse manage these costs, a surcharge is applied when you enroll a spouse who has other medical coverage available, but chooses Westinghouse coverage.

If your spouse is eligible for other employer-sponsored medical coverage but chooses Westinghouse medical coverage, you will pay a monthly surcharge of $125 in addition to your medical payroll contribution. Please note that this does not apply if your spouse only has access to or gains access to Medicare, or your spouse is also employed by Westinghouse.

You will see a Working Spouse Surcharge question after enrolling your spouse in medical coverage on the *Your Benefits Resources* website. **If you do not answer this question, you will be defaulted into paying the working spouse surcharge.** If your spouse's coverage status changes throughout the year, or you were defaulted into paying the spousal surcharge because you failed to confirm on the *Your Benefits Resources* website that your spouse is not eligible for other employer-sponsored medical coverage, you will be responsible for notifying the Benefits Center, and adjustments to your surcharge will be made on a go-forward basis (not retroactively).

Please be aware that any misrepresentation regarding the availability of employer-sponsored medical coverage for your spouse may cause Westinghouse medical coverage for your spouse to end. Such misrepresentation may also be grounds for discipline, up to and including termination of your employment.

Keep Up With Preventive Care

Preventive services, such as routine physical exams and cancer screenings, can catch problems in their earliest stage — when they're easier and less costly to treat.

The key is to know what's happening with your health so you can get the most from the tools and programs available to you.

Some of the most important things to know are your numbers — that is, your blood pressure, cholesterol, blood glucose and body mass index (BMI) measurements. A great way to learn your numbers is with a routine physical exam — covered at 100 percent with no deductible required.

Preventive care vs. diagnostic care

With preventive care, your physical exam is covered, as well as routine screenings. You won't pay anything out of pocket when you get your preventive care screenings from a doctor or other health care provider in the Aetna network.

If the reason for your doctor visit includes testing for or treating a medical condition or injury, or the purpose of your visit is to find out "what's wrong," the visit would be considered diagnostic (copays, coinsurance and deductibles may apply). If you have "diagnostic" tests performed as part of a preventive visit, those diagnostic tests may not be covered at all or may be subject to copays, coinsurance and deductibles.

Ask about "hidden" charges

Some doctor's offices are affiliated with hospitals. Before your visit, ask your doctor if you will be charged any fees or extra office visit charges, often referred to as a facility charge or clinic fee.

Know which preventive services are covered

To see the latest preventive guidelines, login to the Aetna member website at www.aetna.com, select "Health Programs" under "Stay Healthy" and choose "Preventive Health Schedule." Routine care and exams can be found by clicking on "View Coverage" under Plans, then "Routine Care." Aetna plans follow the recommendations of national medical societies about how often children, men and women need these services. Keep in mind that recommendations for preventive care vary based on age, gender and personal risk factors.

Talk with your doctor or medical provider to see what preventive services are right for you and when you should have them. Take your Preventive Health Schedule with you and tell your doctor that preventive services are covered at 100 percent when they're listed on the schedule and billed as part of your preventive care.

If your medical provider wants to perform another service or test that's not on the Preventive Health Schedule, ask if it can be performed at another time as part of a diagnostic visit, so you won't be surprised by unexpected charges.

Register With the Aetna Member Website

The Aetna member website offers health and personal benefits information, self-service features, interactive tools — and much more.

Your spouse and dependents over the age of 18 can register for their own Aetna member website access.

Here's how to register:

1. Go to www.aetna.com.
2. Click on the Login prompt.
3. Follow the simple prompts to complete your registration.

Once you complete your registration, you'll have a personalized home page. From there, you can:

- Find in-network doctors, hospitals, urgent care centers and more
- Check on claims and payments
- Get cost estimates for medical procedures and treatments
- View and print copies of your ID card
- Contact a Health Concierge
- Check your HSA balance, see recent transactions and learn about HSA investment options (if you're an Aetna CDHP member)
- Check your HealthFund (Health Reimbursement Account) balance (if you're an Aetna PPO member)

From any Aetna member website page, you can use the "Contact Us" link to email Aetna Member Services with questions and requests.

Download the Aetna Mobile App

The Aetna Health℠ app lets you pull up your ID card, check on a claim, find doctors by location and specialty, get cost estimates and more. Download the Aetna Health app from your app store, or text "AETNA" to 90156 for a link. *(Standard text messaging rates may apply.)*

Manage Your International Travel Claims

The plan pays covered claims incurred while traveling outside of the United States at the in-network level of benefits. However, you will most likely have to pay out of pocket at the time of service and submit the claim to Aetna for reimbursement.

If you are admitted to a hospital, call National Medical Excellence toll-free at 1-877-212-8811 between the hours of 8 a.m. and 5 p.m. Eastern time, Monday – Friday. (Not all countries will recognize toll-free numbers. If this is the case, or the call is made after hours, you should call 1-215-775-6445.) They will review the case and make sure you receive the appropriate care at the facility. For inpatient claims, the provider may bill Aetna directly. If the provider requires payment from you, you should send the claim to the address on the back of your ID card for reimbursement.

Summary of Benefits and Coverage (SBC)

One of the requirements of the Patient Protection and Affordable Care Act is to provide participants with clear, consistent and comparable information about their health plan benefits and coverage. Specifically, the regulations ensure consumers have access to information that will help them understand and evaluate their health insurance choices. The information includes an easy-to-understand summary of benefits and coverage, specific coverage examples for three benefits scenarios (having a baby, managing type 2 diabetes, and a simple fracture), and access to a uniform glossary of terms commonly used in health insurance coverage such as "deductible" and "copayment."

You can access the Summary of Benefits and Coverage for both the Aetna CDHP and the Aetna PPO on the *Your Benefits Resources* website during and after your benefits enrollment period.

MyHealth Rewards

MyHealth Rewards is Westinghouse's health incentive program that helps you learn more about your health and possible health risks. Please see the summary chart below for detailed *MyHealth Rewards* program requirements.

<table>
<tr><th></th><th>AETNA CDHP</th><th>AETNA PPO</th></tr>
<tr><td>What you need to do in 2020 to earn MyHealth Rewards</td><td colspan="2">Between the acquisition date through August 31, 2020 you'll need to complete:
✓ A biometric screening
✓ One preventive exam/service, as listed below, as appropriate for your age/gender

All requirements must be completed by August 31, 2020 to be able to earn MyHealth Rewards in 2020.

To earn MyHealth Rewards, you (and your spouse, if applicable) must be enrolled in Westinghouse medical coverage through Aetna and must complete your biometric screening and preventive exam/service while covered under the plan. Your preventive exam/service claim must be submitted to Aetna. You must be actively employed on the date your MyHealth Rewards are contributed to your HSA or HRA in order to receive the contribution.

Preventive exams/services that would count toward MyHealth Rewards, as appropriate for your age/gender according to www.aetna.com:

<table><tr><th>Adult Males</th><th>Adult Females</th></tr><tr><td>Annual Physical</td><td>Annual Physical</td></tr><tr><td>Prostate Specific Antigen (PSA) test</td><td>Routine Mammogram</td></tr><tr><td>Routine Colonoscopy</td><td>Routine Colonoscopy</td></tr><tr><td>Routine Sigmoidoscopy</td><td>Routine Sigmoidoscopy</td></tr><tr><td></td><td>Annual OB/GYN visit</td></tr></table></td></tr>
<tr><td>Website to see your MyHealth Rewards</td><td colspan="2">You will use www.aetna.com to track your MyHealth Rewards.

www.aetna.com — login to your account, find Stay Healthy, click on Discover a Healthier You</td></tr>
<tr><td>How much you can earn (member must be enrolled in Westinghouse medical coverage to earn MyHealth Rewards)</td><td>$500 for employee
$500 for spouse</td><td>$250 for employee
$250 for spouse</td></tr>
<tr><td>Where MyHealth Rewards are contributed</td><td>Health Savings Account (HSA)
✓ Can roll over from year to year if not used</td><td>Health Reimbursement Account (HRA)
✓ Called "HealthFund" on www.aetna.com
✓ Up to $250 for individual coverage and up to $500 for family coverage in unused contributions to your HRA can roll over to the next calendar year if you remain enrolled in the Aetna PPO in the next calendar year; if you enroll in the CDHP in the next calendar year the funds in your HRA are forfeited</td></tr>
</table>

Teladoc

Teladoc provides you with 24/7 access to a national network of U.S. board-certified doctors when enrolled in either medical plan.

You can call a physician from anywhere — home, work, or on the road. Teladoc doctors diagnose non-emergency medical problems and recommend treatment for a variety of conditions such as:

- allergies,
- colds and flu,
- ear infections,
- respiratory infections, and
- a sore throat.

If medically necessary, a prescription will be sent to the pharmacy of your choice.

TALK TO A DOCTOR ANYTIME!

PPO Members: $5 per general medical consultation

CDHP Members: $40 or less per general medical consultation

- Teladoc.com/Westinghouse
- 1-800-Teladoc (835-2362)
- Facebook.com/Teladoc
- Teladoc.com/mobile

Prescription Drugs

If you enroll in either of the Westinghouse medical plans, you will automatically receive prescription drug coverage through CVS Caremark, Westinghouse's pharmacy benefit manager (PBM).

The cost for your prescriptions will depend on whether your prescription drug is a generic, preferred brand, non-preferred brand or specialty medication. The cost is also based on whether you purchase a maintenance medication through the Maintenance Choice program (you can choose to purchase maintenance medication through CVS Caremark's mail service pharmacy or a CVS/pharmacy retail store).

PLAN FEATURES	AETNA CDHP	AETNA PPO
Deductible	Subject to medical deductible (see page 8) except for preventive medications	$50 per person annual deductible for brand-name drugs at a retail pharmacy*
Out-of-Pocket Maximum	Prescription coinsurance counts toward medical out-of-pocket maximum	Prescription deductible, copayments, and coinsurance count toward medical out-of-pocket maximum
What You Pay	▪ **Network:** ✓ **Generic:** 20% ✓ **Brand-name preferred:** 30% ✓ **Brand-name non-preferred:** 40%	▪ **Network:** ✓ **Generic:** retail — lower of $12 or drug cost; Maintenance Choice — lower of $24 or drug cost ✓ **Brand-name preferred:** 30% ✓ **Brand-name non-preferred:** 45% ✓ **Specialty Pharmacy medications:** generic 20%; brand 30%; $175 max employee cost per 30-day fill
Maintenance Choice® **	Purchase 90-day supply using either: ▪ CVS Caremark mail service pharmacy ▪ CVS retail pharmacy, including those in Target stores You must obtain your 90-day supply through the Maintenance Choice program after the first fill, plus one 30-day refill, or you will pay the full cost of the maintenance medication. **Note:** Maintenance Choice opt-out is available by contacting CVS Caremark.	
Specialty Pharmacy *For medications that are injected or infused, and/or require special handling*	Must obtain specialty drugs on the CVS Caremark Specialty Care Drug List from CVS Caremark's Specialty Pharmacy	
Penalty Applies	If brand-name drug is purchased when generic is available. Any penalties that you pay do not count toward the deductible and out-of-pocket maximum.	

* *Does not apply to generics, Maintenance Choice or Specialty Pharmacy.*

** *Maintenance medications are those used on a regular basis to treat a chronic condition, such as high blood pressure or diabetes.*

WHAT IS THE DIFFERENCE BETWEEN GENERIC, BRAND-NAME PREFERRED AND BRAND-NAME NON-PREFERRED PRESCRIPTION DRUGS?

A **generic drug** is a drug product that is comparable to a brand listed drug product in dosage form, strength, route of administration, quality and performance characteristics, and intended use. Generic drugs can provide the same benefits as their brand-name equivalent at a fraction of the cost.

A **brand-name preferred drug** is a drug that is on the plan's Preferred Drug List or "PDL." A PDL is a list of covered drugs selected by the plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The PDL does change, which means that drugs can be added to the PDL or taken off the PDL on a regular basis.

A **brand-name non-preferred drug** is one not included on the plan's PDL. You pay more if you use non-preferred drugs than if you opt for generics and preferred brand-name drugs.

There are certain drugs that are completely excluded from coverage, known as Formulary Drug Removals. If you use a drug that has been removed from the plan's formulary, you will be required to pay the full cost.

USE A GENERIC WHEN AVAILABLE

Generic drugs have the same active ingredients as brand-name drugs but may cost up to 80 percent less. As a result, the plan requires you to use generic drugs whenever possible. If a generic drug is available and you *or your physician* chooses to use a brand-name drug, you will be required to pay the cost difference between the **brand-name prescription drug** and the **generic alternative**, plus the applicable cost sharing for the generic alternative. ***Please note: This penalty amount will not apply to the deductible or out-of-pocket maximum.***

Maintenance Choice®

Maintenance medications are drugs prescribed for long-term conditions and are taken on a regular, recurring basis. To help you save money on long-term prescription drugs, CVS Caremark provides a program called Maintenance Choice® for 90-day supplies of maintenance medications.

Through the Maintenance Choice program, you can purchase your 90-day supplies of maintenance medications in one of two ways:

1. Through CVS Caremark's mail service pharmacy, or
2. At your local CVS retail pharmacy (including those in Target stores).

You are limited to two (2) 30-day fills at a retail pharmacy for your maintenance medication before you are required to transition to a 90-day supply. **You must obtain your 90-day supply through the Maintenance Choice program after the first fill, plus one 30-day refill, or you will pay the full cost of the maintenance medication.** *Note: Maintenance Choice opt-out is available by contacting CVS Caremark.*

Specialty Medication

Specialty drugs are high-cost prescription medications used to treat complex, chronic conditions like cancer, rheumatoid arthritis and multiple sclerosis. Specialty drugs often require special handling (like refrigeration during shipping) and administration (such as injection or infusion).

If your physician has prescribed a certain specialty medication for you or a covered family member, you will need to have the prescription filled through the CVS Specialty Pharmacy. You may access this service through www.CVSspecialty.com or by calling 1-800-237-2767.

Special Programs

In an ongoing effort to effectively manage your prescription drug benefits, the prescription drug benefit uses clinical guidelines, which include:

- **Prior authorization** — CVS Caremark will conduct reviews of certain medications before allowing coverage under the prescription drug benefit. Prior authorization may be as simple as verifying your age and/or gender, or it may require proof of medical necessity from your physician.
- **Quantity level limits** — For some medications, the prescription drug benefit will only cover a certain number of pills or units (such as injections or nasal spray bottles) within a specified time period, usually 30 or 90 days.
- **Step Therapy** — Step Therapy ensures you receive a medication that is proven safe and effective for your condition at the lowest cost to you and the plan. Certain medications will be subject to Step Therapy, which is based on FDA guidelines and published, medically accepted standards of care. For example, if your doctor prescribes a brand-name drug for a chronic condition such as asthma or high blood pressure, Step Therapy will require that you try a generic or less expensive preferred drug before the plan covers the more expensive brand-name medications. Your pharmacy will be notified if Step Therapy is required for your medication.

DOWNLOAD THE CVS CAREMARK MOBILE APP

The CVS Caremark® app is a convenient way to pull up your ID card, view recent orders, check drug costs, learn about drug interactions, find lower-cost medication alternatives, and locate a CVS network pharmacy. Download the app from your app store, or visit www.caremark.com and scroll down the home page to "download it now" to your smart device. *(Standard text messaging rates may apply.)*

Hospital Indemnity Insurance

Hospital stays can be unexpected and costly. Hospital Indemnity Insurance is a great way to complement your medical coverage by helping to ease the financial impact if you, or a covered family member, requires hospitalization. It provides a lump sum payment that can be used as you see fit for hospital admission, accident-related inpatient rehabilitation and hospital stays.

Hospital Indemnity Insurance may be a good choice for you if you are interested in the Aetna CDHP medical option but want help paying out-of-pocket expenses, such as the medical deductible, if you or a family member are admitted into the hospital.

You have the choice of two plans, both offered through MetLife.

COVERED CONDITION	STANDARD PLAN	PREMIUM PLAN
	Hospital Indemnity Insurance Pays You	
Hospital Coverage (Accident)		
Admission *Must occur within 180 days of accident*	**Non-ICU:** $1,500 per accident **ICU:** $1,500 per accident	**Non-ICU:** $2,000 per accident **ICU:** $2,000 per accident
Confinement *Must occur within 180 days of accident*	**Non-ICU:** $100 a day, up to 31 days **ICU:** $100 a day, up to 31 days	**Non-ICU:** $200 a day, up to 31 days **ICU:** $200 a day, up to 31 days
Inpatient Rehab *Stay must occur immediately following hospital confinement and occur within 365 days of accident*	$100 a day, up to 15 days per accident and 30 days per calendar year	$200 a day, up to 15 days per accident and 30 days per calendar year
Hospital Coverage (Sickness)*		
Admission *Payable 1x per calendar year*	**Non-ICU:** $1,500 **ICU:** $1,500	**Non-ICU:** $2,000 **ICU:** $2,000
Confinement *Paid per sickness*	**Non-ICU:** $100 a day, up to 31 days **ICU:** $100 a day, up to 31 days	**Non-ICU:** $200 a day, up to 31 days **ICU:** $200 a day, up to 31 days

** There is a pre-existing condition exclusion for Hospital Sickness benefits in all states. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.*

Standard Plan

TYPE	MONTHLY RATE
Employee Only	$23.70
Employee + Spouse	$39.15
Employee + Child(ren)	$39.15
Employee + Family	$56.39

Premium Plan

TYPE	MONTHLY RATE
Employee Only	$35.03
Employee + Spouse	$57.32
Employee + Child(ren)	$57.32
Employee + Family	$83.38

Critical Illness Insurance

Although your medical plan provides a certain level of coverage for hospital and medical expenses arising from critical illnesses, there are still many expenses that are not covered. Critical Illness Insurance complements your existing medical and disability benefits and provides you with an option to add protection to lessen the burden of out-of-pocket expenses.

Critical Illness Insurance may be a good choice for you if you are interested in the Aetna CDHP medical option but want help paying out-of-pocket expenses, such as the medical deductible, if you or a family member are diagnosed with a covered illness.

ELIGIBLE INDIVIDUAL	INITIAL BENEFIT	REQUIREMENTS
Employee	$10,000, $20,000 or $40,000	Coverage is guaranteed provided you are actively at work.*
Spouse	100% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.*
Dependent Child(ren)	100% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.*

** Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.*

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300%, or $30,000, $60,000 or $120,000.

A **Health Screening Benefit** is also available — the carrier will pay you $50 if you have been covered under Critical Illness for at least 1 month and submit proof to the carrier that you have had a designated wellness screening or preventive service — see the Certificate for details.

Monthly Premium for $1,000 of Coverage

ATTAINED AGE	EMPLOYEE	SPOUSE	CHILD(REN) (UP TO AGE 26)
<25	$0.10	$0.11	$0.05
25 – 29	$0.11	$0.12	
30 – 34	$0.19	$0.21	
35 – 39	$0.34	$0.36	
40 – 44	$0.60	$0.64	
45 – 49	$1.08	$1.11	
50 – 54	$1.77	$1.75	
55 – 59	$2.84	$2.66	
60 – 64	$4.40	$3.95	
65 – 69	$6.78	$5.89	
70 – 74	$9.76	$8.60	
75 – 79	$13.58	$12.44	
80 – 84	$16.83	$15.83	
85+	$17.98	$17.12	

Accident Insurance

Accident Insurance can complement existing medical coverage and help narrow financial gaps in coverage caused by out-of-pocket expenses such as deductibles, copayments, and non-covered medical services.

Accident Insurance may be a good choice for you if you are interested in the Aetna CDHP medical option but want help paying out-of-pocket expenses, such as the medical deductible, if you or a family member are hurt in an accident.

You have the choice of two plans offered through MetLife.

COVERED CONDITION	STANDARD PLAN	PREMIUM PLAN
	Accident Insurance Pays You	
Injuries *12 covered injury types*	Ranging from $25 – $5,000 per injury[1]	Ranging from $50 – $10,000 per injury[1]
Medical Services & Treatment *15 covered medical services and treatments*	Ranging from $15 – $1,000 per medical service/treatment	Ranging from $25 – $2,000 per medical service/treatment
Hospital Coverage[2] *(due to an Accident)*	▪ $500 (non-ICU) – $1,000 (ICU) admission benefit per accident ▪ $100 a day for non-ICU confinement up to 31 days ▪ $200 a day for ICU confinement up to 31 days	▪ $1,000 (non-ICU) – $2,000 (ICU) admission benefit per accident ▪ $200 a day for non-ICU confinement up to 31 days ▪ $400 a day for ICU confinement up to 31 days
Additional Benefits *Lodging[3]*	$100 per night, up to 31 nights	$200 per night, up to 31 nights

[1] *Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.*

[2] *Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.*

[3] *The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.*

Standard Plan

TYPE	MONTHLY RATE
Employee Only	$ 8.83
Employee + Spouse	$13.36
Employee + Child(ren)	$17.49
Employee + Family	$22.38

Premium Plan

TYPE	MONTHLY RATE
Employee Only	$16.03
Employee + Spouse	$24.72
Employee + Child(ren)	$32.40
Employee + Family	$41.03

For details and more information about Hospital Indemnity, Critical Illness and/or Accident Insurance programs provided through MetLife, see the information on ***george***, on the *Your Benefits Resources* website at www.myWECbenefits.com, or call 1-800-GET-MET8 (1-800-438-6388) Monday through Friday 8 a.m. – 8 p.m., Eastern time.

Expert Medical Opinion

You and your eligible dependents have a "second-opinion" medical service available for use, even if you are not enrolled in Westinghouse medical coverage. The service is called Expert Medical Opinion and is offered through a company called Advance Medical.

Expert Medical Opinion is a special benefit, with no cost to you, that can help you or a dependent with complex medical conditions. Westinghouse is providing this program to ensure that you are receiving optimized medical care and you have the best possible information for medical decision-making. You can reach out to 1-888-643-6321 or https://advance-medical.net/Westinghouse/ to access these services.

Health Advocate

Health Advocate, a health care advocacy service, provides assistance with health care or insurance matters at no cost to you. You are automatically eligible for access to this service, even if you are not enrolled in a Westinghouse medical plan.

When you contact Health Advocate, you are assigned a personal advocate, typically a nurse, who can help you:

- Resolve insurance claims and billing issues (medical, prescription drug, dental, vision, HSA and FSA);
- Understand your benefit plan and how it works;
- Find the right doctors and hospitals;
- Schedule appointments, especially with hard-to-reach specialists;
- Deal with serious illness or injury;
- Secure second opinions;
- … and much more!

What's more, your extended family (spouse, dependent children, parents and parents-in-law) can also use Health Advocate.

Health Advocate can be accessed 24/7. Normal business hours are Monday – Friday, between 8 a.m. and 9 p.m., Eastern time, but staff are also available to assist you after hours and on weekends.

Health Savings Account (HSA)

When you enroll in the Aetna CDHP, you will have a Health Savings Account (HSA). Westinghouse contributes to your account at the start of the year and you may contribute to the HSA as well*, up to IRS contribution limits. You can use your account to pay for your qualified medical expenses or let funds accumulate for the future.

Besides giving you a convenient way to save for health expenses, the HSA offers some important advantages:

- **You save on taxes.** Contributions are withheld from your pay before taxes are withheld, reducing your taxable income. Balances accumulate and earn interest tax-free and withdrawals to pay qualified expenses are not taxed.
- **Balances carry over year to year.** There's no "use it or lose it" rule.
- **Your account earns interest.** And balances over $1,000 can be invested.
- **Your account is portable.** You can take it with you if you leave Westinghouse.

The HSA is easy to manage, too. You will have a PayFlex® HSA debit card to use for your qualified purchases.

** You cannot contribute to a Health Savings Account if, in addition to the Aetna CDHP, you are also covered under a non-high-deductible health plan, which includes Tricare, Medicare, or your spouse's unrestricted Health Care Flexible Spending Account or Health Reimbursement Account (HRA). (Whether or not your spouse files claims for you under that unrestricted Health Care Flexible Spending Account is irrelevant — the important point is that your spouse could file claims for you.)* **Note:** *An unrestricted Health Care Flexible Spending Account is one from which eligible medical expenses can be reimbursed, in addition to dental and vision expenses.*

HEALTH SAVINGS ACCOUNT (HSA) CIP PROCESS

PayFlex, the administrator for the Aetna Health Savings Account, will need to verify personal information about you, including your correct name, address, date of birth and your Social Security number, before your Health Savings Account can be opened. The USA Patriot Act requires that personal information about you must be verified before an HSA account can be set up for you. This is called the Customer Identification Process (CIP).

If you elect the Aetna CDHP and receive a letter requesting this information, you will need to provide the documentation so that PayFlex can set up your HSA account. If you do not supply the information, your HSA account cannot be opened, and you will forfeit Westinghouse's contribution to your HSA.

Please note that HSA accounts can only be opened with a physical address. If you currently use a P.O. box as your primary address, you will need to give PayFlex a physical address before your account can be set up.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) let you set aside money on a pre-tax basis for certain types of qualified expenses (as defined by the IRS). There are two types of FSAs:

The **Health Care FSA** is used to pay for qualified out-of-pocket health care expenses (such as medical, prescription, dental and vision expenses not covered by any plan) for you and your eligible dependents. You can enroll in the Health Care FSA even if you do not enroll in Westinghouse medical coverage.

The annual maximum for the Health Care Flexible Spending Account is $2,700.

Please note that if you choose the Aetna CDHP, you can have both a Health Savings Account (HSA) and a Health Care FSA — in this case, though, your Health Care FSA would be a "limited" FSA that can only be used for qualified dental and vision expenses.

The **Day Care FSA** is used to reimburse eligible dependent care expenses (such as day care for children or elder care) necessary because you and your spouse work or go to school full-time.

The annual maximum for the Day Care Flexible Spending Account is $5,000.

When you enroll for one or both FSAs, you set a contribution amount that will be deducted in equal amounts over the course of the year. Contributions are deducted from your pay on a pre-tax basis. This reduces your taxable income, so you pay less in federal and state (if applicable) income tax.

Tax-Saving Accounts at a Glance

The following chart will help illustrate how the HSA, Health Care FSA, and Day Care FSA differ from one another:

QUESTION	HEALTH SAVINGS ACCOUNT (HSA)	HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HEALTH CARE FSA)	DAY CARE FLEXIBLE SPENDING ACCOUNT (DAY CARE FSA)
Which medical plan do I enroll in to access the account?	Aetna CDHP	▪ Aetna CDHP (Limited FSA — only eligible dental and vision expenses can be reimbursed) ▪ Aetna PPO — eligible medical, prescription drug, dental and vision expenses can be reimbursed You can enroll even if you are not enrolled in Westinghouse medical coverage	Not related to your medical coverage election
Are contributions tax-free?	Yes	Yes	Yes
Who contributes?	You and Westinghouse	You	You

(continued)

QUESTION	HEALTH SAVINGS ACCOUNT (HSA)	HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HEALTH CARE FSA)	DAY CARE FLEXIBLE SPENDING ACCOUNT (DAY CARE FSA)
What does Westinghouse contribute?	$500/year (prorated for 2020): Employee only coverage $1,000/year (prorated for 2020): Employee plus any dependent(s)	$0	$0
What are 2020 maximum annual contributions?	Totals for employee **and** Company contributions (including *MyHealth Rewards*):* ▪ $3,550 (Employee only coverage) ▪ $7,100 (Employee plus any dependent(s)) ▪ Additional $1,000 if age 55+ and not enrolled in Medicare	$2,700	$5,000
When can I start using the account?	Employee contributions are taken out on a per-pay-period basis and must accumulate in the account before being used. Employer contributions will be available as soon as administratively possible upon enrollment in the Westinghouse Aetna CDHP.	Your contributions will be available as soon as administratively possible upon enrollment in the Health Care FSA. Employee contributions do not need to accumulate in the account before being used.	Your contributions are taken out on a per-pay-period basis and must accumulate in the account before being used.
Can I use money for ineligible expenses?	Yes, but money is subject to taxes and penalties.	No	No
Do I lose unspent money at the end of the year?	No, your money carries over year to year.	Up to $500 of unused funds can carry over into the next year; unused funds over $500 are forfeited.	Yes
Can I take my account with me if I leave Westinghouse?	Yes	No	No

** Employees are responsible for monitoring their HSA accounts to ensure that their annual contributions do not exceed the annual maximum.*

Dental

Your Westinghouse Dental benefits help with the cost of routine preventive care (such as exams and cleanings, covered at 100 percent for in-network care) as well as Basic, Major and Orthodontic services. MetLife® is the carrier for Westinghouse dental coverage.

There are two dental options — Standard Dental and Premium Dental.

Note: *Expatriates must enroll in a separate dental plan, insured by Cigna Global.*

BENEFITS	STANDARD DENTAL		PREMIUM DENTAL	
	In-Network	*Out-of-Network*	*In-Network*	*Out-of-Network*
Calendar Year Deductible	$50/person for Basic and/or Major Services (does not apply to routine/preventive or orthodontia)		$50/person for Basic and/or Major Services (does not apply to routine/preventive or orthodontia)	
Routine/ Preventive	100%	80%	100%	90%
Basic Services	60%	40%	80%	70%
Major Services	40%	20%	50%	40%
Orthodontics *Dependents up to age 19*	50%	50%	50%	50%
Calendar Year Maximum *(per person)*	$750		$1,500	
Lifetime Orthodontic Maximum *(per child)*	$750		$1,500	

Note: *Percentages apply to MetLife's Maximum Allowable Charge.*

Monthly Employee Contribution Rates for Dental Coverage

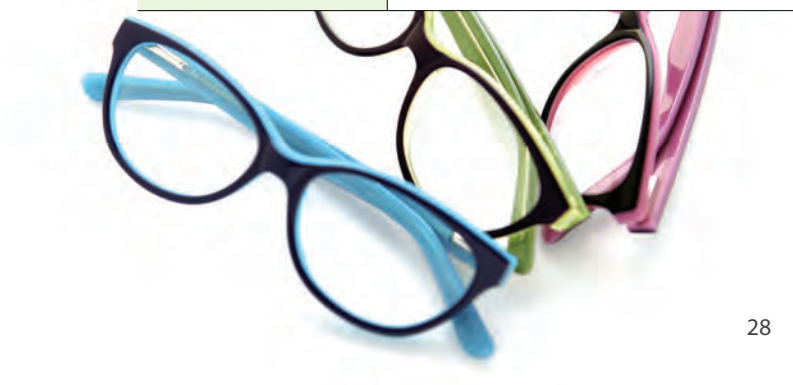
	STANDARD DENTAL	PREMIUM DENTAL
Employee Only	$6.75	$15.83
Employee + Spouse	$13.29	$30.67
Employee + Child(ren)	$15.41	$36.06
Employee + Family	$22.25	$51.98

Vision

Westinghouse offers two vision coverage levels through VSP. Below is a summary of coverage.

Note: *Expatriate vision coverage is a part of the medical plan, insured by Cigna Global.*

BENEFITS	STANDARD VISION		PREMIUM VISION	
	In-Network	*Out-of-Network*	*In-Network*	*Out-of-Network*
Eye exam *(one every 12 months)*	$20 copayment	Reimbursed up to $45	$20 copayment	Reimbursed up to $45
Prescription Glasses	$20 copayment ▪ Includes single vision, lined bifocal, lined trifocal, lenticular lenses in glass or plastic, and standard progressive lenses ▪ Frame allowance: $160 ▪ Includes polycarbonate lenses for children ▪ Discounts on other lens enhancements	Reimbursed up to: ▪ Single: $30 ▪ Bifocal: $50 ▪ Trifocal: $65 ▪ Lenticular: $100 ▪ Frames: $70	$20 copayment ▪ Includes single vision, lined bifocal, lined trifocal, lenticular lenses in glass or plastic, and standard progressive lenses ▪ Frame allowance: $200 ▪ Includes polycarbonate lenses for children and adults ▪ Discounts on other lens enhancements	Reimbursed up to: ▪ Single: $30 ▪ Bifocal: $50 ▪ Trifocal: $65 ▪ Lenticular: $100 ▪ Frames: $70
	Lenses: covered every calendar year **Frames:** covered every other calendar year		**Lenses:** covered every calendar year **Frames:** covered every calendar year	
Contacts *(instead of glasses)*	$140 (contacts and exam)	Reimbursed up to $105	$200 (contacts and exam)	Reimbursed up to $105
Monthly Employee Contribution	▪ Employee Only: $3.31 ▪ Employee + Spouse: $6.62 ▪ Employee + Child(ren): $7.12 ▪ Employee + Family: $10.27		▪ Employee Only: $5.68 ▪ Employee + Spouse: $11.36 ▪ Employee + Child(ren): $12.22 ▪ Employee + Family: $17.60	



Disability Coverage

All disability income benefits, including Salary Continuance, Accident & Sickness (A&S) and Long-Term Disability benefit coverages, include a case management review program to assist employees' rehabilitation and timely recovery.

Please note that Salary Continuance and Accident & Sickness run concurrently with any eligible FMLA leave time.

Disability and Leave of Absence Administration

The Westinghouse Leave Center, administered by ReedGroup, a Guardian Company, is the provider for the company short-term disability programs. The Westinghouse Leave Center is also Westinghouse's administrator for Leaves of Absence, including Family and Medical Leave (FMLA), Paid Parental Leave (for eligible employees), Military, Personal, and Educational Leaves.

Guardian is the insurer for the Long-Term Disability Insurance program.

You are required to contact the Westinghouse Leave Center:

1. When you are out of work due to your own illness/disability for at least 7 calendar days from your first workday missed (even if the absence is due to a workers' compensation injury);
2. When you miss any time at all, even for partial days, due to FMLA or Military Leave;
3. When you go out on an approved Personal or Educational Leave that lasts for 30 consecutive calendar days or more (this leave must be approved by your manager prior to being taken); or
4. When you want to take Paid Parental Leave, if you are eligible to do so.

You can contact the Westinghouse Leave Center to open a disability or leave of absence claim in one of two ways:

1. Log onto www.myWECbenefits.com and click on the Westinghouse Leave Center tile — you will then be connected via single sign-on to the self-service portal; or
2. Call the Westinghouse Leave Center at 1-844-391-6670.

A few important notes for you:

1. After you file a claim with the Westinghouse Leave Center, you must ensure that all of your medical providers send required medical records to the Westinghouse Leave Center so that the Center can make a determination on the claim.
2. You must contact the Westinghouse Leave Center immediately upon returning to work to let them know that you have returned.

For intermittent FMLA:

- Contact the Westinghouse Leave Center through the self-service portal or by calling 1-844-391-6670 to open an intermittent FMLA claim.
- Once your intermittent FMLA claim is approved, **each time** you take time off, you must:
  1. Notify your manager of the absence;
  2. Record your intermittent FMLA time off on your Westinghouse timesheet for each absence; and
  3. Report your intermittent FMLA time off to the Westinghouse Leave Center through the self-service portal or by calling 1-844-391-6670 as soon as possible, but in no event later than two days after you return to work.

Work-related injury or illness must be reported immediately to the department designated by your location as the first point of contact for a work-related injury or illness. A work-related injury or illness must also be reported to the workers' compensation carrier, in addition to being reported to the Westinghouse Leave Center.

Remember: You are also required to follow normal reporting processes for your location when you are not at work. This means that in addition to notifying the Westinghouse Leave Center of your absence, you must also notify your manager and record the time off using normal timekeeping procedures.

Salary Continuance (Short-Term Disability) for Salaried Employees

Salaried employees may be eligible for the Westinghouse Salary Continuance policy, subject to the provisions of the total disability management program. When a salaried employee is absent from work due to a total disability, payments under this policy may be continued at 100% of base pay, then at 60% of base pay, for a maximum of 6 months. The length of time at 100% of base pay is based on eligibility service.

YEARS OF ELIGIBILITY SERVICE	MONTHS AT 100% SALARY	MONTHS AT 60% SALARY
1 day up to the day before 1 year	1 week	Remaining time to reach 6 months
1 year up to the day before 5 years	1	5
5 years up to the day before 10 years	2	4
10 years up to the day before 15 years	3	3
15 years up to the day before 20 years	4	2
20 years up to the day before 25 years	5	1
25+ years	6	0

Accident & Sickness (Short-Term Disability) for Full-Time Hourly Employees

Subject to the provisions of the total disability management program, Accident & Sickness (A&S) benefit coverage provides hourly employees with income payment of 50% of benefit pay, with a maximum benefit payment of $675 per week, if you are totally disabled, up to a maximum payment period of 26 weeks.

Long-Term Disability (LTD)

LTD coverage provides income replacement, up to a maximum monthly benefit of $12,000, for full-time and part-time employees if you elect coverage and have an accident or illness that prevents you from being able to work for an extended period of time.

BENEFIT LEVEL	ANNUAL COST
60% of Benefit Pay	.0039 x Benefit Pay
66⅔% of Benefit Pay	.0052 x Benefit Pay

Examples of monthly LTD premiums for different benefit pay amounts:

ANNUAL BENEFIT PAY	60% OF BENEFIT PAY	66⅔% OF BENEFIT PAY
$50,000	$16.25	$21.67
$75,000	$24.38	$32.50
$100,000	$32.50	$43.33

Life and Accident Insurance

Basic Life and AD&D

You automatically receive Employee Basic Life Insurance coverage, which is administered by Prudential. The death benefit for basic life insurance equals one times your annual benefit pay, with a minimum of $50,000 and a maximum of $250,000. If you are actively employed at age 65 or later, your basic life insurance benefit reduces according to Prudential's age reduction schedule.

You automatically receive Employee Basic Accidental Death & Dismemberment (AD&D) insurance coverage equal to the basic life insurance coverage amount, including the reduction at age 65.

Optional Life

You can choose to purchase Optional Life Insurance up to the lesser of five times your annual benefit pay, or $1,000,000. Evidence of Insurability may be required. Cost is age-related and depends on whether or not you have used nicotine in the past 12 months.

Since Optional Life rates depend upon age bands, if you cross an age band at some point during the year, your cost for Optional Life will increase on the 1st of the month following the birthday that causes you to cross the age band.

YOUR MONTHLY PREMIUM PER $1,000 COVERAGE		
Age	*Non-Nicotine User*	*Nicotine User*
< 25	$0.042	$0.066
25 – 29	$0.050	$0.080
30 – 34	$0.067	$0.107
35 – 39	$0.076	$0.124
40 – 44	$0.085	$0.142
45 – 49	$0.126	$0.213
50 – 54	$0.194	$0.326
55 – 59	$0.362	$0.610
60 – 64	$0.555	$0.905
65 – 69	$1.068	$1.686
> = 70	$1.732	$2.735

Dependent Life

You may choose from the following four Dependent Life Insurance options:

- **Option 1:** $15,000 spouse; $10,000 each dependent child
- **Option 2:** $20,000 spouse; $10,000 each dependent child
- **Option 3:** $25,000 spouse; $10,000 each dependent child
- **Option 4:** $50,000 spouse; $10,000 each dependent child

If you do not enroll when first eligible, or if you would like to increase your coverage, Evidence of Insurability for your spouse may be required. Evidence of Insurability is not required for your dependent children.

OPTION 1:	OPTION 2:	OPTION 3:	OPTION 4:
$3.55/month	$4.73/month	$5.91/month	$11.82/month

Optional AD&D

Optional AD&D insurance coverage provides benefits for certain accidental injuries or death. You may purchase Optional AD&D for yourself in $10,000 increments, up to a maximum of $350,000.

You may also purchase Optional AD&D for your family in increments of $10,000 for your spouse and $2,000 for each of your dependent children. You may choose a maximum of 10 increments, which would pay a maximum of $100,000 for your spouse and $20,000 for each of your dependent children.

EMPLOYEE	FAMILY
$0.20/month per $10,000 increment	$0.28/month per $10,000 increment

If two Westinghouse employees are married to each other: you cannot cover each other under Dependent Life or Optional AD&D (family) coverage, and only one of you can cover your eligible dependent children.

Imputed Income

Internal Revenue Service rules require that the value of all amounts of group term life insurance over $50,000 is taxable to a covered employee in a nondiscriminatory plan (the Westinghouse plan is nondiscriminatory). This is called "Imputed Income." Amounts of Basic and Optional Life are included; the amount of your after-tax Optional Life payroll deduction can be used to offset the amount of Imputed Income. Imputed Income is added to your pay on a per-pay-period basis — you don't actually receive the amount of Imputed Income; it is just added to your taxable pay for taxation purposes.

Business Travel Accident Insurance

This coverage pays business travel accident insurance benefits if you are killed or seriously hurt while traveling on Company business. You automatically receive business travel accident insurance coverage equal to two times your annual benefit pay, with a minimum of $25,000 and a maximum of $750,000.

Other Benefits

Employee Assistance Program (EAP)

The EAP is a confidential, professional assessment and referral service to help resolve personal problems, including work/life balance; stress management; anxiety and depression; marital, family, and relationship difficulties; balancing work and family responsibilities; child and elder care referrals; parenting issues; alcohol and substance abuse; and certain legal and financial help.

When you call the EAP, you will speak with a Beacon Health Options counselor, who will ask you questions about your situation. The counselor will also assist you in selecting an EAP counselor in your geographic area, who you can reach out to for an in-person appointment.

You will be approved for two evaluation visits with your EAP counselor. Up to three additional counseling sessions may be provided, totaling five EAP sessions per calendar year per unique issue per member. If additional counseling services are needed beyond the EAP, your EAP counselor will help refer you to a qualified professional. Services beyond the EAP would be covered according to the provisions of the mental health and substance abuse treatment coverage under the medical coverage of the benefits program, if you are enrolled.

The EAP also provides a Work/Life program that provides free confidential help through telephone consultations, educational materials, and referrals for services like child and elder care. Additionally, the EAP includes a legal and financial service that provides a telephonic information and advisory service.

Group Legal through MetLaw®

The MetLaw® legal plan provides legal representation for you, your spouse and dependents for legal matters including estate planning, document review/preparation, family law, financial matters, traffic ticket defense and more.

For only $16.50 a month, you will have access to more than 14,000 experienced plan attorneys nationwide. The plan is easy to use — no copayments, deductibles, or waiting periods.

Identity Theft Protection

You can purchase identity protection services for you and your family through PrivacyArmor® Plus, InfoArmor's® identity and privacy protection plan. Coverage includes identity and credit monitoring; dark web, high risk transaction, financial activity, and social media monitoring; unusual bank account activity alerts; lost wallet protection, and more. Privacy Advocates are available 24/7 to fully restore compromised identities, even if the fraud or identity theft occurred prior to enrollment. The cost is $8.95/month for individual coverage and $16.95/month for family coverage.

InfoArmor offers a generous definition of family, using "under roof or under wallet" as its guideline: as long as a dependent lives within your household, or you support the individual financially, they are eligible to enroll at any age. This includes college-aged children and elderly parents.

Perks at Work

Perks at Work is an employee savings platform that provides online access to special employee pricing for your favorite brands.

To register for Perks at Work, go to www.perksatwork.com and use your Westinghouse email address or SAPID to set up your account.

Your Total Rewards

Your Total Rewards is an online total rewards summary that incorporates the four main components of your overall Westinghouse benefits package — Compensation, Benefits, Retirement and Other Rewards. You can access *Your Total Rewards* directly from the *Your Benefits Resources* website. The site is personalized for **you**, reflecting your current annualized pay and benefit information; data is updated regularly.

PowerUP — Westinghouse's Global Recognition Program

We are all motivated by knowing we do good work. Now is your chance to recognize good work in your colleagues and be recognized yourself through PowerUP, Westinghouse's global employee recognition and rewards program. PowerUP enables any Westinghouse employee to recognize, reward and celebrate any other employee who lives our Core Values or exemplifies the traits of a healthy Nuclear Safety Culture in their daily work — and PowerUP is fun, fast and simple to use. **What We Do Matters.**

"Workhuman" Mobile App

Download the "Workhuman" Mobile App available on the App Store℠ or Google Play™.

The first time you log in to the app, your username and default password are as follows:

- **Username:** Your SAPID. For example, if your SAPID is 01234, then your username would be "01234"
- **Default Password:** SAPID (01234) plus birth date (**mmddyyyy** format). For example, if your birthday is July 22, 1970, then your initial password would be: 0123407221970.

Alternatively, whenever you are logged into the Westinghouse network, you can access the PowerUP site by entering www.PowerUPWestinghouse.com in your Internet browser.

Voluntary Benefits Program

Under the Voluntary Benefits Program, you can enroll in the following programs at any time:

- **Auto/Home Insurance** — Purchase auto and home insurance; various companies are available (underwriting applies).
- **Pet Insurance** — Covers pets for treatments, surgeries, lab fees, X-rays and much more (underwriting applies).
- **Supplemental Short-Term Disability** — This program replaces a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness. The Supplemental Short-Term Disability from Colonial Life is offered **in addition** to the short-term disability programs that Westinghouse provides to you.

You pay for these voluntary benefits with one after-tax payroll deduction.

For rates and more information for each product, or to apply for Voluntary Benefit options, call 1-888-283-4284 Monday – Friday from 8 a.m. to 6 p.m. Eastern time or visit www.westinghousevoluntarybenefits.com.

Paid Parental Leave

Paid Parental Leave is available to employees in the U.S. who have at least one year of eligibility service and have worked a minimum of 1,250 hours in the 12 months prior to the start of the leave. Eligible employees can take up to 6 weeks of continuous paid parental leave following qualifying events such as birth or placement for adoption or foster care. Further details can be found in the Paid Parental Leave company policy.

SECTION 4: Eligible Dependents

If you are a benefits-eligible employee, you can also cover your eligible dependents under some of Westinghouse's benefit plans. Please review this section carefully to make sure your dependents are eligible.

FAMILY MEMBER	ELIGIBILITY REQUIREMENTS
Spouse	Your legally married spouse, defined as a person of the same or opposite sex who is legally married to you under any applicable state law, without regard to the state in which you reside. You will be required to provide documentation after your spouse is added to your coverage. See "Dependent Eligibility Verification" below for more information.
Child(ren)	Your dependent children up to the end of the month in which they turn age 26, regardless of whether they are married, full-time students, or eligible for other Group Health Plan coverage. Children include your biological children; legally adopted children; children placed with you for adoption; foster children; stepchildren; children supported only by you and living permanently in your household and for whom you are the court-appointed legal guardian or court-appointed legal custodian, as demonstrated by an active, written court order; and children for whom you are responsible for providing health insurance coverage as a result of a Qualified Medical Child Support Order (QMCSO). Dependent children of any age who are incapable of supporting themselves because of a total and permanent disability. The disability must have occurred during the period in which they were an eligible dependent (up to age 26). You will be required to provide documentation after your dependent children are added to your coverage. See "Dependent Eligibility Verification" below for more information.

Please note: Intentionally covering ineligible persons under Westinghouse plans may subject you to discipline, up to and including termination of your employment.

Dependent Eligibility Verification

If you are enrolling new dependents for coverage, you will need to complete the Dependent Eligibility Verification Process to verify that your dependent is benefits-eligible according to current plan rules. You will receive a letter in the mail after you enroll requesting documentation for verification of eligibility.

Your dependent will be added to your coverage, but you **must** provide the requested documentation within 45 days from the date of the Dependent Eligibility Verification request or your dependent's coverage will be dropped, with no option to elect COBRA continuation coverage. During that 45-day period, you will receive follow-up letters and emails (if an email address is on file) reminding you of the requested documentation.

IMPORTANT INFORMATION: COVERED DEPENDENTS

As required by federal law, you must provide a valid Social Security number (SSN) for any dependent you are adding to your benefits coverage.

SECTION 5: Contacts

BENEFIT	VENDOR	CONTACT AND NETWORK PROVIDER INFORMATION
Westinghouse Health and Insurance Benefits *Make benefit changes, obtain forms, notices, Summary Plan Description, and vendor information*	Westinghouse Benefits Center	1-800-890-3600, enter personal information, then say "representative," then "Benefits Center," then enter your phone PIN www.myWECbenefits.com
Medical, *MyHealth Rewards*	Aetna	1-855-400-5951 www.aetna.com Aetna: App Store℠ or Google Play™
Telemedicine	Teladoc	1-800-Teladoc (835-2362) www.teladoc.com/westinghouse Teladoc: App Store℠ or Google Play™
Prescription Drug	CVS Caremark	1-844-278-5712 www.caremark.com Caremark: App Store℠ or Google Play™
Hospital Indemnity, Critical Illness and Accident Insurance	MetLife	1-800-GET-MET8 (800-438-6388) www.metlife.com/mybenefits MetLife: App Store℠ or Google Play™
Expert Medical Opinion	Advance Medical	1-888-643-6321 https://advance-medical.net/Westinghouse/ Expert Medical Opinion: App Store℠ or Google Play™
Health Advocate	Health Advocate	1-866-695-8622 www.healthadvocate.com Health Advocate SmartHelp: App Store℠ or Google Play™
Health Savings Account (HSA)	PayFlex	1-888-678-8242 www.aetna.com PayFlex Mobile: App Store℠ or Google Play™
Health Care or Day Care Flexible Spending Account (FSA)	*Your Spending Account* (Alight)	1-800-890-3600, say "Spending Accounts" www.myWECbenefits.com Reimburse Me Mobile App: App Store℠ or Google Play™
Dental	MetLife	1-800-942-0854 www.metlife.com/mybenefits MetLife: App Store℠ or Google Play™

(continued)

BENEFIT	VENDOR	CONTACT AND NETWORK PROVIDER INFORMATION
Expatriate Benefits	Cigna Global	1-800-441-2668 or 1-302-797-3100 www.cignaenvoy.com Cigna Envoy: App Store℠ or Google Play™
Vision	VSP	1-800-877-7195 www.vsp.com VSP: App Store℠ or Google Play™
Disability and Leave of Absence Management	Westinghouse Leave Center	1-844-391-6670 www.myWECbenefits.com
Basic Life and AD&D, Optional Life and AD&D, Dependent Life	Prudential	1-800-524-0542
Business Travel Accident	AIG	1-877-244-6871
Group Legal	MetLaw	1-800-821-6400 info.legalplans.com (enter access code: 6090158)
Employee Assistance Program (EAP)	Beacon Health Options	1-877-866-4911 www.achievesolutions.net/westinghouse
Identity Theft Protection	InfoArmor	1-866-979-0473 https://privacyarmor.infoarmor.com InfoArmor: App Store℠ or Google Play™
Voluntary Benefits Program	Mercer Voluntary Benefits	1-888-283-4284 www.westinghousevoluntarybenefits.com
PowerUP	Workhuman	www.PowerUPWestinghouse.com Workhuman customer service in U.S.: 1-866-294-2290 Workhuman: App Store℠ or Google Play™
401(k) Savings Plan	Westinghouse Benefits Center	1-800-890-3600 www.myWECbenefits.com

SECTION 6: Glossary

Coinsurance: The percentage of covered expenses paid by the plan each plan year after you have met the deductible.

Copay: The flat dollar amount that you pay for certain services. Medical copays do not count toward satisfying your deductible, but do count toward your out-of-pocket maximum.

Deductible: The amount you are required to pay each plan year before certain benefits are payable by the plan. Once the deductible has been met, expenses are reimbursed based on the coinsurance percentage. The deductible counts towards your out-of-pocket maximum.

Evidence of Insurability: A medical questionnaire you need to complete and submit to an insurance company that attests to your good health.

Explanation of Benefits (EOB): Provides information about how your claim was processed by the carrier. The EOB outlines what portion of the claim was paid by the plan and what portion is your responsibility.

Flexible Spending Account (FSA): An FSA allows you to set aside a portion of your salary on a pre-tax basis to pay for qualified expenses, most commonly for health care expenses but often for dependent care or other qualified expenses. Money deducted from your pay into an FSA is not generally subject to payroll taxes, resulting in payroll tax savings.

Imputed Income: The IRS requires you to be taxed on the value of employer-provided group term life insurance over $50,000 and on the premiums for employer-paid long-term disability coverage. The taxable value of this coverage is called "imputed income." Even though you don't receive cash, you are taxed as if you received cash in an amount equal to the value of this coverage.

In-Network Providers/Services: In-network providers are physicians, hospitals, pharmacies, or other health care providers that are contracted with the insurance company. In-network providers do not balance bill for covered services. In-network providers accept the amount paid by the plan (plus any member copay and/or coinsurance) as stated in their contracts.

Maximum Reimbursable Charge (MRC): The amount of money the network administrator will reimburse an out-of-network provider or other health care professional for a service.

Out-of-Network Providers/Services: Out-of-network providers are physicians, hospitals, pharmacies, or other health care providers that are not contracted with an insurance company and may balance bill the member for covered services. If you choose to use an out-of-network doctor, services will not be provided at a discounted rate.

Out-of-Pocket Maximum: This is the maximum amount of covered expenses you (the employee) will pay in a plan year (depending on the medical plan you choose). After you have paid the annual out-of-pocket maximum, the plan usually pays the full cost of covered expenses — up to the maximum reimbursable charge (MRC) — for the remainder of the plan year.

Over-the-Counter (OTC) Medications: Medications normally available without a prescription. However, with respect to the Health Care FSA and the HSA, only OTC medications with a prescription will be reimbursable.

Notes

Westinghouse Electric Company LLC
1000 Westinghouse Drive
Cranberry Township, PA 16066 USA

If any information in this Guide differs from the Plan Document and Insurance Contracts, the Documents and Contracts will govern in all cases. Westinghouse reserves the right to modify, amend or terminate any or all of the provisions of these programs and plans at any time for any reason upon appropriate action by the Administrative Committee.

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