PANTEXAS DETERRENCE

Employee Benefits at a Glance

2027
Non-Bargained-Actives

Medical – BCBSTX	HSA In-Network (You Pay)	PPO Core In-Network (You Pay)	PPO Select In-Network (You Pay)
Calendar Year Deductible - Individual - Family	 $1,750 $3,500	 $400 $800	 $0 $0
Coinsurance	10%	10%	0%
Out-of-Pocket Maximum (Deductible included) - Individual - Family	 $4,000 $8,000	 $1,500 $3,000	 $1,500 $3,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Preventive Care	No charge	No charge	No charge
Office Visit - Primary - Specialist	 10% after deductible 10% after deductible	 $20 copay $35 copay	 $20 copay $30 copay
Telemedicine (Virtual Visits)	No charge	No charge	No charge
Inpatient Hospital Services	10% after deductible	10% after deductible	$400 per admission
Outpatient Hospital / Facility	10% after deductible	10% after deductible	$250 per visit
Inpatient Physician & Surgeon	10% after deductible	10% after deductible	No charge
Emergency Room (Waived if admitted)	10% after deductible	$150 copay	$150 copay
Urgent Care (Waived if admitted)	10% after deductible	$35 copay	$30 copay
Emergency Ambulance	10% after deductible	10% after deductible	No charge
Mental Health / Substance Abuse - Inpatient - Outpatient	 10% after deductible 10% after deductible	 10% after deductible $35 copay	 $400 per admission $30 copay
Chiropractic Care (25 days max)	10% after deductible	$25 copay	$20 copay
Outpatient Rehab (180 days max)	10% after deductible	$25 copay	$20 copay
Durable Medical Equipment	10% after deductible	10% after deductible	No charge
Home Health / Skilled Nursing (60 days max each)	10% after deductible	10% after deductible	No charge
Hearing Aids (1 pair/36 mos.; $3,000 max per pair)	10% after deductible	10% after deductible	No charge

Prescription Drugs-Express Scripts	HSA In-Network (You Pay)	PPO Core In-Network (You Pay)	PPO Select In-Network (You Pay)
Annual Rx Deductible	Combined with Medical	$0	$0
RETAIL – 30-DAY SUPPLY			
Generic	$10 after deductible	$10 copay	$5 copay
Brand	$25 after deductible	$25 copay	$20 copay
Non-Preferred Brand	$50 after deductible	$50 copay	$35 copay
MAIL ORDER – 90-DAY SUPPLY			
Generic	$15 after deductible	$15 copay	$10 copay
Brand	$50 after deductible	$50 copay	$40 copay
Non-Preferred Brand	$100 after deductible	$100 copay	$70 copay

Specialty medications: PXD partners with Express Scripts with the SaveOnSP program. Enrolled members pay $0 for select specialty drugs, filled through Accredo by mail. Declining participation means paying the increased copay. SaveOnSP: 1-800-683-1074.

OPEN ENROLLMENT

October 19 – October 30, 2026

Elections due to the Pantex Benefits Department by 12 p.m. CT on Friday, October 30, 2026

How to Make Changes During Open Enrollment

Access opens on Monday, October 19 on the internal Pantex Benefits Plans webpage. If you do not have internet access at work, forms will be available online or can be requested from the Benefits office. All enrollment changes must be turned in by Friday, October 30 at 12 p.m. CST. Please call the Benefits team if you have any questions.

Who Is Eligible

You and your eligible dependents may participate in the PXD benefit plans. Your dependent children are eligible through the end of the month of their 26th birthday. Enrolling an ineligible dependent can result in disciplinary action up to and including termination of employment.

Health Savings Account (HSA) – HSA Bank

PXD contributes $250 for employee-only coverage and $500 when covering dependents, deposited each January. You must be enrolled in the HSA medical plan to be eligible.

2027 IRS Annual Contribution Maximums:

Individual	$4,500
Family	$9,000
Catch-Up (age 55+)	+$1,000

Company and employee contributions combined cannot exceed the IRS limit. Your HSA balance rolls over every year, earns interest tax-free, and is yours to keep if you leave.

Flexible Spending Accounts – HSA Bank

- Health Care FSA: $50 – $3,400 per year. Available with the PPO Core or PPO Select plan only, not with the HSA plan.
- Dependent Care FSA: $50 – $7,500 per household ($3,750 if married filing separately).
- FSA elections do not roll over. You must re-enroll every Open Enrollment.

How Your Deductible Works

- HSA plan: Aggregate deductible. If you cover dependents, the full family deductible must be met before the plan pays coinsurance for anyone.
- PPO Core: Embedded deductible. Each person meets his or her own deductible; no one member pays more than the individual amount.
- PPO Select: no deductible.

Voluntary AD&D – Sun Life

Elect 1 to 5 times your annual base salary, up to a $500,000 maximum. You pay the full cost. Enroll, increase or decrease coverage during Open Enrollment.

This summary reflects in-network benefits only. Refer to your plan documents for out-of-network coverage.
This document is intended as a convenient summary of the major points of the benefit plans. It does not cover all provisions, limitations and exclusions.
The official plan documents, policies and certificates of insurance govern in all cases and are available for your inspection at any time.

Dental – Sun Life	Basic In-Network (You Pay)	Buy-Up In-Network (You Pay)	Enhanced In-Network (You Pay)
Annual Deductible (per person) Applies to Basic & Major	$50	$50	$50
Annual Benefit Maximum	$1,500 allowance	$2,000 allowance	$2,000 allowance
Lifetime Maximum	None	None	None
Preventive & Diagnostic (exams, cleanings, X-rays, fluoride to age 19, space maintainers to age 14)	0% (no deductible)	0% (no deductible)	0% (no deductible)
Sealants	20% after deductible	20% after deductible	10% after deductible
Basic Services (fillings, extractions, oral surgery, periodontics, endodontics)	20% after deductible	20% after deductible	10% after deductible
Major Services (crowns, bridges, dentures, implants)	50% after deductible	50% after deductible	20% after deductible
Orthodontia – Child(ren)	Not covered	50% (no deductible)	50% (no deductible)
Orthodontia Lifetime Maximum	N/A	$1,500	$1,500

Vision – VSP	Basic In-Network (You Pay)	Alternative In-Network (You Pay)
Exam (once each calendar year)	No charge	No charge
Lenses – Single, Bifocal, Trifocal, Lenticular (once each calendar year)	No charge	No charge
Tints/Light-Reactive Lenses	Not covered	No charge
Standard Progressive	$0 to $55 copay	$0 to $55 copay
Premium Progressive	$95 to $105 copay	$95 to $105 copay
Custom Progressive	$150 to $175 copay	$150 to $175 copay
Other Lens Enhancements	Save 30% on average	Save 30% on average
Frames (every other calendar year)	$150 Allowance	$150 Allowance
Frame Cost Over Allowance	20% off overage or $80 at Costco Optical	20% off overage or $80 at Costco Optical
Contacts – Medically Necessary	No charge	No charge
Contacts – Elective (incl. exam)	$130 Allowance	$175 Allowance
Contact Lens Fitting & Evaluation	Up to $60 copay	Up to $60 copay
Laser Vision Correction	15% off regular price	15% off regular price

Dental and vision coverage may be elected on their own; you do not have to enroll in medical or any other coverage. Out-of-network services are covered at a higher out-of-pocket cost.

What's New for 2027

- HSA deductible increases to $1,750 individual / $3,500 family. All other plan deductibles are unchanged.
- HSA contribution limits rise to $4,500 / $9,000.
- Health Care FSA limit has not been announced by the IRS yet.
- Review your rates carefully; they have changed for 2027.

Employer-Paid Coverage – Sun Life

Basic Life and AD&D and Long-Term Disability are provided at no cost to benefits-eligible employees. Benefit amounts and elimination periods are shown in your plan summary. LTD has been enhanced to cover 60% of predisability income up to $15,000 per month for Non-bargained employees.

Voluntary Benefits – Sun Life

- Accident: pays a benefit for covered accidental injuries across more than 150 covered conditions. Paid directly to you. Includes a health screening benefit of $50 per enrollee.
- Critical Illness: lump-sum payment on diagnosis of a covered condition such as heart attack, cancer or stroke. Includes an annual health screening benefit of $100 per enrollee.
- Hospital Indemnity: lump-sum benefit on hospital admission or confinement. Portable if your employment status changes. Includes a health screening benefit of $50 per enrollee.

Voluntary Benefits – MetLife & Allstate

- Cancer (MetLife): lump-sum benefit on initial diagnosis and recurrence. Rates are based on your age when coverage begins and will not increase with age.
- Group Universal Life (MetLife): permanent life insurance with a cash accumulation feature.
- MetLaw Legal Plan (MetLife): unlimited use of 14,000+ network attorneys with no copay in network.
- Pet Insurance (MetLife): covers up to three pets on one policy. 1-800-438-6388.
- Identity Theft Protection (Allstate): proactive monitoring and fraud alerts. 1-866-838-9534.

401(k) Plan – Voya Financial

Manage your account, contributions and investments at https://login.voya.com/voyassoui/index.html?domain=pantex.voya.com#/login-pweb or call 1-877-267-8692.

Employee Assistance Program – Aetna

Confidential support for you and your household, available 24/7 at www.resourcesforliving.com (Username: PANTEX / Password: EAP) or 1-866-611-2826.

Contact Information

Medical – BCBSTX
Pantex Dedicated Line: 1-800-618-5449
www.bcbstx.com

Prescription – Express Scripts
1-877-765-6543
www.express-scripts.com

Dental, Life, AD&D, LTD – Sun Life
1-833-305-5994
www.sunlife.com

HSA & FSA – HSA Bank
1-855-731-5220
https://enterprise.hsabank.com

Vision – VSP
1-800-877-7195
www.vsp.com

Cancer, Legal, Pet & GUL – MetLife
1-800-786-5433 / 1-800-846-0124
www.mybenefits.metlife.com

EAP – Aetna Resources For Living
1-866-611-2826
www.resourcesforliving.com

401(k) – Voya Financial 1-877-267-8692
https://login.voya.com/voyassoui/index.html?domain=pantex.voya.com#/login-pweb

Questions about your benefits?
Pantex Benefit Plans Office
1-806-573-1100
Mon–Thu, 7 a.m.–3:30 p.m. CT
benefitspantex@pantex.doe.gov

To view Summary of Benefits and Coverage (SBCs), plan summaries, federal notices, and additional resources, please visit https://pantex.energy.gov/employees-retirees/benefits

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