



October 2014

Dear Fellow Employee:

Attached is your 2015 Open Enrollment information for health insurance. Open Enrollment is your once-a-year opportunity to make changes to your benefits elections. **The deadline to make changes is November 30, 2014.**

In this packet, we have summarized the **Air Transport Services Group** benefits offered and the new costs that are effective January 1, 2015. If you want to make changes to your benefit elections for 2015, please visit **Employee Self-Service** November 1 - 30. Be sure to review this entire packet for all of your available benefit options. No changes can be made to your benefits once Open Enrollment is over unless, you have a qualifying event. (*See self-serve or contact HR for more information about Qualifying Events*)

Each year costs increase and this year is no different. You can help mitigate your cost by evaluating which coverage you elect. If you are not already doing so, you could receive a premium discount for participating in the *Healthy Directions* Wellness Program.

The Employee Health & Wellness Program, *Healthy Directions* is available again this year! The past 3 years, the step goal has remained at 5,500 steps. New for 2015, this voluntary program is increasing the step count goal from 5,500 to 6,000. Approximately 68% of the eligible employees are participating in *Healthy Directions*. We would like to see all employees participate in this plan. If you have not participated in this program, you are encouraged to join now. You have nothing to lose! You could reduce your premium nearly 17% by participating in the *Healthy Directions*, Health & Wellness Program! Not only will you improve your health, you'll save money while getting healthier! Let's get Healthier in 2015 with *Healthy Directions*!

Want to earn a \$25 gift Card? Complete a *Health Risk Assessment* (HRA) on-line at United Healthcare website at www.myuhc.com to earn a \$25 gift card! Did you complete a Health Risk Assessment in 2014? If so, update your information as soon as possible and earn a gift card for 2015. For more information refer to this information later in this packet.

As a reminder, spouses of employees who are eligible for medical coverage through their employer's health plan will not be eligible to enroll in the ATSG medical plan. The 2015 *Spousal Affidavit* must be received by HR during open enrollment period (11/1-11/30), indicating eligibility for spouse's coverage. Employee action is required during open enrollment if you are electing to newly enroll or continue your spouse's coverage in our medical plan.

If you have any questions about your benefits, please feel free to contact Beth Allen (Ext. 62157) or Tina Reed (Ext. 63033) in your Human Resources Department.

Sincerely,

A handwritten signature in black ink that reads "Steve Sager". The signature is written in a cursive, flowing style.

Steve Sager
Director, Human Resources

Note: If you are currently enrolled in ATSG benefits and are not making changes to your benefits for 2015, you do not need to complete the online elections unless you want to continue FSA or enroll in flexible spending account (FSA) or health savings account (HSA). If your spouse is newly electing medical coverage or continuing coverage (Spousal Affidavit is required). You must go online and elect new deductions or elect benefit changes. *Full-time & Part-time*

Your 2015 Open Enrollment Guide

Open Enrollment is your once-a-year opportunity to enroll or re-enroll for your benefits for benefit year 2015. This informational guide is being provided to you to help you elect your 2015 benefits. All changes are effective January 1, 2015. Please carefully review the information provided and follow the three (3) easy steps to complete your enrollment.

The deadline to complete your enrollment is November 30, 2014.

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What's New for 2015?

- **Enhanced PPO Plan:** *There are new employee contributions for 2015.*
- **Dental and Vision Benefits:** *There are new employee contributions for 2015.*
- **Healthy Directions 2015 Employee Health & Wellness Program:** *Participants step goal increased to 6,000 steps a day*
- **New Nurse Line Number effective 1/1/15:** *New UHC ID cards will be issued with this update only, after the first of the year. This is the only change. New #: 888-609-5880.*

1. Review your choices

Medical Insurance

These medical options are administered by United HealthCare.

YOU HAVE THREE PLANS TO CHOOSE FROM:

- **Enhanced PPO**
- **Value PPO**
- **(HSA) Health Savings Account PPO**

Enhanced PPO

This plan option offers affordable co-payments for in-network doctor office visits and prescription medications. Most other in-network medical services are covered at 100% after the annual deductible. The annual in-network deductible is \$450 per covered individual and \$900 for families. The plan has an annual out-of-pocket maximum of \$1,800 for individuals and \$3,600 for families. Out-of-network services have lesser coverage.

Highlights of In-Network Coverage:

- The primary care office visit co-payment is \$25, and the specialist co-payment is \$35 with no deductible.
- The deductible is \$450 for individuals and \$900 for families.
- Coverage for hospital stays, x-rays, laboratory services, surgeries, and most other services are covered at 100% after satisfying your annual deductible.
- Prescription drugs are covered with a co-payment as described on page 18 with no deductible.

2015 Employee Contributions

	Bi-weekly Base	Bi-weekly Wellness
Employee Only	\$ 96.29	\$ 80.24
Employee & Child (ren)	\$ 167.45	\$ 139.54
Employee & Spouse	\$ 202.59	\$ 168.82
Employee, Spouse & Child (ren)	\$ 300.31	\$ 250.25

Value PPO Plan

This plan option offers affordable co-payments for in-network doctor office visits and prescription medications. Most other in-network medical services are covered at 80% after the annual deductible. The annual in-network deductible is \$725 per covered individual and \$1,450 for families. The plan has an annual out-of-pocket maximum of \$3,100 for individuals and \$6,200 for families. Out-of-network services have lesser coverage.

Highlights of In-Network Coverage:

- The primary care office visit co-payment is \$25, and the specialist co-payment is \$35 with no deductible.
- The deductible is \$725 for individuals and \$1,450 for families.
- Coverage for hospital stays, x-rays, laboratory services, surgeries, and most other services are covered at 80% after satisfying your annual deductible.
- Prescription drugs are covered with a co-payment as described on page 18 with no deductible.

Value PPO Plan

2015 Employee Contributions – Remains the same for 2015!

	Bi-weekly Base	Bi-weekly Wellness
Employee Only	\$ 76.29	\$ 63.57
Employee & Child (ren)	\$ 132.67	\$ 110.55
Employee & Spouse	\$ 160.51	\$ 133.76
Employee, Spouse & Child (ren)	\$ 237.94	\$ 198.28

HSA Health Savings Account PPO

This plan uses a Health Savings Account (HSA) to help pay for your medical expenses and puts you in control of your health care cost. A Health Savings Account allows you to save money for medical expenses on a pre-tax basis, reducing your taxable income. If you don't spend the money, it remains in your account for next year.

To help fund your HSA, **ATSG** will contribute \$500 (single coverage) or \$1,000 (family coverage) into your account. Contributions are prorated and paid on a bi-weekly basis throughout the year. You can also contribute to your HSA on a pre-tax basis up to \$2,800 annually (for single) and \$5,550 (family). Your account comes with a debit card that you can use to pay for doctor visits, prescriptions, and other medical expenses not covered by the insurance. You also earn interest on your money in the account from the bank.

Along with your HSA, this option includes a catastrophic insurance plan to pay for "big ticket" medical expenses. The plan has a deductible of \$1,550 per person and \$3,100 for families¹ and provides 80% coverage for in-network services.

Highlights of In-Network Coverage:

- Health Savings Account includes annual company contributions of \$500 (single) or \$1,000 (family). You can contribute up to \$2,800 annually for individuals and \$5,550 for families. If you are age 55 or older, you can contribute an additional \$1,000.
- Deductible is \$1,550 per person and \$3,100 for families (see footnote 1).
- Coverage for hospital stays, doctor visits, x-rays, laboratory services, surgeries, and most other services are covered at 80% after satisfying your annual deductible.
- Out-of-pocket maximum is \$4,300 for individuals and \$8,600 for families.
- Prescription drugs are covered with a co-payment as described on page 18 after the deductible is met.

2015 Employee Contributions – Remains the Same for 2015!

	Bi-weekly Base	Bi-weekly Wellness
Employee Only	\$ 47.29	\$ 39.41
Employee & Child (ren)	\$ 82.23	\$ 68.52
Employee & Spouse	\$ 99.49	\$ 82.90
Employee, Spouse & Child (ren)	\$ 147.49	\$ 122.90

¹ Unlike the Enhanced & Value PPO plans, your entire family must reach the \$3,100 deductible before the plan will pay any benefit.

Dental Insurance

Both dental options are administered by MetLife.

YOU HAVE TWO PLANS TO CHOOSE FROM:

Enhanced Dental

This option provides coverage for preventive care, dental treatment, and orthodontia.

2015 Employee Contributions

(Includes Vision Benefit)

	Bi-weekly
Employee Only	\$ 8.95
Employee & Child (ren)	\$ 17.29
Employee & Spouse	\$ 17.45
Employee, Spouse & Child (ren)	\$ 29.37

Basic Dental

This option provides coverage for preventive care and dental treatment. There is no coverage for orthodontia.

2015 Employee Contributions

(Includes Vision Benefit)

	Bi-weekly
Employee Only	\$ 7.45
Employee & Child (ren)	\$ 17.29
Employee & Spouse	\$ 14.45
Employee, Spouse & Child (ren)	\$ 24.28

Vision Benefits

Vision benefits are administered by EyeMed.

If you elect one of the Dental options, vision benefits are included.

Vision Plan

The cost of the vision benefits is included in the cost of the dental plans. The plan pays up to \$50 for one eye exam per year per covered person and up to \$100 per year per covered person toward the purchase of glasses or contacts.

Flexible Spending Account (FSA)

This plan is administered by United HealthCare.

Medical FSA

The Medical FSA allows you to contribute pre-tax dollars to an account that you can then use to pay for medical, dental, and vision expenses that are not covered by insurance. Examples include: deductibles, co-insurance, co-payments, and other out-of-pocket expenses. For a complete list of eligible expenses see IRS publication 502 at www.irs.gov. By using a FSA, you reduce your taxable income for the year by the amount you contribute to the program which saves you money. As a result of Affordable Care Act the annual contribution limit for flexible spending accounts is \$2,500.

Due to federal rules, if you elected the Health Savings Account PPO, you are not eligible for the Medical FSA.

Use it or lose it!

You need to carefully budget for 2015. Any leftover 2015 money that is not used by March 15, 2016, will be forfeited to the Company.

Health Savings Accounts (HSA)

This plan is administered by United HealthCare.

If you elected the HSA PPO for your medical insurance, **ATSG** will contribute \$500 per year for single coverage or \$1,000 per year for family coverage to help offset the cost of the high deductible. The contribution is 1/26th of the \$500 or \$1,000 over each pay period of the year. You also may contribute up to \$2,800 for single or \$5,550 for families to the Health Savings Account each year.

IMPORTANT: If you elect this option, you must open a Health Savings Account with Optum Health Bank. If you are electing this benefit for the first time or if you are already enrolled in this option and have not yet opened an Optum Health Bank Health Savings Account, please visit www.optumhealthbank.com to open your account. Once your account is opened, you will receive a debit card to pay for medical expenses that are subject to the deductible or not covered by insurance, such as orthodontia, hearing aids, Lasik surgery, co-payments, etc.

The Money is Yours to Keep

NO "Use it or lose it"

Unlike the Flexible Spending Account, any leftover money at year-end is never forfeited but remains in your account until you need to use it. The money earns interest while it is in your account.

You must elect the HSA PPO as your medical insurance to be eligible for the Health Savings Account. If you elected the Enhanced or Value PPO plans you are not eligible for the Health Savings Account.

Life Insurance, AD&D, STD, & LTD

These plans are insured by The Hartford.

For Full-time Employees Only:

Company-paid Life Insurance and Accidental Death & Dismemberment (AD&D) coverage is paid by the Company. Your benefit is 1.5 times your base annual pay for life insurance and an additional 1.5 times base annual pay for AD&D coverage (up to certain limits).

The Company shares the cost of Short Term Disability with you. Long Term Disability is automatically provided to full time employees with one year of full-time service. If you have not previously elected Short Term Disability, and wish to do so at this time, you will be subject to Evidence of Insurability. Please contact Human Resources for more information.

Voluntary Accident Insurance

This plan is insured by CIGNA.

This plan allows employees to purchase accidental death and dismemberment insurance. This plan pays a benefit if you die, lose a limb or eye sight in an accident (on or off the job). You may purchase from \$25,000 up to \$500,000 in coverage but not more than 10 times your annual salary for amounts over \$250,000. You also may purchase family coverage for your spouse and dependent children.

RATES FOR 2015:

Bi-weekly cost:

Employee Principal Amount	Single	Family
\$ 25,000	\$0.35	\$0.64
\$ 50,000	\$0.69	\$1.27
\$ 75,000	\$1.04	\$1.91
\$ 100,000	\$1.38	\$2.54
\$ 125,000	\$1.73	\$3.18
\$ 150,000	\$2.08	\$3.81
\$ 175,000	\$2.42	\$4.44
\$ 200,000	\$2.77	\$5.08
\$ 225,000	\$3.12	\$5.71
\$ 250,000	\$3.46	\$6.35
\$ 275,000	\$3.81	\$6.98
\$ 300,000	\$4.15	\$7.62
\$ 325,000	\$4.50	\$8.25
\$ 350,000	\$4.85	\$8.88
\$ 375,000	\$5.19	\$9.53
\$ 400,000	\$5.54	\$10.15
\$ 425,000	\$5.88	\$10.79
\$ 450,000	\$6.23	\$11.42
\$ 475,000	\$6.58	\$12.06
\$ 500,000	\$6.92	\$12.69

Family members are covered at these levels of the principal sum if you elect the family coverage:

Spouse	50%
Spouse (if no children)	60%
Children	10%
Children (if no spouse)	15%

Group Universal Life Insurance

This plan is insured by Prudential Life and administered by Marsh @ Work Solutions.

ATSG offers a Group Universal Life (GUL) Insurance program that allows you to purchase up to six times your annual salary in life insurance. This benefit is not subject to Open Enrollment. Evidence of Insurability maybe required for new enrollment. For more information visit www.personal-plans.com/abxair.com or call (800) 441-05581 to speak with a customer service representative.

Capital Accumulation Plan / 401(k)

Fidelity Investments is the record keeper and trustee of the 401(k) plan.

Visit www.401k.com or call (800) 835-5095 to enroll, make changes, or request more information. This benefit is not subject to Open Enrollment.

2. Deciding on your choices

You need to decide which coverage you want for 2015.

- A number of resources are available to help you make your choices
- Read pages 15-20 of this brochure for summaries of your options.
- Review the Summary of Benefits and Coverage and a Glossary of Health Coverage and Medical Terms, which is available on Employee Self Service website.
- Call the Human Resources Department at 937-382-5591 ext.# 62157 or ext.# 63033.

Web Resources to check-out:

- CAP/401(k) Plan www.401k.com
- Dental Insurance www.metlife.com/mybenefits
- EyeMed Vision Care www.eyemedvisioncare.com
- Group Universal Life Insurance www.personal-plans.com/abx
- Medical Insurance www.myuhc.com

How does the Deductible Work?

The deductible is the amount you pay before the insurance will pay any benefit. For example, the Value PPO Plan has an individual in-network deductible of \$725. Once the deductible has been satisfied for the calendar year, the plan pays the scheduled benefit. You have to satisfy the deductible only once per calendar year.

To help protect families, each plan has a family deductible. For example, the Value PPO Plan has a family deductible of \$1,450. Once the family as a whole reaches \$1,450 the plan will pay the scheduled benefit. This way each family member does not have to reach the individual deductible.

The Health Savings Account PPO deductible works differently from the Value PPO Plan deductible. Under this plan, if you elect family coverage, the entire family must reach the \$3,100 deductible before the plan pays anything. The \$1,550 individual deductible applies only to people electing single coverage. Remember that the Company contributes to your Health Savings Account to help offset the cost of the deductible.

Certain benefits are not subject to the deductible. Doctor office visits and prescription drug co-payments are not subject to the deductible (except in the Health Savings Account PPO where it is required by law).

Each plan we offer has a different deductible, so you should carefully review your options before enrolling.

How does the Out-of-Pocket Maximum Work?

The out-of-pocket maximum is designed to protect you and your family from catastrophic claims. For example, in the Value PPO Plan, the in-network out-of-pocket maximum is \$3,100. This means the most you would pay is \$3,100 plus the deductible and any co-payments.

An illustration may help. Suppose you had a catastrophic claim and the hospital bill was \$100,000. You are enrolled in the Value PPO plan and you used an in-network hospital. Here's what you would have to pay and what the plan would pay:

Hospital Claim	\$100,000
Deductible	\$ 725 (you pay)
Remaining	\$ 99,275
Plan Pays @ 80%	\$79,480
20% remaining is	\$19,795; out-of-pocket max is \$3,100
Because out-of-pocket maximum reached at \$3,100	
Plan pays 100%	\$16,695 (\$19,795 - \$3,100)
Total you pay	\$ 3,825
Total plan pays	\$96,075

Social Security Numbers for Dependents-

The Medicare, Medicaid, and SCHIP Extension Act of 2007 requires that health plans such as **ATSG** health plan report the social security number of all covered dependents to the Centers for Medicare & Medicaid Services (CMS). This reporting is to allow the CMS to detect potential fraud and cases where a person with Medicare or Medicaid benefits has benefits through an employer.

In order to enroll your dependents in the **ATSG** health plan, you will need to provide us with your dependents identification number (social security number). The number will only be used to report to the CMS. If you do not provide your dependents social security number, you cannot cover your dependent under our plan.

You can determine if you have provided us with social security number by clicking on **DEPENDENTS** under **BENEFITS** in Employee Self Service. Click on your dependent's name and click on **CHANGE** to see if the social security number is entered.

Spouse eligibility-

With the passage of the Affordable Care Act, employers like **ATSG** have been forced to explore new ways of controlling costs. Implementing a spousal eligibility provision can help by making sure that each employer is responsible for the health coverage of their own employees.

Effective January 1, 2014, spouses of **ATSG** employees who are eligible for medical coverage through their employer's health plan will not be eligible to enroll in the **ATSG** medical plan. If you enroll your spouse in the ABX medical plan you must certify that he or she does not have access to employer-sponsored medical coverage through their job.

If you elect to enroll your spouse in your 2015 benefits, you need to certify enrollment for your spouse before the end of our Open Enrollment period (11/30/14). If your spouse doesn't have an Open Enrollment Period until mid-year 2015, simply fill out the 2015 Spousal Affidavit stating your benefit election for your spouse and list when his/her Open Enrollment period is. **Failure to disclose other coverage will subject you to possible disciplinary action.** 2015 Spousal Affidavit – Medical Coverage is required to be filled out and returned to HR no later than 11/30/14.

IF YOU ELECT DENTAL/VISION COVERAGE FOR YOUR SPOUSE NO AFFIDAVIT IS REQUIRED.

3. Enrolling for 2015

The deadline to enroll or make changes for 2015 benefits is November 30, 2014!

1. Making changes to your enrollment is easy! Go on-line to **EMPLOYEE SELF SERVICE**.
2. After logging in click on **BENEFITS**.
3. Check your **DEPENDENTS** and enter any eligible dependents.
 - Remember that spouses are not eligible for the **ATSG** medical plan if they are eligible for health insurance through their employer.
 - Refer to pages 12- 13 for more information.
4. Click on **OPEN ENROLLMENT** and make your elections. All changes are effective January 1, 2015. **Please note that only base prices will be shown.**
 - **Wellness prices will apply if you complete the quarterly requirements, but will not show up on Self Service.**
5. Click **SUBMIT**.
 - Once you submit your form, the file is forwarded to the Benefits Administrator for approval or rejection.
 - Enrollment with errors will be rejected.
 - It is your responsibility to check on the status of your enrollment and make any corrections. **Do not click on "Save as Draft", as this will NOT submit your election.**
6. Check your enrollment to make sure it has been approved. The Benefits Administrator is committed to processing all enrollments within three (3) business days of submission.

Helpful Hints

- If you would like Self Service to send you an e-mail when your enrollment has been approved, enter your e-mail address under PERSONAL.
- If you elect more than \$250,000 in Voluntary Accident Insurance, be sure you do not elect more than 10 times your annual base salary.
- If you want to know what your current benefits are, click on MY BENEFITS.
- Make sure you enter any dependents before making other changes.
- Make sure you send proof of dependents to the Human Resources Dept. for any dependents not currently enrolled.

2015 Employee Contributions

All amounts are bi-weekly.

Base Medical Premiums	<u>Enhanced PPO</u>	<u>Value PPO Plan</u>	<u>HSA PPO</u>
Employee Only	\$ 96.29	\$ 76.29	\$ 47.29
Employee and Child (ren)	\$167.45	\$132.67	\$ 82.23
Employee and Spouse	\$202.59	\$160.51	\$ 99.49
Employee, Spouse and Child (ren)	\$300.31	\$237.94	\$147.49

Wellness Medical Discounted Premiums	<u>Enhanced PPO</u>	<u>Value PPO Plan</u>	<u>HSA PPO</u>
Employee Only	\$ 80.24	\$ 63.57	\$ 39.41
Employee and Child (ren)	\$139.54	\$110.55	\$ 68.52
Employee and Spouse	\$168.82	\$133.76	\$ 82.90
Employee, Spouse and Child (ren)	\$250.25	\$198.28	\$122.90

*NOTE: The wellness prices will not show up on Self Service.
You will automatically get the discounted prices if you complete the quarterly requirements.*

Dental & Vision Premiums	<u>Enhanced Dental & Vision</u>	<u>Basic Dental & Vision</u>
Employee Only	\$ 8.95	\$ 7.45
Employee and Child (ren)	\$17.29	\$ 17.29
Employee and Spouse	\$17.45	\$ 14.45
Employee, Spouse and Child (ren)	\$29.37	\$ 24.28

2015 SCHEDULE OF DENTAL BENEFITS

Plan Feature	Enhanced Dental Plan	Basic Dental Plan
Annual deductible	\$25/person	None
Lifetime deductible	None	\$50/person
Annual maximum benefit	\$2,000 (not including orthodontia)	\$1,500
Diagnostic/preventive services <ul style="list-style-type: none"> • Exams • Cleaning (including periodontal) • Application of fluoride • X-rays • Space maintainers 	100% of R&C* (deductible does not apply)	80% R&C* after deductible
Basic restorative services <ul style="list-style-type: none"> • Fillings/Extractions • Surgery • Endodontics • Periodontal procedures such as bone and gum (gingival) surgery 	80% R&C* after deductible	80% R&C* after deductible
Major restorative services <ul style="list-style-type: none"> • Onlays • Crowns • Bridges 	50% R&C* after deductible	50% R&C* after deductible
Orthodontia & treatment of Bruxism	50% R&C* up to \$1,000 lifetime maximum (deductible does not apply)	Not covered
Emergency treatment	Same as any other covered expense	Same as any other covered expense

* The plan pays benefits based on reasonable and customary (R&C) charges.

2015 SCHEDULE OF VISION BENEFITS

Plan Feature	In-Network	Out-of-Network
Eye Exam	Up to \$50	Up to \$50
Glasses and Frames or contacts	Up to \$100	Up to \$100

SCHEDULE OF MEDICAL BENEFITS – 2015

Medical Plan Features	<u>Enhanced</u>		<u>Value</u>		<u>HSA</u>	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
NurseLine: Pin 185 1-888-609-5880 A Nurse is available to provide immediate medical info & support 24 hrs/day; 100% covered.						
Preventive Care Routine physical Immunization Pap test Mammogram	100% after \$25 copay/office visit (deductible does not apply)	Not covered	100% after \$25 copay/office visit (deductible does not apply)	Not covered	100% after \$25 copay/office visit (deductible does not apply)	Not covered
Well Baby Care	100% after \$25 copay/office visit up to 2 nd birthday (deductible does not apply)	Not covered	100% after \$25 copay/office visit up to 2 nd birthday (deductible does not apply)	Not covered	Covered under Preventive Care	Not covered
Chiropractic	\$35 copay Limit 12 visits/cal year	60% of MNRP ¹ Limit 6 visits/cal year (deductible applies)	\$35 copay Limit 12 visits/cal year	50% of MNRP ¹ Limit 6 visits/cal year (deductible applies)	80% Limit 12 visits/cal year (deductible applies)	60% of MNRP ¹ Limit 6 visits/cal year (deductible applies)
Physician Services Office Visits	100% after \$25 copay/office visit \$35 copay/specialist visit (deductible does not apply)	60% of MNRP ¹ (deductible applies)	100% after \$25 copay/office visit \$35 copay/specialist visit (deductible does not apply)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)
Hospital Services Hospital Visits Inpatient Surgery Outpatient Surgery Hospital Newborn Care	100% hospital visits and surgery (deductible applies)	60% of MNRP ¹ (deductible applies)	80% hospital visits and surgery (deductible applies)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)

Medical Plan Features	<u>Enhanced</u>		<u>Value</u>		<u>HSA</u>	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
Health Care Facility Hospital Outpatient (minor surgery, radiation therapy) Hospital Inpatient ² (room and board, x-rays, intensive care, newborn routine nursery care) Skilled Nursing Facility ² (room & board up to semiprivate room rate, up to 120 days/cal year) Home Health Care ² (up to 130 visits/cal year) Hospice Care ² (up to \$5,000 max)	100% (deductible applies)	60% of MNRP ¹ (deductible applies)	80% (deductible applies)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)
X-Ray and Lab Anesthesiology	100% (deductible applies)	100% when ordered by network provider (deductible applies) 60% of MNRP ¹ when ordered by a non-network provider (deductible applies)	80% (deductible applies)	80% when ordered by a network provider (deductible applies) 50% of MNRP ¹ when ordered by a non-network provider (deductible applies)	80% (deductible applies)	80% when ordered by a network provider (deductible applies) 60% of MNRP ¹ when ordered by a non-network provider (deductible applies)
Hospital Emergency Room	100% after \$90 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted) 80% after \$140 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	100% of MNRP ¹ after \$90 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted) 60% of MNRP ¹ after \$140 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% after \$90 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted) 80% after \$140 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% of MNRP ¹ after \$90 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted) 50% of MNRP ¹ after \$140 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% for emergencies (deductible applies) 60% for non-emergencies (deductible applies)	80% of MNRP ¹ for emergencies (deductible applies) 60% of MNRP ¹ for non-emergencies (deductible applies)

Medical Plan Features	Enhanced		Value		HSA	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
Urgent Care Centers	100% after \$35 copayment/visit (deductible does not apply)	60% of MNRP ¹ (deductible applies)	100% after \$35 copayment/visit (deductible does not apply)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)
Other Covered Health Services: Ambulance Service Durable Medical Equipment	80% (deductible applies)	80% of MNRP ¹ (deductible applies)	80% (deductible applies)	80% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)
Rehabilitation Therapy: Physical, Speech, Occupational and Respiratory therapy Infertility Treatment (maximums apply; see Covered Health services –Infertility section)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)	80% (deductible applies)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)
Bariatric Surgery ²	80% (deductible applies) (does not count against the out-of-pocket maximum)	60% of MNRP ¹ (deductible applies) (does not count against the out-of-pocket maximum)	80% (deductible applies) (does not count against the out-of-pocket maximum)	50% of MNRP ¹ (deductible applies) (does not count against the out-of-pocket maximum)	80% (deductible applies) (does not count against the out-of-pocket maximum)	60% of MNRP ¹ (deductible applies) (does not count against the out-of-pocket maximum)
Outpatient Prescription Drugs Tiers as determined by the United HealthCare Prescription Drug List (PDL). See www.myuhc.com for the most current list.	Tier 1 - 90% (\$15 min/\$25 max) Tier 2 - 80% (\$30 min/\$55 max) Tier 3 - 60% (\$60 min/\$85 max) Mail Order (90-day supply) Tier 1 - 90% (\$25 min/\$45 max) Tier 2 - 80% (\$60 min/\$110 max) Tier 3 - 60% (\$120 min/\$170 max) (deductible/out-of-pocket maximums do not apply)	Not covered	Tier 1 - 90% (\$15 min/\$25 max) Tier 2 - 80% (\$30 min/\$55 max) Tier 3 - 60% (\$60 min/\$85 max) Mail Order (90-day supply) Tier 1 - 90% (\$25 min/\$45 max) Tier 2 - 80% (\$60 min/\$110 max) Tier 3 - 60% (\$120 min/\$170 max) (deductible/out-of-pocket maximums do not apply)	Not covered	Tier 1 - 80% (\$25 min/\$45 max) Tier 2 - 60% (\$45 min/\$70 max) Tier 3 - 50% (\$70 min/\$95 max) Mail Order (90-day supply) Tier 1 - 80% (\$45 min/\$90 max) Tier 2 - 60% (\$90 min/\$140 max) Tier 3 - 50% (\$140 min/\$190 max) (deductibles/out-of-pocket maximums apply)	Not covered

Medical Plan Features	Enhanced		Value		HSA	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
Mental Health and Substance Abuse³						
Inpatient Care ³ (maximums apply; see Mental Health and Substance Abuse section)	100% (deductible applies / out-of-pocket maximums do not apply)	60% of MNRP ¹ (deductible applies / out-of-pocket maximums do not apply)	80% (deductible applies / out-of-pocket maximums do not apply)	50% of MNRP ¹ (deductible applies / out-of-pocket maximums do not apply)	80% (deductible applies / out-of-pocket maximums do not apply)	60% of MNRP ¹ (deductible applies / out-of-pocket maximums do not apply)
Outpatient Care ³ (maximums apply; see Mental Health and Substance Abuse section)	100%, after \$25 copayment (deductible / out-of-pocket maximums do not apply)	60% of MNRP ¹ (deductible / out-of-pocket maximums do not apply)	80%, after \$25 copayment (deductible / out-of-pocket maximums do not apply)	50% of MNRP ¹ (deductible / out-of-pocket maximums do not apply)	80% (deductible applies/ out-of-pocket maximums do not apply)	60% of MNRP ¹ (deductible applies/ out-of-pocket maximums do not apply)
Intermediate Care ³	100% (deductible applies/out-of-pocket maximums do not apply)	60% of MNRP ¹ (deductible applies/ out-of-pocket maximums do not apply)	80% (deductible applies/out-of-pocket maximums do not apply)	50% of MNRP ¹ (deductible applies/ out-of-pocket maximums do not apply)	80% (deductible applies/ out-of-pocket maximums do not apply)	60% of MNRP ¹ (deductible applies/ out-of-pocket maximums do not apply)
Annual Deductible	\$450/person; \$900/family (applies except where specified)	\$600/person; \$1,200/family (applies except where specified)	\$725/person; \$1,450/family (applies except where specified)	\$1,225/person; \$2,450/family (applies except where specified)	\$1,550 individual plan; \$3,100 total for family plan	\$3,100 individual plan; \$6,200 total for family plan
Out-Of-Pocket Maximum	\$1,800/person; \$3,600/family (except where specified)	\$6,200/person; \$12,400/family (except where specified)	\$3,100/person; \$6,200/family (except where specified)	\$6,200/person; \$12,400/family (except where specified)	\$4,300/person; \$8,600/family	\$6,200/person; \$12,400/family
Non-Notification Penalty	\$200 penalty applies to health facility services requiring pre-notification with UHC \$300 penalty applies to Mental Health/Substance Abuse services requiring UBH pre-notification					
Maximum Lifetime Benefit	NONE					

¹ Maximum Non-Network Reimbursement Program

² Pre-notification with UHC is required to receive full plan benefit and avoid penalty.

³ Pre-notification with UBH is required to receive full plan benefits and avoid penalty.

NOTE: Copayments do not apply towards deductible or out-of-pocket maximum.

Go to www.myUHC.com to review your claims, check eligibility of your dependents, order an ID card, locate network providers, and research information on many health topics.

IMPORTANT NOTICES

The following notices are mandated by federal law.

November 1, 2014

Grandfathered Health Plan

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at ABX Plan Administrator, 145 Hunter Drive, Wilmington, OH, 45177 (937) 382-5591. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Women’s Health and Cancer Rights Notice

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas? Call your Plan Administrator (937) 382-5591 for more information.

HIPAA Privacy Practices

The Health Plan Notice of Privacy Practices is included in the Benefits Handbook (Summary Plan Description). If you would like a copy of the Health Plan Notice of Privacy Practices, contact the Health Plan’s Privacy Officer, 145 Hunter Drive, Wilmington OH, 45177

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2014. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
IDAHO – Medicaid	MONTANA – Medicaid
Medicaid Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392
MAINE – Medicaid	

Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid	VERMONT– Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid

Website: <https://www.gethipptexas.com/>

Phone: 1-800-440-0493

Website: <http://health.wyo.gov/healthcarefin/equalitycare>

Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)



Human Resources Dept.
Mail code 2061-H
145 Hunter Drive
Wilmington, OH 45177
www.myabx.com

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2015 EMPLOYEE HEALTH & WELLNESS PROGRAM

Let's get Healthier in 2015 with *Healthy Directions!*

OVERVIEW

This is a voluntary program offering you incentives to improve your overall health and earn savings on your monthly health insurance premiums.

WHY SHOULD YOU JOIN?

Besides the out-of-pocket savings on your premiums, there are additional benefits to being part of a wellness program. First, it is important to your own well-being and achieving a *Better Lifestyle* for you and your family. Second, wellness impacts the company's bottom line, because focusing on wellness reduces long term claim costs. Join the employee health and wellness program and "*Point Yourself Toward a Better Lifestyle!*"

If you are already participating, congratulations on choosing a ***Healthy Direction!***

HOW CAN YOU PARTICIPATE?

Participation is voluntary.

Each quarter you will have the chance to participate in the wellness program requirements, for a "wellness" reduction from the base price of premiums for the next quarter.

If you fail to achieve the required activity in any quarter, the following quarter's premiums will be deducted at the "base" or full rate.

WHAT ARE THE QUARTERLY REQUIREMENTS?

New for 2015 – Goal of 6,000 steps a day!

Each quarter, you may choose to participate in the Fitbit pedometer program, reaching a weekly average of required steps on your pedometer OR choose a coaching topic to complete through the UHC health rewards program.

WANT TO EARN A \$25 GIFT CARD?

Complete a Health Risk Assessment (HRA) online at United Healthcare's www.myuhc.com website and earn a \$25 gift card. If you complete a (HRA) Health Risk Assessment during 2014 – be sure to update your information at www.myuhc.com ! This benefit is not changing for 2015.

Note: Completing an HRA will no longer qualify for the quarterly discount. You will earn a \$25 gift card instead. It's good to know your numbers!

Contact Beth Allen, Human Resources at #62157 for more details



2015 Spousal Affidavit Medical Coverage

The Company adopted special eligibility rules for spouses to be covered under the company's medical plan effective January 1, 2014. The Company is adhering to this for 2015. If your spouse is eligible for *employer-sponsored medical insurance* through their employer, your spouse is NOT eligible for medical coverage under the "Company" Medical Plan. **Employees enrolling their spouse in Medical Coverage must complete this form, sign, return to HR no later than 11/30/14.**

IF YOU ARE ONLY ELECTING DENTAL/VISION COVERAGE FOR YOUR SPOUSE NO AFFIDAVIT IS REQUIRED.

Section I - Spouse Complete Section I

- 1) Is your spouse employed? Yes No
 - 2) Is your spouse currently enrolled in any other medical plan? Yes No
 - 3) Is your spouse eligible for medical coverage through his/her employer? Yes No
- If No to question #3, please indicate why not: _____

I hereby authorize the release of my employer-sponsored medical insurance eligibility status and authorize its use in determining eligibility under the Medical Plan.

Name of spouse (printed): _____

Signature of spouse: _____ Date: _____, 2014

Employer: _____ Phone Number: (____) _____-_____

Section II – Employee Complete Section II

I certify that all information on this form is true, correct and current. I also understand that if the medical insurance eligibility status of my spouse changes at any time during the year, it is (my) the Employee's responsibility to immediately notify the Human Resources Department. I also understand that if my spouse is offered medical coverage during 2015, I (*Employee*) need to make a medical change (or any *Qualifying Event*) within 30 days from eligibility date.

By providing information above and by signing below, I (*Employee*) understand that falsification of this information is against company policy and is cause for discipline up to and including termination of employment.

Employee Printed Name: _____ Employee ID# _____

Employee Signature: _____ Date: _____, 2014

Please return this form to:



Human Resources Dept.
145 Hunter Drive, Mail Code 2061-H
Wilmington, OH 45177
Fax: 937.366.3116
Email: abx.benefits@abxair.com