



**Your  
2007  
Part-time  
Employee  
Benefits  
Open  
Enrollment  
Guide**

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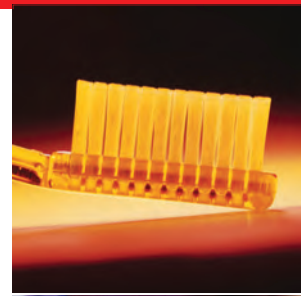
Dear Fellow Employee:

At ABX Air we are pleased to offer a comprehensive and affordable benefit package for both our full-time and part-time employees. Our benefit program is designed to help you access health care when you or your family needs it, to provide income protection for you in the event of a catastrophic loss, and to provide you with a way to save for your retirement.

Each November is our annual Open Enrollment month for health insurance. This is your once-a-year opportunity to make changes to your health insurance elections. In addition, the updated 2007 Benefits Handbook (Summary Plan Description) is included on the CD in this package. Please review the information carefully; and if you have any questions about your benefits, be sure to ask your supervisor or anyone in the Human Resources Department.

Sincerely,

Debbie Loveless  
Senior Director, Human Resources

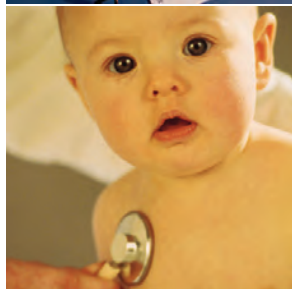
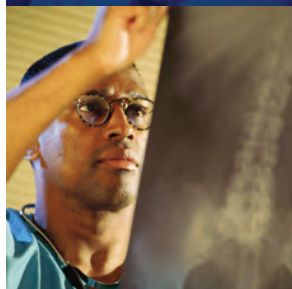


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# What's New for 2007?

Here is what's new for 2007. Be sure to review page 16 for additional details. These changes are effective January 1, 2007.

Coverage changes to the medical plan options include:



- \$125 co-payment for **non-emergency** use of the Emergency Room (emergency use co-payment remains \$75).
- Elimination of 4th quarter deductible carry over.
- Reduction in the Mental Health and Substance Abuse outpatient counseling co-payment from \$25 to \$15 per visit.
- Change to the Bariatric surgery benefit.
- Change to how the out-of-network allowable charges are calculated.
- Introduction of a disease-management program for selected chronic conditions.
- Nexium no longer covered under the plan.
- New and expanded EyeMed network for vision care.
- Opportunity to purchase higher levels of Voluntary Accident Insurance at lower cost.
- Introduction of Flexible Spending Account 1st quarter carry-over provision.
- Revised employee contributions.

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# Your 2007 open enrollment guide

November is open enrollment month at ABX Air. This is your once-a-year opportunity to make changes to your benefits elections. This information guide is being provided to help you choose your 2007 benefits. All changes are effective Jan. 1, 2007. Please review this information carefully and follow these three easy steps to complete your enrollment.

The deadline to complete your changes is Nov. 22, 2006.

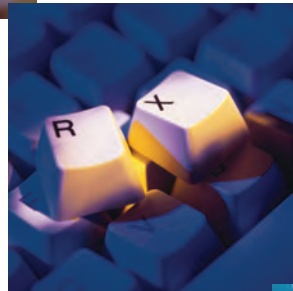
## Step 1. Review

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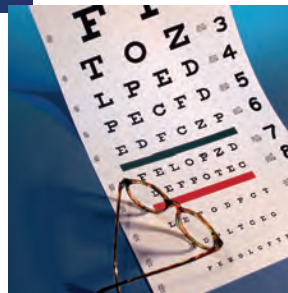
## Step 2. Decide

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## Step 3. Enroll

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# Medical Insurance



Both medical options are administered by United HealthCare.

You have two plans to choose from: the **Enhanced PPO** and the **Health Savings Account PPO**.

## Enhanced PPO

See page 26 for more details.

With this plan you pay a co-payment each time you visit the doctor or pharmacist. For services that do not require a co-payment, you will have an annual \$150 deductible for in-network care.

### What's new for 2007?

- The co-payment for non-emergency use of the Emergency Room (ER) increases to \$125 (emergency use remains at \$75).
- The fourth quarter deductible carry over is eliminated.
- The Mental Health and Substance Abuse outpatient counseling co-payment is reduced from \$25 to \$15 per visit.
- In-network bariatric surgery is covered at 80% instead of 100% and is not subject to the out-of-pocket maximum.
- The out-of-network allowable charges will be calculated using the Maximum Non-network Reimbursement Program (MNRP) method instead of the Reasonable and Customary method.
- A disease management program will be introduced for selected chronic illnesses.
- Nexium is no longer covered by the plan.

### 2007 Employee Contributions

Bi-weekly	
Employee Only	\$20.77
Employee & Child(ren)	\$53.08
Employee & Spouse	\$55.38
Employee, Spouse, & Child(ren)	\$64.62

## Health Savings Account PPO

See page 26 for more details.

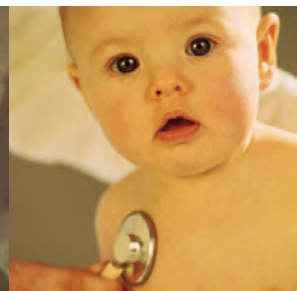
This plan has a high deductible of \$1,250 per person and \$2,500 for families but provides for catastrophic coverage. To help you with the deductible, you can open a Health Savings Account, and ABX will contribute \$500 for single coverage or \$1,000 for family coverage into your Health Savings Account. Your account comes with a debit card which you can use to pay doctor visits, prescriptions, and other medical expenses not covered by the insurance.

### What's new for 2007?

- The out-of-network allowable charges will be calculated using the Maximum Non-network Reimbursement Program (MNRP) method instead of the Reasonable and Customary method.
- A disease management program will be introduced for selected chronic illnesses.
- Nexium is no longer covered by the plan.

### 2007 Employee Contributions

Bi-weekly	
Employee Only	\$9.69
Employee & Child(ren)	\$21.23
Employee & Spouse	\$22.15
Employee, Spouse, & Child(ren)	\$25.85



# Dental Insurance

*Both dental options are administered by MetLife.*

You have two plans to choose from:  
the **Enhanced Dental** and the **Basic Dental**.

You must elect medical coverage to elect one of the dental plans. You also must cover the same family members (if eligible) as the medical plan.

## Enhanced Dental

See page 29 for more details.

This option provides coverage for preventive care, dental treatment, and orthodontia. Please see the page 29 for coverage levels.

### What's new for 2007?

- No changes will be made to the Enhanced Dental Plan.

### 2007 Employee Contributions

Part-time employees may elect this coverage for the employee only under this plan. Dependents of part-time employees are not eligible for this option.

## Basic Dental

See page 29 for more details.

This option provides coverage for preventive care and dental treatment. Orthodontia has no coverage. Please see the summary descriptions for coverage levels.

### What's new for 2007?

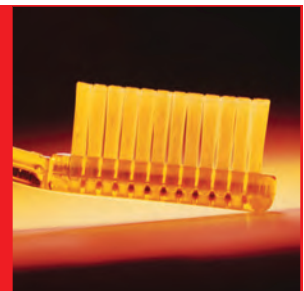
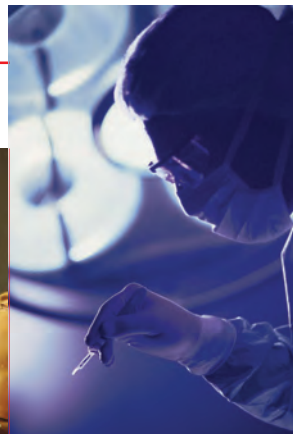
- The Basic Dental Plan has no changes. The rates for part-time family coverage remain the same from 2006.

### 2007 Employee Contributions

This coverage is provided at no cost to full-time employees. Part-time employees may elect this coverage for themselves or family members at an additional cost.

Bi-weekly Cost for Part-time Employees:

Employee Only	\$ 0.00
Employee & Child(ren)	\$24.00
Employee & Spouse	\$17.08
Employee, Spouse, & Child(ren)	\$41.08



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# Vision Benefits

*Vision benefits are administered by EyeMed.*

You have one vision plan option.

You must elect medical coverage to elect the vision plan. You also must cover the same family members as your medical plan election.

## Vision Plan

See page 29 for more details.

Benefits are provided at no cost to full-time and part-time employees and family members. 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.

### What's new for 2007?

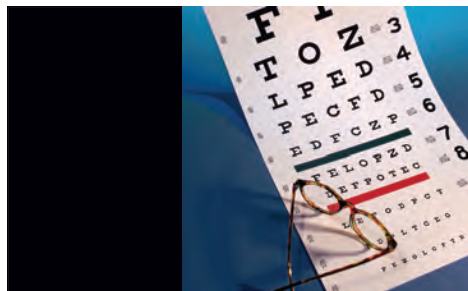
The network switches from the Cole Vision network to the EyeMed Network. This will increase the number of participating providers from about 10,000 to 40,000 nationwide. Lenscrafters now will be part of the network.

### To Find a Provider

To find a provider in your area use these contacts:

**Telephone: (866) 723-0513**

**Web: [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)**





# Voluntary Accidental Death & Dismemberment (AD&D)

*This plan is insured by CIGNA.*

This is an optional plan that allows employees to purchase AD&D insurance.

## Voluntary Accident Insurance

See the Benefits Handbook (Summary Plan Description) for more details.

This plan allows full-time and part-time 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-the-job 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.

### 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

NEW LEVELS

### Coverage

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%

### What's new for 2007?

- Maximum available benefit increases to \$500,000 (but not more than 10 times salary for amount over \$250,000).
- Lower rates for employee only coverage. Same rates for family coverage.
- Extra 10% paid (up to \$25,000) if loss of life occurs while wearing a seatbelt in an automobile accident.
- CIGNA is the new insurance carrier effective Jan. 1, 2007, replacing AIG Life.



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# Flexible Spending Accounts / Health Savings Accounts

*These plans are administered by United HealthCare.*

These are optional plans that allow employees to set aside money on a pre-tax basis to cover medical expenses not covered by insurance or child care expenses.

## Flexible Spending Accounts (FSA)

See the Benefits Handbook (Summary Plan Description) for more details.

### Medical FSA

You can contribute up to \$2,600 a year pre-tax to pay for medical expenses not covered by insurance such as orthodontia, hearing aids, Lasik surgery, co-payments, and deductibles. You cannot elect Medical FSA and the Health Savings Account at the same time.

### Dependent FSA

You may contribute up to \$5,000 per year pre-tax to pay for child care or elder care expenses.

### What's New in 2007?

Beginning in January 2007, any unused money left over in your account from the prior year can be used for expenses incurred between Jan. 1, 2007, and March 15, 2007. All claims for 2006 dollars must be submitted by March 31, 2007.

### Use it or lose it!

You need to carefully budget for any money you contribute to the Flexible Spending Account. Any left-over 2006 money after March 15, 2007, will be forfeited and used to help fund the ABX Air Employee Catastrophic Relief Fund.

## Health Savings Accounts

See the Benefits Handbook (Summary Plan Description) for more details.

If you elected the Health Savings Account PPO for your medical insurance, ABX 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. You also may contribute up to \$750 for single or \$1,500 for families to the Health Savings Account each year.

If you elect this option you must open an account with Exante Bank. An application will be mailed to your home address. 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, and co-payments.

### The Money is Yours to Keep. NO "Use it or lose it."

Unlike the Flexible Spending Accounts, any left-over money at year end is never forfeited but remains in your account for next year or until you use it. The money earns interest while it is in your account. You must elect the Health Savings Account PPO as your medical insurance to be eligible for the Health Savings Account. If you elected the Enhanced PPO plan you are not eligible for the Health Savings Account. You also cannot elect the Medical FSA if you elect the Health Savings Account. You may elect the Dependent FSA with the Health Savings Account.



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# Other Benefits

## Group Universal Life Insurance

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

ABX Air offers a Group Universal Life Insurance program that allows you to purchase up to six times your annual salary in life insurance. Marsh @ Work Solutions, the third party administrator, is sending you a separate mailer about the Universal Life Insurance benefit. Look for the mailer at your home address. For more information visit <http://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 of the 401(k) plan.*

Visit [www.401k.com](http://www.401k.com) or call (800) 835-5095 to enroll, make changes, or request more information.



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## 2. Deciding on your choices

You need to decide which coverage you want for 2007. There are a number of resources available to help you make your choices. These include:

- The CD included in the packet is your Benefits Handbook (Summary Plan Description) of your benefits. This document provides detailed descriptions of your benefits.
- Pages 26-29 of this brochure provide summaries of your options.
- Ask a member of the Benefits Department (800) 736-3973 ext. 63157 or ext. 63085.
- Visit the Benefits website at [www.myabx.com/benefits](http://www.myabx.com/benefits).

### Web Resources

ABX Air Benefits  
[www.myabx.com/benefits](http://www.myabx.com/benefits)

Medical Insurance  
[www.myuhc.com](http://www.myuhc.com)

Dental Insurance  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

Vision Insurance  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

Group Universal Life Insurance  
<http://www.personal-plans.com/abxair/>

CAP/401(k) Plan  
[www.401k.com](http://www.401k.com)



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# A word about dependents:

Only eligible individuals may be enrolled in the ABX Health Plan. All enrolled individuals are subject to an audit and proof of eligibility can be required at any time. Enrolling individuals who are not eligible is insurance fraud and could result in you having to repay any paid claims, the loss of your job, and/or being arrested and convicted of a felony.

Eligible Dependents for the ABX Air Health Insurance Plan are:

- Legal spouse.
- Unmarried children under age 19, including your natural children, legally adopted children, children placed for adoption, stepchildren residing with you and any other children supported solely by you and permanently residing with you, provided you are their legal guardian or you claim the children as dependents for federal income tax purposes.
- Unmarried children from age 19 until age 23 who are registered students in full time attendance at an accredited university or similar institution of learning and who are dependent on you for support and for whom you are entitled to an income tax exemption.
- Unmarried child who is incapable of self-sustaining employment by reason of developmental disability or physical handicap, provided such child was covered under this Plan at the time of disability and immediately prior to his or her 19th birthday (23rd if a student).



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# 3. Enroll for 2007

## Deadline is 11/22/2006

1. Making changes to your enrollment is easy! Go on-line at [www.myabx.com/benefits](http://www.myabx.com/benefits) and click on **SELF SERVICE**.

Your USER ID = **Your employee number**

Your Password = **First 3 letters of your last name followed by** the last 4 digits of your Social Security Number.

EXAMPLE:    USER ID     104154  
              Password    ABE5457

2. Click on **BENEFITS**

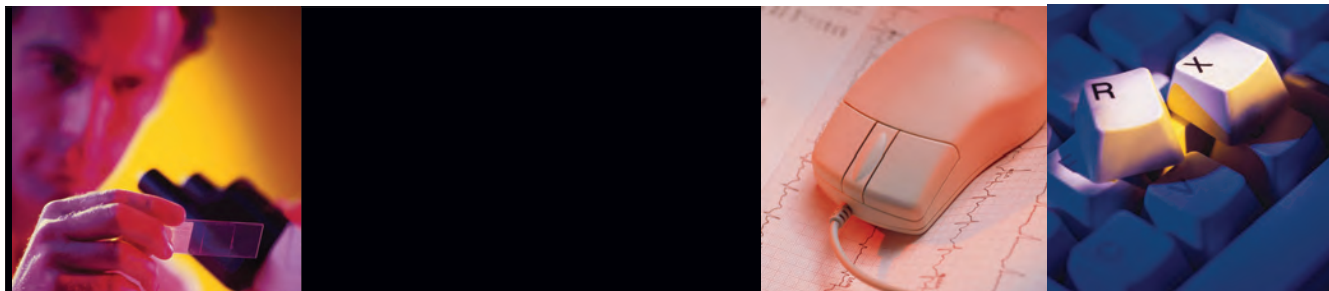
3. Check your **DEPENDENTS** and enter any eligible dependents.

4. Click on **OPEN ENROLLMENT** and make your elections. All changes are effective Jan. 1, 2007.

5. Click **SUBMIT**. Once you submit your form, the file is forwarded to the Benefits Department for approval or rejection. Enrollments with errors will be rejected, and 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 Department is committed to processing all enrollments within three business days of submission.

For more detailed directions click on the Open Enrollment directions at [www.myabx.com/benefits](http://www.myabx.com/benefits).



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## 3. Enroll for 2007

**Deadline is 11/22/2006**

### 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 2006 benefits are, click on MY BENEFITS.
- Make sure you enter any dependents first.

### Do I need to enroll?

If you are not making any changes to your benefits and did not elect the Flexible Spending Account or you are contributing to a Health Savings Account, you do not need to re-enroll. Your 2006 benefit elections will carry over to the 2007 plan year with the new plan changes.

#### You must re-enroll if:

- You want to elect the Flexible Spending Account for 2007.
- You want to contribute to the Health Savings Account for 2007.
- You want to change your benefit elections.

### Don't have access to a computer?

- Check with your public library.
- Use one the Kiosks located at your work location.
- Call the Benefits Dept. at (800) 736-3973 ext. 63157 or ext. 63085 for assistance.



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# What's New OVERVIEW for 2007

## Enhanced PPO Plan:

### Emergency Room Co-payment for Non-emergencies

The co-payment for use of the Emergency Room for non-emergencies is increased to \$125 effective Jan. 1, 2007. The co-payment remains at \$75 for emergencies.

Last year, ABX employees used the Emergency Room 38% more times than the national average. For non-emergency care use the Healthcare Center or an Urgent Care facility instead. At ABX, an estimated 1,295 unnecessary E.R. visits were made last year. With the average Emergency Room bill at \$627, this adds up quickly.

### Deductible 4th Quarter Carry Over Eliminated

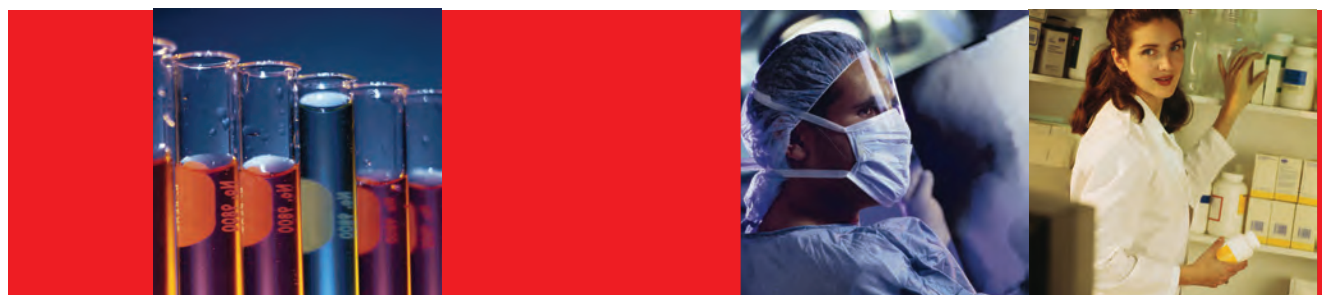
The 4th quarter carry over for the deductible is eliminated effective Jan. 1, 2007. The deductible remains \$150 for individuals and \$300 for families. The deductible is a once a year amount you must pay before the plan pays any benefits. The deductible does not apply to office visits with your doctor or prescription drugs.

### Mental Health/Substance Abuse Outpatient Co-payment Reduced to \$15/Visit.

Beginning Jan. 1, 2007, the co-payment for outpatient care for Mental Health and Substance Abuse visits is reduced to \$15 per visit from \$25 per visit. This change was made to improve access to mental health and substance abuse care by making access more affordable for individuals.

### Bariatric Surgery Benefit

Beginning Jan. 1, 2007, bariatric surgery by network providers will be covered at 80% after the deductible instead of 100%. The out-of-pocket maximum will not apply to bariatric surgery. This surgery has demonstrated to have high risk of complications and should be considered only as a last resort for those individuals diagnosed with morbid obesity. Out-of-network benefits remain at 60% after deductible. The out-of-pocket maximum will not apply.





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## Maximum Non-Network Reimbursement Program (MNRP)

Beginning Jan. 1, 2007, non-network benefits will be paid using the Maximum Non-Network Reimbursement Program (MNRP) method instead of the Reasonable and Customary method. The MNRP is 10% higher than the Medicare reimbursement rate paid by the U.S. government for Medicare patients. The non-network benefit remains at 60% after deductible for most services.

By using network providers you can receive the highest level of benefit from the plan. For most services without a co-payment, the in-network benefit is 100% after deductible. See the Benefits Handbook (Summary Plan Description) for additional details.

## Disease Management Program

Beginning Jan. 1, 2007, individuals with certain chronic conditions will be eligible to participate in United HealthCare's Disease Management Program. This program is designed to help people with chronic conditions improve their quality of life by providing high-level support and information about their illness.

If you have a qualifying chronic condition, a specially trained registered nurse will be assigned to you and can help with questions about your disease and your treatment program. The nurse also can provide information about preventive care, other treatment options, as well as provide outreach to your doctors and specialists.

These conditions are included in the program:

- Coronary artery disease
- Heart failure
- Diabetes
- Asthma

Additional conditions may be added in the future. Participation in the program is voluntary and provided at no cost to the participant.

## Nexium No Longer Covered

Beginning Jan. 1, 2007, Nexium no longer will be covered by the plan. Alternative medications in the proton pump inhibitor classification include:

Aciphex	Omeprazole	Prevacid
Protonix	Zegerid	

In addition, Prilosec OTC is available without a prescription. Talk with your doctor to find out which alternative is best for you.

## New Employee Contributions

The employee contributions are increasing for 2007:

Enhanced PPO

	2007 Bi-weekly	2006 Bi-weekly	Difference
Employee Only	\$20.77	\$16.62	\$4.15
Employee & Child(ren)	\$53.08	\$50.31	\$2.77
Employee & Spouse	\$55.38	\$53.08	\$2.30
Employee, Spouse & Child(ren)	\$64.62	\$60.00	\$4.62

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# What's New OVERVIEW for 2007

## Health Savings Account PPO:

### **Deductible 4th Quarter Carry Over Eliminated**

The 4th quarter carry over for the deductible is eliminated effective Jan. 1, 2007. The deductible remains \$1,250 for individuals and \$2,500 for families. The deductible is a once-a-year amount that you must pay before the plan pays any benefits. Your Health Savings Account can be used to offset your deductible.

### **Maximum Non-Network Reimbursement Program (MNRP)**

Beginning Jan. 1, 2007, non-network benefits will be paid using the Maximum Non-Network Reimbursement Program (MNRP) method instead of the Reasonable and Customary method. The MNRP is 10% higher than the Medicare reimbursement rate paid by the U.S. government for Medicare patients. The non-network benefit remains at 60% after deductible for most services.

By using network providers you can receive the highest level of benefit from the plan. For most services without a co-payment, the in-network benefit is 100% after deductible. See Benefits Handbook (Summary Plan Description) for additional details.

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If you have a qualifying chronic condition, a specially trained registered nurse will be assigned to you and can help with questions about your disease and your treatment program. The nurse also can provide information about preventive care and other treatment options, as well as provide outreach to your doctors and specialists.

These conditions are included in the program:

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Aciphex	Omeprazole
Prevacid	Protonix
Zegerid	

In addition, Prilosec OTC is available without a prescription. Talk with your doctor to find out which alternative is best for you.

### **New Employee Contributions**

The employee contributions are increasing for 2007:

#### **Health Savings PPO**

	2007 Bi-weekly	2006 Bi-weekly	Difference
Employee Only	\$9.69	\$7.85	\$1.84
Employee & Child(ren)	\$21.23	\$20.31	\$0.92
Employee & Spouse	\$22.15	\$21.23	\$0.92
Employee, Spouse & Child(ren)	\$25.85	\$24.00	\$1.85

### **New EyeMed Network for Vision Care**

Beginning Jan. 1, 2007, the vision network switches to the EyeMed network from the Cole Vision Network. This will provide greater access to vision care. See page 29 for additional details.

### **Voluntary Accident Insurance**

New benefit options and lower cost for the Voluntary Accident Program are available. See page 9 for additional details.

### **Flexible Spending Account 1st Quarter Carry Over**

Beginning Jan. 1, 2007, if you have any dollars left over in your medical flexible spending account, you can use expenses incurred between Jan. 1, 2007, and March 15, 2007. All claims must be submitted by March 31, 2007.

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# Questions and Answers

Q. I don't have a home computer. How can I access Benefit Self Service?

A. You may access from any P.C. at work. In Wilmington, the company has installed P.C. kiosks in these locations:

ABX Cafeteria	2 - Sort B break room 1st floor
Base Shops	Administration break room
Air Park Services break room	Flight crew lounge (Building 209)
Building 10 break room	Human Resources / Benefits Dept.

In addition in Wilmington the Benefits Department will be available on select nights. Watch ABX TV and the bulletin boards for the schedule.

For outbased employees, Kiosks have been installed at each regional hub. Line Maintenance stations can access through their work PCs Columbus employees can access by seeing their supervisors or their Human Resources representative.

Q. Do I need to complete a Benefit Self Service enrollment form if I do not want to make any changes?

A. If you are currently enrolled and do not want to make any changes, you do not need to complete the Benefit Self Service enrollment form, your current benefit election will continue. However to enroll in the 2007 Flexible Spending Account or to contribute to the Health Savings Account for 2007 you must elect an amount on the enrollment form. The deduction does not carry over from year to year. If you wish to make any changes, you MUST complete the Benefit Self Service enrollment form by the Nov. 22, 2006, deadline.

Q. Where do I get a list of doctors, dentists, and vision care providers?

A. The best source of current information is on-line. You also can request paper copies by calling the insurance company's customer service 800 number. The web addresses and 800 numbers are:

Provider	Insurance Company	Web site	Toll-free #s
Doctors & Hospitals	United Healthcare	<a href="http://www.myuhc.com">www.myuhc.com</a>	(888) 350-5607
Dentists	MetLife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	(800) 942-0854
Eye care providers	EyeMed	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>	(866) 723-0513

You can find links to all of these web sites on the ABX benefits page at [www.myabx.com/benefits](http://www.myabx.com/benefits)

Paper copies are available by request only to help keep costs down.

# Questions and Answers

Q. What is the deadline for completing the Benefit Self Service enrollment form?

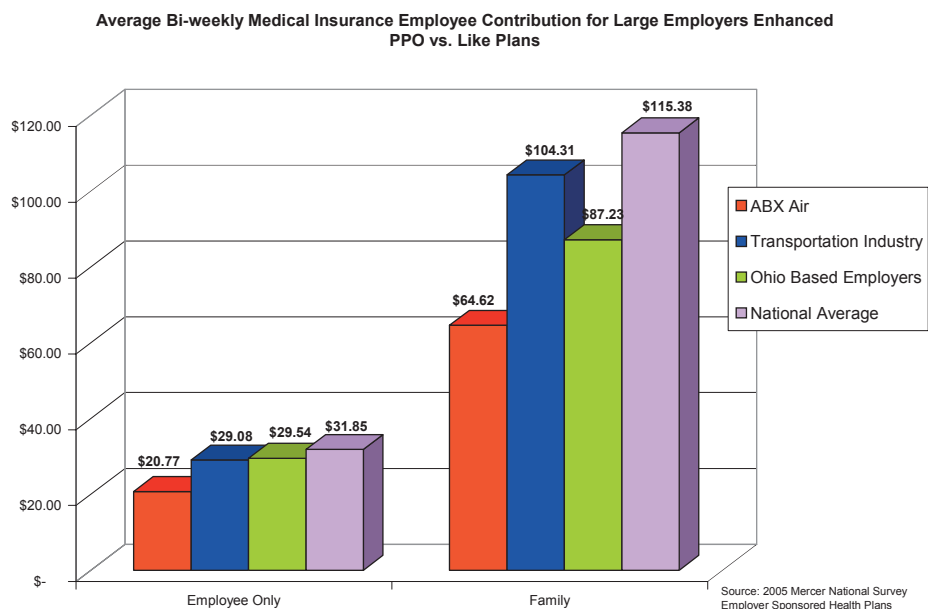
A. You need to complete the Benefit Self-Service Enrollment form by Nov. 22, 2006.

Q. How can I get a paper copy of the 2007 Benefits Handbook?

A. Paper copies are available upon request through your supervisor or by calling the Benefits Department at (800) 736-3973 ext. 63157 or ext. 63085, or email [abx.benefits@abxair.com](mailto:abx.benefits@abxair.com).

Q. Why are the employee costs going up?

A. The cost of health care in the United States increased 7.7 percent last year, the smallest increase since 1999. However, this was still twice the rate of inflation. At ABX, programs such as the Healthcare Center and the recent dependent audit help slow down the rate of increase; but we still are experiencing an increase. As the annual company cost increases, employees can expect to see their share of the cost increase as well. Despite these increases, the amount ABX Air employees pay for healthcare compares favorably to other employers.



Q. Can I have an HSA (Health Savings Account) and an FSA (Flexible Spending Account)?

A. No, our current plan limits the HSA to those employees in the HSA PPO and the Medical FSA to those in the Enhanced PPO. You may elect both HSA and the Dependent FSA.

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# Questions and Answers

Q. How does the HSA work with the high deductible?

A. According to the IRS regulations for an HSA-eligible plan, the deductible must be met in full and apply to everything before coinsurance or co-pays begin to pay. Only preventive care is exempt from this requirement.

Q. What are qualified medical expenses for the FSA/HSA?

A. Qualified medical expenses are as defined by the Internal Revenue Service under section 213(d) of the Internal Revenue Code. A sampling of some eligible expenses include but are not limited to: Acupuncture, Alcohol and Drug Rehabilitation (in-patient treatment only), Ambulance, Artificial Limbs, Artificial Insemination/ In Vitro Fertilization/Fertility Enhancement, Blood Pressure Monitoring Devices, Body Scan, Birth Control Pills/ Condoms/Spermicide, Chiropractor, Co-Insurance and Deductible, Contact Lenses and Cleaning Solutions, Crutches, Dental Treatment, Dentures, Diagnostic Tests, Eye Exam, Eye Glasses/Prescription Glasses, Flu Shots, Hearing Devices, Hospital Services, Immunizations (e.g., well-baby shots), Insulin, Laboratory fees, Lamaze classes relating to childbirth, Laser Eye Surgery / Lasik, Learning Disability Treatment, Medical Alert Bracelet/Necklace, Obstetric Treatment, Orthodontia, Over-the-counter pregnancy tests, Over-the-counter medications to treat a specific medical condition, Oxygen, Physical Exams, Physical Therapy, Podiatry Treatment, Prescription Drugs, Psychiatric Treatment, Psychological Treatment, Radial Keratotomy, Smoking Cessation – prescription only, Surgery and Related Expenses, Tubal Ligation or Vasectomy, X-rays.

Ineligible expenses include but are not limited to: Cosmetic surgery and procedures, Expenses for services rendered outside the coverage period, Expenses reimbursed by an insurance provider or another health plan, Hair loss items, Herbs/Vitamins/Supplements that do not require a prescription for use, Insurance Premiums, Long-term care services, Marriage Counseling, Personal Use Items, Teeth Whitening.

For more information see IRS publication 502 at [www.irs.gov](http://www.irs.gov).

Q. What is a deductible?

A. The deductible is the amount you must pay before the plan will pay any benefits. This amount is payable just once a year.

Q. What is a co-payment?

A. A co-payment is the amount you pay each time you receive care. Examples when co-payments are charged include office visits, urgent care visits, emergency room visits, and prescription drugs.

Q. How will I know if the changes are approved?

A. In Benefit Self Service, you should return to the Messages area Once the Benefits Department has approved your election, a confirmation of receipt should be in your message area.

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# Questions and Answers

Q. Where can I get help enrolling?

A. See any Human Resources representative or call the Benefits Department at (800) 736-3973 ext. 63157 or ext. 63085. In Wilmington, Human Resources personnel are available on all three shifts.

Q. May I purchase insurance for my family or myself?

A. ABX Air offers a Universal Life insurance program that allows you to purchase additional coverage for yourself or your eligible family members. Enrollment is subject to evidence of good health and is not effective until approved by the insurance company. To enroll in the Universal Life insurance visit [www.personal-plans.com/abxair](http://www.personal-plans.com/abxair).

Q. May I purchase accidental death and dismemberment insurance for my family or myself?

A. ABX Air offers a Voluntary Accident Insurance program that lets you purchase additional Accidental Death and Dismemberment coverage for yourself or your eligible family members. Enrollment is effective on Jan. 1. More information about the program can be found on page 9 in the brochure or in your 2007 Benefits Handbook (Summary Plan Description) or on Benefit Self Service.

Q. May I make enrollment changes mid-year?

A. Open enrollment is your opportunity each year to make adjustments to your benefits. All changes are effective on Jan. 1. During the rest of the year, you cannot make changes to your benefit elections except for certain Family/Work Status changes including:

- Marriage or Divorce.
- Birth or Adoption of a child.
- Death of a spouse.
- Loss of coverage from spouse's employer.
- Child reaching maximum age (maximum age = 19 unless the child is a full-time college student up to the 23rd birthday).

Any of these reasons allow you to make a change mid-year provided you notify the Benefits Department within 30 days of the event (60 days for birth or adoption).

Q. If my spouse works at ABX, may I enroll my spouse under my coverage?

A. Yes, you may enroll your spouse who works at ABX under your plan, or you could have two employees under different plans. However, you cannot “double cover” under both plans. Be sure both spouses complete a Benefit Self Service enrollment form enrolling under one employee and canceling coverage under the other employee.

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# Questions and Answers

Q. If my child works at ABX, may I enroll my child under my coverage?

A. Yes, you can enroll your child who works at ABX under your plan, or you could have two employees under different plans. However, you cannot “double cover” under both plans. Be sure both you and your child complete an enrollment form enrolling under the parent and canceling coverage under the dependent child.

The child must be an eligible dependent to be covered under your plan.

Q. Until what age can my children continue to be covered under the plan?

A. Unmarried children under age 19, including your natural children, legally adopted children, children placed for adoption, stepchildren residing with you and any other children supported solely by you and permanently residing with you, provided you are their legal guardian or you claim the children as dependents for federal income tax purposes.

Unmarried children from age 19 until age 23 who are registered students in full time attendance at an accredited university or similar institution of learning and who are dependent on you for support and for whom you are entitled to an income tax exemption.

Unmarried child who is incapable of self-sustaining employment by reason of developmental disability or physical handicap, provided such child was covered under this Plan at the time of disability and immediately prior to his or her 19th birthday (23rd if a student).

All enrolled dependents are subject to an audit, and proof of eligibility may be required at any time. Enrolling individuals who are not eligible is insurance fraud and could result in your having to repay any paid claims, the loss of your job, and/or being arrested and convicted of a felony.

Q. May I decline coverage?

A. Yes, you can decline coverage. When you decline coverage, you are declining all Medical, Dental and Vision benefits.

Q. What happens if I need emergency care while traveling away from my home area? How do I find a network provider?

A. If you need emergency care while traveling, you should go to the nearest hospital. Even if the hospital is a non-network hospital, your benefit will be treated as if it were a network facility.

If you need medical care on a non-emergency basis while traveling, contact United Healthcare customer service at (888) 350-5607 or at [www.provider.uhc.com](http://www.provider.uhc.com) for assistance in locating the nearest network provider.



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# Questions and Answers

Q. How is an emergency determined?

A. Your health plan covers emergency services necessary to screen and stabilize a covered person if a prudent layperson acting reasonably would have believed a true emergency existed. If you are unsure if your condition needs medical attention, you may contact Nurseline at (888) 609-5880 for assistance.

Q. Where can I get assistance with claim issues?

A. If you have spoken with the insurance company customer service department and they are unable to help resolve your claim issue, contact the ABX Benefits Department at ext. 62567 for further assistance. Or you may e-mail messages to [abx.benefits@abxair.com](mailto:abx.benefits@abxair.com).

Q. In the Short-term disability options why are there different plans for California, New Jersey, New York, Hawaii, Rhode Island and Puerto Rico?

A. These states and territory sponsor State Disability Insurance that is funded by the taxpayers of these localities. Our Short-term Disability benefits coordinate with the state programs.

Q. Can part-time employees purchase dental coverage for their families?

A. Yes, part-time employees may purchase dental coverage for their families.



## SCHEDULE OF MEDICAL BENEFITS - 2007

Medical Plan Features	<u>Enhanced</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 . . .
NurseLine: Pin 185 1-888-609-5880	A Nurse is available to provide immediate medical info & support 24 hrs/day; 100% covered.			
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>• Routine physical</li> <li>• Immunization</li> <li>• Pap test</li> <li>• Mammogram</li> </ul>	100% after \$15 copay/office visit up to \$300/person maximum per calendar year (deductible does not apply)	Not covered	100% after \$20 copay/office visit up to \$300/person maximum per cal year (deductible does not apply)	Not covered
<b>Well Baby Care</b>	100% after \$15 copay/office visit up to 2 <sup>nd</sup> birthday (deductible does not apply)	Not covered	Covered under Preventive Care	Not covered
<b>Chiropractic</b>	\$25 copay Limit 6 visits/cal year	60% of MNRP <sup>1</sup> Limit 6 visits/cal year (deductible applies)	\$30 copay Limit 6 visits/cal year (deductible applies)	60% of MNRP <sup>1</sup> Limit 6 visits/cal year (deductible applies)
<b>Physician Services</b> <ul style="list-style-type: none"> <li>• Office Visits</li> </ul>	100% after \$15 copay/office visit \$25 copay specialist (deductible does not apply)	60% of MNRP <sup>1</sup> (deductible applies)	\$20 copay/office visit \$30 copay specialist (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
<b>Hospital Services</b> <ul style="list-style-type: none"> <li>• Hospital Visits</li> <li>• Inpatient Surgery</li> <li>• Outpatient Surgery</li> <li>• Hospital Newborn Care</li> </ul>	100% hospital visits and surgery (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
<b>Health Care Facility</b> <ul style="list-style-type: none"> <li>• Hospital Outpatient (minor surgery, radiation therapy)</li> <li>• Hospital Inpatient<sup>2</sup> (room and board, x-rays, intensive care, newborn routine nursery care)</li> <li>• Skilled Nursing Facility<sup>2</sup> (room &amp; board up to semiprivate room rate, up to 120 days/cal year)</li> <li>• Home Health Care<sup>2</sup> (up to 130 visits/cal year)</li> <li>• Hospice Care<sup>2</sup> (up to \$5,000 maximum)</li> </ul>	100% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)

Medical Plan Features	<b>Enhanced</b>		<b>HSA</b>	
	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 . . .
<b>X-Ray and Lab Anesthesiology</b>	100% (deductible applies)	100% when ordered by a network provider (deductible applies)  60% of MNRP <sup>1</sup> when ordered by a non-network provider (deductible applies)	80% (deductible applies)	80% when ordered by a network provider (deductible applies)  60% of MNRP <sup>1</sup> when ordered by a non-network provider (deductible applies)
<b>Hospital Emergency Room</b>	100% after \$75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted)  80% after \$125 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	100% of MNRP <sup>1</sup> after \$75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted)  60% of MNRP <sup>1</sup> after \$125 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 <sup>1</sup> for emergencies (deductible applies)  60% of MNRP <sup>1</sup> for non-emergencies (deductible applies)
<b>Urgent Care Centers</b>	100% after \$30 copayment/visit (deductible does not apply)	60% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
<b>Other Covered Health Services:</b> <ul style="list-style-type: none"> <li>Ambulance Service</li> <li>Durable Medical Equipment</li> </ul>	80% (deductible applies)	80% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (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 <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
Bariatric Surgery <sup>2</sup>	80% (deductible applies) (does not count against the out-of-pocket maximum)	60% of MNRP <sup>1</sup> (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 <sup>1</sup> (deductible applies) (does not count against the out-of-pocket maximum)

Medical Plan Features	Enhanced		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 . . .
<b>Outpatient Prescription Drugs</b>  Tiers as determined by the United HealthCare Prescription Drug List (PDL). See <a href="http://www.myuhc.com">www.myuhc.com</a> for the most current list.	Tier 1 - 90% (\$10 min/\$20 max)  Tier 2 - 80% (\$25 min/\$45 max)  Tier 3 - 60% (\$50 min/\$70 max)  <b>Mail Order</b> (90-day supply) Tier 1 - 90% (\$20 min/\$40 max)  Tier 2 - 80% (\$50 min/\$90 max)  Tier 3 - 60% (\$100 min/\$140 max) (deductible/out-of-pocket maximums do not apply)	Not covered	Tier 1- 80% (\$20 min/\$40 max)  Tier 2 - 60% (\$40 min/\$60 max)  Tier 3 - 50% (\$60 min/\$80 max)  <b>Mail Order</b> (90-day supply) Tier 1 - 80% (\$40 min/\$80 max)  Tier 2 - 60% (\$80 min/\$120 max)  Tier 3 - 50% (\$120 min/\$160 max) (deductibles/out-of-pocket maximums apply)	Not covered
<b>Mental Health and Substance Abuse<sup>3</sup></b>				
<ul style="list-style-type: none"> <li>Inpatient Care<sup>3</sup> (maximums apply; see Mental Health and Substance Abuse section)</li> </ul>	100% (deductible applies / out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible applies / out-of-pocket maximums do not apply)	50% (deductible applies / out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible applies / out-of-pocket maximums do not apply)
<ul style="list-style-type: none"> <li>Outpatient Care<sup>3</sup> (maximums apply; see Mental Health and Substance Abuse section)</li> </ul>	100%, after \$15 copayment (deductible / out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible / out-of-pocket maximums do not apply)	50% (deductible applies/ out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)
<ul style="list-style-type: none"> <li>Intermediate Care<sup>3</sup></li> </ul>	100% (deductible applies/out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)	50% (deductible applies/ out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)
<b>Annual Deductible</b>	\$150/person; \$300/family (applies except where specified)	\$300/person; \$600/family (applies except where specified)	\$1,250/person; \$2,500/family	\$2,500/person; \$5,000/family
<b>Out-Of-Pocket Maximum</b>	\$1,000/person; \$2,000/family (except where specified)	\$5,000/person; \$10,000/family (except where specified)	\$3,500/person; \$7,000/family	\$5,000/person; \$10,000/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	\$2,000,000/person			

<sup>1</sup> Maximum Non-Network Reimbursement Program    <sup>2</sup> Pre-notification with UHC is required to receive full plan benefit and avoid penalty  
<sup>3</sup> 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](http://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

## SCHEDULE OF DENTAL BENEFITS

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

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

Call MetLife Dental at 800-942-0854, ABX Air, Inc. group #302073-G, for:

- questions on plan coverage
- network dentists
- claims questions

## SCHEDULE OF VISION BENEFITS - 2007

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



# Notes:



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This Enrollment Guide is intended to be an overview of the ABX Air benefits program for 2007. More details about how the plans work are included in the Benefits Handbook (Summary Plan Description) included on the enclosed CD, online at [www.myabx.com/benefits](http://www.myabx.com/benefits), or in paper form from the ABX Air Benefits Department. The information in this guide is believed to be accurate; however, if there are any inconsistencies between this guide and the plan document, the plan document will govern. Nothing contained in the booklet is intended to be a term or condition of the Company's employment of any individual. ABX Air, Inc., specifically reserves the right to eliminate, modify, and interpret any of these programs and guidelines at any time at its sole discretion.

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At ABX  
we value ...



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