



145 Hunter Drive • Wilmington, Ohio 45177 • (937) 366-4040 • www.airbornemx.com

November 2015

Dear Fellow Employee:

Attached is your 2016 Open Enrollment information for health insurance. Open Enrollment is your once-a-year opportunity to make changes to your benefit elections. **The deadline to make changes is November 30, 2015.**

2016 Benefits

In this packet, we have summarized the benefits offered and the new costs for 2016. Nationally, healthcare costs are projected to increase 6.8%. At AMES, we are projecting our healthcare cost will increase 8.4% next year. Despite these increases, we are pleased that we can hold the employee contributions to a 5% increase for both the Standard Plan and the Consumer Driven plans in 2016.

Healthy Directions

In addition, we are continuing the *Healthy Directions Wellness Program* for 2016. By participating in this program, you receive a discount on your health insurance premiums of approximately 17%. There are three ways you can participate:

- **Fitbit Program:** You qualify for the quarterly discount by averaging 6,000 steps per day.
- **Biggest Loser Program:** You qualify for the quarterly discount by meeting the weight loss goals of the program.
- **UHC Education Program:** You qualify for the quarterly discount by completing the specified number of online wellness classes.

Virtual Visits

We are also pleased to announce, that beginning in January, United Healthcare will be offering **Virtual Visits** allowing you to see and talk with a physician without an appointment via your mobile device or computer. This service is for common non-emergency acute conditions when your primary care physician or urgent care is inconvenient or unavailable. The cost to you is the same co-payment as when you see your primary care physician. The virtual physician can also write a prescription and electronically send it to your pharmacy.¹ You can access Virtual Visits through the **Health4Me** app on your mobile device or **myuhc.com** on your computer. Please see the Virtual Visits flyer for more details.

If you want to make changes to your benefit elections for 2016 or contribute to an FSA or HSA account, you must 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-service or contact HR for more information about Qualifying Events*)

Questions

If you have any questions about your benefits, please feel free to contact Christine Cousineau (937)366-2472 or your Human Resources Department at (937)366-2727.

Sincerely,

A handwritten signature in black ink that reads "Debbie Loveless".

Debbie Loveless
Director, Human Resources

¹ Prescription services may not be available in all states.

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What's New for 2016?

Medical Plans (all): (see pages 15-18 for more details)

- No changes have been made to the plan.

Standard PPO Plan:

- There are new employee contributions for 2016

Consumer Driven HSA Plan:

- There are new employee contributions for 2016

Dental and Vision Benefits:

- There are new employee contributions for 2016.

Virtual Visits

- Allows you to see and talk with a physician without an appointment via your mobile device or computer.

Your 2016 open enrollment guide

Open Enrollment is your once-a-year opportunity to make changes to your benefits elections. This information guide is being provided to you to help you choose your 2016 benefits. All changes are effective January 1, 2016. Please review this information carefully and follow these three easy steps to complete your enrollment. The deadline to complete your changes is **November 30, 2015**.

1. Review your choices

You have several choices to make. Here is what you need to know:

Medical Insurance

Both medical options are administered by United HealthCare.

You have two plans to choose from:

- **Standard PPO Plan**
- **Consumer Driven HSA Plan**

Standard PPO Plan

See pages 15-17 for more details.

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 17 with no deductible.

2016 Employee Contributions

	Bi-weekly Base	Bi-weekly Wellness
Employee Only	\$ 63.82	\$ 53.18
Employee & Child(ren)	\$ 110.98	\$ 92.48
Employee & Spouse	\$ 134.27	\$ 111.88
Employee, Spouse & Child(ren)	\$ 199.04	\$ 165.86

Consumer Driven HSA PPO

See pages 15-17 for more details.

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, AMES will contribute \$500 for single coverage or \$1,000 for 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 \$2,850 annually for individuals and \$5,750 for families. 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 for individuals or \$1,000 for families. You can contribute up to \$2,850 annually for individuals and \$5,750 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 17 after the deductible is met.

2016 Employee Contributions

	Bi-weekly Base	Bi-weekly Wellness
Employee Only	\$ 38.44	\$ 32.03
Employee & Child(ren)	\$ 66.85	\$ 55.71
Employee & Spouse	\$ 80.88	\$ 67.40
Employee, Spouse & Child(ren)	\$ 119.90	\$ 99.91

¹ Unlike the Standard PPO plan, if you elect the family plan you 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:

Standard Dental

See page 18 for more details.

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

2016 Employee Contributions

	Bi-weekly
Employee Only	\$ 14.99
Employee & Child(ren)	\$ 35.97
Employee & Spouse	\$ 29.97
Employee, Spouse & Child(ren)	\$ 50.95

Basic Dental

See page 18 for more details.

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

2016 Employee Contributions

	Bi-weekly
Employee Only	\$ 14.38
Employee & Child(ren)	\$ 30.74
Employee & Spouse	\$ 28.75
Employee, Spouse & Child(ren)	\$ 44.70

Vision Benefits

Vision benefits are administered by EyeMed.

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

Vision Plan

See page 18 for more details.

The cost of the vision benefits are included in the cost of the AMES 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 Accounts (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 saving you money. As a result of the Affordable Care Act the annual contribution limit for medical flexible spending accounts has been reduced to \$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 2016. Any leftover 2016 money that is not used by March 15, 2017 will be forfeited to the Company.

Consumer Driven Health Savings Accounts

This plan is administered by United HealthCare.

If you elected the Consumer Driven HSA PPO for your medical insurance, AMES 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 \$2,850 for single or \$5,750 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 Accounts, 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 Consumer Driven HSA PPO as your medical insurance to be eligible for the Health Savings Account. If you elected the Standard PPO plan you are not eligible for the Health Savings Account.

Life Insurance and AD&D

These plans are insured by The Hartford.

Life Insurance & Accidental Death & Dismemberment are benefits provided to you by AMES. There is no cost to you for these benefits. 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. No action is required by you.

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 2016:

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%

Short-term Disability (STD) & Long-term Disability (LTD)

These plans are insured by Mutual of Omaha. See the Certificate of Coverage for details.

These benefits are optional benefits that allow employees to purchase short-term disability and long-term disability benefits. There are no changes to the STD and LTD premium rates for 2016. However, you may experience a change in your deduction amount due to a salary change or change in age bracket. See your Certificate of Coverage for details.

These benefits are not normally subject to Open Enrollment – Short-term Disability is offering a special enrollment this year during November 1st through the 30th. Long-Term is NOT subject to this special offer.

If you are not enrolled in these benefits and wish to enroll after your initial period of eligibility, you must complete the evidence of insurability process. Please see your Human Resources representative for additional information.

Other Benefits:

Group Universal Life Insurance

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

AMES offers a Group Universal Life (GUL) Insurance program that allows you to purchase up to six times your annual salary in life insurance. Evidence of insurability is required for new or increased enrollments in the GUL program,

Please visit www.personal-plans.com/abxair/ or call (800) 441-5581 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 2016. A number of resources are available to help you make your choices:

- Read pages 15-18 of this brochure for summaries of your options.
- Review the Summary of Benefits and Coverage and the Glossary of Health Coverage and Medical Terms which is available from the same website as this document.
- Call the Human Resources Department at ext. 62472, ext. 62794, or ext. 62727.
- Visit the AMES website at www.airbornemx.com and click on careers or visit <http://mronet/EmployeeConnections.cfm>

Web Resources

AMES Benefits

www.airbornemx.com.
<http://mronet/EmployeeConnections.cfm>

Medical Insurance

www.myuhc.com

Dental Insurance

www.metlife.com/mybenefits

EyeMed Vision Care

www.eyemedvisioncare.com

Group Universal Life Insurance

www.personal-plans.com/abxair

CAP/401(k) Plan

3 Enrolling for 2016

The deadline is November 30, 2015.

1. Making changes to your enrollment is easy! Go on-line at www.airborne.mx.com and click on **CAREERS** and then **SELF SERVICE**, or go to <http://mronet/EmployeeConnections.cfm> and click on **SELF SERVICE**.

2. Click on **BENEFITS**.

3. Check your **DEPENDENTS** and enter any eligible dependents. Remember that spouses are not eligible for the AMES medical plan if they are eligible for health insurance through their employer. Refer to page 13 for more information.

4. Click on **OPEN ENROLLMENT** and make your elections. All changes are effective January 1, 2016.

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

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 log into your self service In Box 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 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 in to the Human Resources Dept. for any dependents not currently enrolled.

Do I need to enroll?

If you were enrolled in AMES health insurance benefits prior to October 31, 2015, and not making any changes to your benefits and are not contributing to Health Savings Account or Flexible Spending Account, you do not need to re-enroll. Your 2015 benefit elections will carry over to the 2016 plan year with the new plan changes.

You must enroll if:

- You want to elect the Flexible Spending Account for 2016;
- You want to contribute to the Health Savings Account; or
- You want to change your benefit elections.
- You want to change your dependents.

Don't have access to a computer?

- Check with your public library.
- Use one of the kiosks located at your work location.
- Call the Human Resources Department at ext. 62472, ext. 62794, or ext. 62727 for assistance.

How does the Deductible Work?

The deductible is the amount you pay before the insurance will pay any benefit. For example, the Standard 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 Standard 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 Consumer Driven Health Savings Account deductible works differently than the Standard 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 Consumer Driven Health Savings Account 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 Standard PPO Plan, the in-network out-of-pocket maximum is \$3,100 for a single person. 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 Standard 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 is 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 AMES's 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 AMES health plan, you will need to provide us with your dependents' 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:

Spouses of AMES employees who are eligible for medical coverage through their employer's health plan will not be eligible to enroll in the AMES medical plan. If are just now enrolling or continue to have your spouse enrolled in the AMES medical plan you must certify that he or she does not have access to employer-sponsored medical coverage through his or her job. You will be asked to certify this by signing and returning the enclosed Spousal Affidavit.

2016 Employee Contributions

All amounts are bi-weekly.

Medical, Dental & Vision Coverage

	<u>Standard PPO Plan</u>	<u>Consumer Driven HSA PPO</u>
Employee Only	\$ 63.82	\$ 38.44
Employee and Child(ren)	\$ 110.98	\$ 66.85
Employee and Spouse	\$ 134.27	\$ 80.88
Employee, Spouse and Child(ren)	\$ 199.04	\$ 119.90

Wellness Discounted Premiums

NOTE: The wellness prices will not show up on Self Service. You will only see the wellness prices as a deduction on your biweekly payroll. You will automatically get the discounted prices if you complete the quarterly requirements.

	<u>Standard PPO Plan</u>	<u>Consumer Driven HSA PPO</u>
Employee Only	\$ 53.18	\$ 32.03
Employee and Child(ren)	\$ 92.48	\$ 55.71
Employee and Spouse	\$ 111.88	\$ 67.40
Employee, Spouse and Child(ren)	\$ 165.86	\$ 99.91

Dental & Vision Premiums

	<u>STANDARD DENTAL & VISION</u>	<u>BASIC DENTAL & VISION</u>
Employee Only	\$ 14.99	\$ 14.38
Employee and Child(ren)	\$ 35.97	\$ 30.74
Employee and Spouse	\$ 29.97	\$ 28.75
Employee, Spouse and Child(ren)	\$ 50.95	\$ 44.70

SCHEDULE OF MEDICAL BENEFITS – 2016

Medical Plan Features	<u>Standard PPO</u>		<u>Consumer Driven 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 . . .
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
Well Baby Care	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 (deductible does not apply)	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)	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	80% hospital visits and surgery (deductible applies)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)
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)	80% (deductible applies)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)

Medical Plan Features	Standard PPO		Consumer Driven 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 . . .
X-Ray and Lab Anesthesiology	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	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)
Urgent Care Centers	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)	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)	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)	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)

Medical Plan Features	Standard PPO		Consumer Driven 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 . . .
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 - 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
Mental Health and Substance Abuse³				
Inpatient Care³ (maximums apply; see Mental Health and Substance Abuse section)	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 Care³ (maximums apply; see Mental Health and Substance Abuse section)	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 Care³	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	\$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	\$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 \$200 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.

2016 SCHEDULE OF DENTAL BENEFITS

Plan Feature	Standard 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.

2016 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

IMPORTANT NOTICES

The following notices are mandated by federal law.

November 1, 2015

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).

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, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: www.myalhipp.com Phone: 1-855-692-5447	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ALASKA – Medicaid	INDIANA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: http://www.in.gov/fssa Phone: 1-800-889-9949
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562

FLORIDA – Medicaid	KANSAS – Medicaid
Website: https://www.flmedicaidtprecovery.com/ Phone: 1-877-357-3268	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://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dhs.state.mn.us/id_006254 Click on Health Care, then Medical Assistance Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075

NEBRASKA – Medicaid	PENNSYLVANIA – Medicaid
<p>Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633</p>	<p>Website: http://www.dhs.state.pa.us/hipp Phone: 1-800-692-7462</p>
NEVADA – Medicaid	RHODE ISLAND – Medicaid
<p>Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900</p>	<p>Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300</p>
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: http://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>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</p>
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p>Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473</p>
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
<p>Website: http://gethiptexas.com/ Phone: 1-800-440-0493</p>	<p>Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability</p>
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
<p>Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-866-435-7414</p>	<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
VERMONT– Medicaid	WYOMING – Medicaid
<p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>	<p>Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531</p>

To see if any other states have added a premium assistance program since July 31, 2015, 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.
Mailcode 1005B
145 Hunter Drive
Wilmington, OH 45177
www.airbornemx.com**

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