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Information About Your Benefit Plans

The information in this section supports all of the benefit plans described in this handbook. This administrative information, combined with each of the individual benefit plan sections in this handbook, makes a complete Summary Plan Description (SPD) for each plan.

While it is unlikely that you will need to use this administrative information often, if at all, you may want to review it briefly to help with your overall understanding of your benefit plans.

Bechtel BWXT Idaho, LLC (BBWI) sponsors these plans for its eligible employees. These plans are also available to other DOE-ID contractors who may adopt these plans with approval of DOE-ID. You may request a complete list of employers who have adopted one or more of these plans by writing to the Plan Administrator at the address given below. This list is also available for review at the BBWI Benefits Office.

Plan Year

Plan	Year	Begin	End
Dental	Fiscal	October 1	September 30
Health Care	Fiscal	October 1	September 30
Vision	Calendar	January 1	December 31
Flexible Benefit Plan	Calendar	January 1	December 31
Life	Fiscal	October 1	September 30
Business Travel	Calendar	January 1	December 31
Accident	Fiscal	October 1	September 30
Disability			
Long-Term	Fiscal	October 1	September 30
Short-Term	Fiscal	October 1	September 30
Severance Pay	Fiscal	October 1	September 30
Retirement	Fiscal	October 1	September 30
Investment	Fiscal	October 1	September 30

General Information

Plan Sponsor/Plan Policyholder

Bechtel BWXT Idaho, LLC
 P.O. Box 1625
 Idaho Falls, Idaho 83415-3200

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Plan Administrator

BBWI Benefits Office/INEEL
Retirement and Investment Plans Committee
P.O. Box 1625
Idaho Falls, Idaho 83415-3200
(208) 526-0066

Company

The terms “company” and “BBWI” used throughout this handbook refer to Bechtel BWXT Idaho, LLC.

Other Participating Contractors/ Companies

None

Agent for Service of Legal Process

Legal process may be served on:

General Counsel
Lockheed Idaho Technologies Company
P. O. Box 1625
Idaho Falls, Idaho 83415-3591

Legal process may also be served on the Plan Administrator or Plan Trustee(s), where applicable.

Employer Identification Number

94-3323797

Assignment of Benefits

The plans are intended to pay benefits to you or your beneficiaries. Your benefits cannot be used as collateral for loans or be assigned in any other way, except as required under a Qualified Domestic Relations Order (QDRO).

Maximum Benefits

In accordance with federal regulations, certain plans have provisions detailing the maximum benefit you can receive. While most employees will never reach this maximum, the applicable

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maximums for some plans are stated in the individual plan Summary Plan Descriptions. For other plans, you will be notified by the company if you are near the maximum limit.

Effect on Employment

These Summary Plan Descriptions are presented as a matter of information only and in no way confer any right or privilege or entitle you to continued employment with the company. If you terminate your employment or if you are discharged, the plans do not give you any right to any benefit or interest in the funds in any plan, except as specifically provided in each plan.

Similarly, there is no prohibition in any plan on terminated or retired employees receiving or continuing to receive certain benefits, if eligible under a plan, because they become employed with another employer.

No rights accrue to any employee, dependent, or beneficiary by any statement in or omission from this summary, or by the operation of any of these plans, except as specifically provided in each plan. Plan documents, trust agreements, and insurance contracts describing these plans are available for review at the Benefits Office.

Interpretation of Provisions

Benefits by Design Group Insurance. Under the self-insured INEEL Medical Plan, the claims administrator has the maximum authority permitted by law to construe and apply the provisions of the plan. For the other insurance plans, the insurance company will have full authority and discretion to construe the terms of the plan, and to determine whether a claimant is eligible for benefits under the plan and the amount of benefits due.

The decision of the claims administrator or insurance company as to the eligibility of the claimant and amount of benefits due will be binding and conclusive on all persons.

Retirement/Investment Plans. The plan administrator for the Retirement and Investment Plans has the maximum authority permitted by law to construe and apply the provisions of the plans.

Plan Termination/Changes

While the company intends to continue these plans indefinitely, the plans are not conditions of employment and the company reserves the right to change or end any or all of the plans at any time. The plans would end automatically if the company ceased to exist and no successor organization continued the plans.

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Special Top-Heavy Provisions

The INEEL Employee Retirement Plan and the INEEL Employee Investment Plan, like all qualified retirement plans, are required by government regulation to include provisions that will apply if a majority of the plans' benefits are being paid to employees in higher-paid positions. If this were to happen, even for only a period of time, the plans would be required to provide certain minimum benefits and an accelerated vesting schedule thereafter for all employees.

Under the accelerated vesting schedule for the retirement plan, when applicable, you would become 20% vested in your accrued benefit after two years of vesting service. Your vested portion would then increase by 20% per year of vesting service for years three and four, and by 40% for year five. Upon completion of five years of vesting service, you would be fully vested.

Because of the way the INEEL plans are structured, it is unlikely that these provisions will ever apply. However, if the plans were to become "top-heavy," you would be sent full information on the accelerated vesting provisions. Full details on these "top-heavy" provisions are available to you in the plans' legal documents available through the Plan Administrator.

Retirement Plan and Investment Plan Termination

If the INEEL Employee Retirement Plan and/or the INEEL Employee Investment Plan end, you would stop earning benefits. However, if you were actually employed at the time of plan termination, you would become fully vested in all benefits you had earned up to the time the plan ended, regardless of your vesting service. If either or both plans end, funds in the plans' trusts, to the extent possible, would be used to provide the benefits due according to the priority required by law and stated in the plans' documents. Generally, the funds would first be used to provide the benefits of retired participants and older participants with long service and then would be used to provide the benefits of younger, participants who have fewer years of service.

No funds can be returned to the company/DOE unless all earned benefits have been fully provided. Benefits may be paid as soon as the plan termination has been approved by government agencies, or payment could be deferred to a later time. The plan administrator, with government approval if applicable, will determine when benefits are to be paid.

Table of Administrative Information

Type of Plan	Name of Plan	Plan No.	Type of Administration
Medical	INEEL Health Care Plan	504	Self-Funded: BBWI P.O. Box 1625 Idaho Falls, ID 83415-3200

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Type of Plan	Name of Plan	Plan No.	Type of Administration
	Administrative Services Contract No. 701216		Administered by: Aetna P.O. Box 578850 Oklahoma City, OK 73157-8850
Dental	INEEL Dental Insurance Plan Delta Dental of California Policy No. 5440	510	Insured: Delta Dental of California P.O. Box 7736 San Francisco, CA 94120
Vision	Vision Service Plan Policy No. 7114481	509	Insured: Vision Service Plan 100 Howe Avenue Sacramento, CA 95825
Flexible Benefit Plan	INEEL Flexible Benefit Plan/ <i>Benefits By Design</i> (pre-tax premiums) Flexible Spending Accounts • Health Care • Dependent Day Care Contract No. 701217	506	Contract: Flexible Spending Accounts Administered by: Aetna P.O. Box 578850 Oklahoma City, OK 73157-8850
Life	INEEL Life Insurance Plan, Policy No. G-99495	503	Insured: The Prudential 290 W. Mount Pleasant Ave. Livingston, NJ 07039
Severance Pay	LMITCO Severance Pay Plan	507	Self Funded: BBWI P.O. Box 1625 Idaho Falls, ID 83415-3200
Accidental Death and Dismemberment (AD&D)	INEEL Special Accident Insurance Plan, Policy No. 05228082	502	Insured: Transamerica Occidental Life Insurance Company P.O. Box 30852 Los Angeles, CA 90030-0852
Business Travel Accident (BTA)	INEEL Business Travel Insurance Plan, Policy No. 05228081	501	Insured: Transamerica Occidental Life Insurance Company P.O. Box 30852 Los Angeles, CA 90030-0852

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Type of Plan	Name of Plan	Plan No.	Type of Administration
Short-Term Disability (STD)	INEEL Short-Term Disability Insurance Plan CIGNA, Policy No. LK-88044	508	Insured: CIGNA Group Insurance Life Insurance Company of North America 12225 Greenville Avenue Suite 655, LB179 Dallas, TX 75243-9384
Long-Term Disability (LTD)	INEEL Long-Term Disability Insurance Plan, Policy No. LK-88044	505	Insured: CIGNA Group Insurance Life Insurance Company of North America, 12225 Greenville Avenue Suite 655, LB179 Dallas, TX 75243-9384
Retirement (Pension)	INEEL Employee Retirement Plan	002	Trustee: West One Bank
Investment (Savings)	INEEL Employee Investment Plan	001	Trustee: The Vanguard Group P.O. Box 1101 Valley Forge, PA 19482

Benefit Claims/Claims Review

Claiming Your Benefits

The processes for applying for benefits under the plans described in this handbook are described below. Please be advised that you may be required to furnish certain information about yourself and/or your family members before a claim can be processed.

Medical/Flexible Spending Accounts (FSA)

You should file your medical and FSA claims for benefits under this plan directly with Aetna. The procedures are described in the medical and FSA sections of this handbook under "Filing Claims."

Dental

See "Filing Claims" in the Dental Plan section of this handbook.

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Vision

Your should file your claims with Vision Service Plan. The procedures are described in the Vision Plan section of this handbook under “Filing Claims.”

Short-Term Disability/Long-Term Disability/Life/Accidental Death & Dismemberment/ Business Travel Accident

The procedures for filing Short-Term Disability (STD) claims are described in the STD section under “Filing a Claim.” The procedures for filing Long-Term Disability (LTD) claims are described in the LTD section under “How To File a Claim.” The procedures for filing Life and Accidental Death & Dismemberment (AD&D) claims are described in the Life section under “Filing a Claim” and in the AD&D Section under “Filing a Claim.” The procedures for filing Business Travel Accident (BTA) claims are described in the BTA section under “Filing a Claim.”

Retirement

When you decide to retire, you should notify the Benefits Office four weeks before the date you want to retire. You will confirm the type of retirement benefit you want to receive and when you want payments to begin. Also, you will name or confirm a beneficiary for any survivor benefits that may be applicable.

You must provide proof of age for yourself and your beneficiary, if requested, as well as any other information required by the company. You, as a retiree, must also ensure that the company has your correct address, and you must notify the Benefits Office any time your address changes.

Survivor Benefits

Your beneficiary must notify the Benefits Office in the case of your death. In case of a covered dependent’s death, you should notify the Benefits Office.

Claims Review Process

When you file a claim for benefits under the plans described in this handbook, a decision will be made as soon as possible, generally within 90 days. If special circumstances require more than 90 days for processing your claim, you will be notified in writing within 90 days of filing. The notice you receive will

- Explain what special circumstances make an extension necessary
- Indicate the date on which a final decision is expected to be made.

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The extension may be for up to another 90 days.

If your claim for benefits is denied, the company has a review process to ensure the dispute is settled fairly. Under this procedure, you can get a second opinion about a benefit decision. Here are the steps in the review procedure:

1. If your application for benefits is denied, you will normally receive a written verification of the denial within 90 days after filing. The notice will explain all of the following:
 - The reason for the denial
 - The plan provisions on which it is based
 - Any additional material or information needed to make the application acceptable and the reason it is necessary
 - The procedure for requesting a review.
2. Within 60 days after receiving a denial notice, you may
 - Submit a written request to the claims administrator for a review of the denial
 - Look at relevant documents
 - Submit issues and comments in writing.
3. Within 60 days after the request for a review has been received, a decision on the denial normally will be made. You will receive a written copy of the decision, including the specific reasons for it and reference to the plan provisions on which it is based.

If special circumstances require a review period longer than 60 days, the time for making a final decision may be extended, and you will be notified of the extension within 60 days after you requested a review. However, the total review period cannot be longer than 120 days.

Any questions about the process for requesting a review should be addressed to the Plan Administrator named on page 3-1.

Your Benefit Rights

As a participant in the various benefit plans for eligible employees, you are entitled to certain rights and protections under the Employee Retirement Income Security Act (ERISA) of 1974, as amended.

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ERISA provides that all plan participants should be entitled to

- Examine, without charge, at the Plan Administrator's office, all documents, including insurance contracts and copies of all documents filed by the plan with the U.S. Department of Labor, such as detailed annual reports and the plan description.
- Obtain copies of all plan documents and other plan information upon written request to the Plan Administrator; a charge for duplicating may be made for these copies.
- Receive a summary of the plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary financial report.
- Obtain a statement telling you whether you have a right to receive a pension at normal retirement age (age 65) and, if so, what your benefits would be at normal retirement age if you stop working under the plan now. If you do not have a right to a pension, the statement will tell you how many more years you have to work to get a right to a pension. This statement must be requested in writing and is not required to be given more than once a year. The plan must provide the statement free of charge.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of these plans. The people who operate the plans, called "fiduciaries," have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries.

No one, including your employer or any other person, may discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA. If your claim for a benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan Administrator review and reconsider your claim.

Under ERISA, you can take steps to enforce these rights. For instance:

- If you request materials from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$100 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.
- If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court.
- If the plan fiduciaries misuse the plans' money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court.

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- If you file suit against the plans, the court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees—for example, if the court finds your claim is frivolous.
- If you have any questions about your plans, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest Area Office of the U.S. Labor-Management Services Administration, Department of Labor.