



December 1, 2009

Dear Fellow Employee:

Enclosed is your 2010 Open Enrollment information. Open Enrollment is your once-a-year opportunity to enroll in benefits for 2010.

Unlike past years, **everyone must enroll (or re-enroll) for 2010**. If you do not enroll, you will not have benefits for 2010. We are unable to carry over your 2009 benefit elections to the new year. The deadline to enroll is December 14, 2009.

There are no changes to the Benefits package for 2010. However, the cost of providing these benefits continues to rise and it is necessary to ask our employees to share more of the cost. In addition, for the first time we are also asking employees to share in the cost of providing dental and vision benefits.

To help you with your healthcare expenses, we are reintroducing the Flexible Spending Account for 2010. You may also want to consider the lower cost Health Savings Account PPO option. The Company will contribute up to \$500 for single coverage and \$1,000 for family coverage towards your Health Savings Account if you elect this option.

For full-time employees, we are changing our Life, AD&D, and Disability insurance carrier to The Hartford, beginning January 1, 2010. More information about the benefits will be sent at a later date.

If you have any questions about your benefits, please feel free to contact Vickie Hurt at ext. 62531 or Jeff Walling at ext. 62230 in your Human Resources Department.

Sincerely,

A handwritten signature in black ink that reads "John Starkovich". The signature is fluid and cursive, with the first name "John" being more prominent.

John Starkovich
Vice President, Human Resources

<i>Everyone must enroll or re-enroll for 2010.</i>

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What's New for 2010?

2010 Enrollment:

Everyone must enroll or re-enroll for 2010. Your 2009 enrollments will not carry over to the new year.

Enhanced PPO Plan:

There are new costs for 2010. There are no changes to the plan's features for 2010.

Value PPO Plan:

There are new costs for 2010. There are no changes to the plan's features for 2010.

Health Savings Account PPO Plan:

There are new costs for 2010. There are no changes to the plan's features for 2010.

Dental and Vision Benefits:

Employees are asked to share in the cost for these plans. There are no changes to the plans' features for 2010.

Flexible Spending Account:

The Company is reintroducing the Medical Flexible Spending Account option for employees. This option allows you to contribute pretax dollars to an account to help pay for your deductible, co-insurance, and other medical expenses. This option is only available if you elect the Enhanced PPO or Value PPO plans.

Life Insurance, AD&D, STD & LTD:

For full-time employees, beginning January 1, 2010, the Hartford Life and Accident Insurance Company will provide the Company-paid Life Insurance, Accidental Death & Dismemberment (AD&D), Short-term Disability (STD), and Long-term Disability (LTD) benefits. Additional information will be sent at a later date.

No action is required by employees.

Everyone must enroll or re-enroll for 2010.

Your 2010 open enrollment guide

Open Enrollment is your once-a-year opportunity to enroll or re-enroll for 2010. This information guide is being provided to you to help you choose your 2010 benefits. All changes are effective January 1, 2010. Please review this information carefully and follow these three easy steps to complete your enrollment. The deadline to complete your enrollment is **December 14, 2009**.

1. Review your choices

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

Medical Insurance

These medical options are administered by United HealthCare.

You have three plans to choose from:

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

Enhanced PPO

See page 17-20 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 100% after the annual deductible. The annual in-network deductible is \$375 per covered individual and \$750 for families. The plan has an annual out-of-pocket maximum of \$1,500 for individuals and \$3,000 for families. Out-of-network services have lesser coverage.

Highlights of In-Network Coverage:

- The primary care office visit co-payment is \$20, and the specialist co-payment is \$30 with no deductible.
- The deductible is \$375 for individuals and \$750 for families.
- Coverage for hospital stays, x-rays, laboratory services, surgeries, and most other services are covered at 100% after satisfying your annual deductible.
- Prescription drugs are covered with a co-payment as described on page 19 with no deductible.

2010 Employee Contributions

	Bi-weekly
Employee Only	\$ 52.20
Employee & Child(ren)	\$ 90.78
Employee & Spouse	\$ 109.84
Employee, Spouse & Child(ren)	\$ 162.82

Value PPO Plan

See pages 17-20 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 \$600 per covered individual and \$1,200 for families. The plan has an annual out-of-pocket maximum of \$2,500 for individuals and \$5,000 for families. Out-of-network services have lesser coverage.

Highlights of In-Network Coverage:

- The primary care office visit co-payment is \$20, and the specialist co-payment is \$30 with no deductible.
- The deductible is \$600 for individuals and \$1,200 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 19 with no deductible.

2010 Employee Contributions

	Bi-weekly
Employee Only	\$ 48.28
Employee & Child(ren)	\$ 83.94
Employee & Spouse	\$101.58
Employee, Spouse & Child(ren)	\$150.58

Everyone must enroll or re-enroll for 2010.

Health Savings Account (HSA) PPO

See pages 17-20 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, ABX 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 \$2,400 annually for individuals and \$4,800 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 \$1,250 per person and \$2,500 for families¹ and provides 80% coverage for in-network services.

Highlights of In-Network Coverage:

- Health Savings Account with annual company contributions of \$500 for individuals or \$1,000 for families. You can contribute up to \$2,400 annually for individuals and \$4,800 for families.
- Deductible is \$1,250 per person and \$2,500 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 \$3,500 for individuals and \$7,000 for families.
- Prescription drugs are covered with a co-payment as described on page 19 after the deductible is met.

2010 Employee Contributions

	Bi-weekly
Employee Only	\$ 34.47
Employee & Child(ren)	\$ 59.94
Employee & Spouse	\$ 72.52
Employee, Spouse & Child(ren)	\$107.51

¹ Unlike the Enhanced & Value PPO plans, your entire family must reach the \$2,500 deductible before the plan will pay any benefit.

Dental Insurance

Both dental options are administered by MetLife.

You have two plans to choose from:

- **Enhanced Dental**
- **Basic Dental**

Enhanced Dental

See page 21 for more details.

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

2010 Employee Contributions

(Includes Vision Benefit)

	Bi-weekly
Employee Only	\$ 7.82
Employee & Child(ren)	\$ 18.20
Employee & Spouse	\$ 15.20
Employee, Spouse & Child(ren)	\$ 25.56

Basic Dental

See page 21 for more details.

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

2010 Employee Contributions

	Bi-weekly
Employee Only	\$ 7.87
Employee & Child(ren)	\$ 18.31
Employee & Spouse	\$ 15.62
Employee, Spouse & Child(ren)	\$ 25.56

Vision Benefits

Vision benefits are administered by EyeMed.

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

Vision Plan

See page 21 for more details.

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

Flexible Spending Account (FSA)

This plan is administered by United HealthCare.

Medical FSA

The Medical FSA allows you to contribute pre-tax dollars to an account that you can then use to pay for medical, dental, and vision expenses that are not covered by insurance. Examples include: deductibles, co-insurance, co-payments, and other out-of-pocket expenses such as over-the-counter drugs. For a complete list of eligible expenses see IRS publication 502 at www.irs.gov. By using a FSA, you reduce your taxable income for the year by the amount you contribute to the program which saves you money.

Use it or lose it!

You need to carefully budget for 2010. Any leftover 2010 money that is not used by March 15, 2011, will be forfeited to the Company.

Health Savings Accounts

This plan is administered by United HealthCare.

If you elected the HSA 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. The contribution is 1/26th of the \$500 or \$1,000 over each pay period of the year. You also may contribute up to \$2,400 for single or \$4,800 for families to the Health Savings Account each year.

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

The Money is Yours to Keep

NO "Use it or lose it"

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

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

Life Insurance, AD&D, STD, & LTD

Beginning January 1, 2010, these plans are insured by The Hartford.

Beginning January 1, 2010, the Hartford Life and Accident Insurance Company will provide the Company-paid Life Insurance and Accidental Death & Dismemberment (AD&D) coverage. No action is required by employees. 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.

In addition, beginning January 1, 2010, the Hartford Life and Accident Insurance Company will insure the Short-term Disability (STD) and Long-term Disability. No action is required by employees. Additional information about these benefits will be sent at a later date.

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 2010:

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%

Other Benefits:

Group Universal Life Insurance

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

ABX offers a Group Universal Life Insurance program that allows you to purchase up to six times your annual salary in life insurance. This benefit is not subject to Open Enrollment. Enrollment after your initial eligibility period requires evidence of insurability. For more information 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.

Everyone must enroll or re-enroll for 2010.

2. Deciding on your choices

You need to decide which coverage you want for 2010. A number of resources are available to help you make your choices:

- Read pages 17-21 of this brochure for summaries of your options.
- Call the Human Resources Department at ext. 62531 or ext. 63085.
- Visit the ABX Benefits website at www.myabx.com/benefits.

Web Resources

ABX Benefits

www.myabx.com/benefits

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

www.401k.com

A word about dependents:

Only eligible individuals may be enrolled in the ABX Air Health Plan. All enrolled individuals are subject to an audit, and proof of eligibility can be required at any time. Enrolling ineligible individuals is insurance fraud and could result in you having to repay any paid claims, losing your job, and/or being arrested and convicted of a felony. ***Any dependents added during open enrollment require a document of proof of eligibility (such as a birth certificate for a child or a marriage certificate for a spouse). Please provide proof of eligibility by sending photocopies of documents to the Human Resources Dept. We cannot process your enrollment until we have received these documents.***

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 children who are incapable of self-sustaining employment by reason of developmental disability or physical handicap, provided such children were covered under this Plan at the time of disability and immediately prior to their 19th birthday (23rd if a student).

Acceptable forms of proof of eligibility are:

- **Spouse:** copy of legal marriage certificate or license.
- **Unmarried natural or adopted children under age 19:**
One of the following for each child:
Copy of county, state, or government issued birth certificate, or
Copy of hospital birth certificate if certified and contains names of parents, or
Copy of legal adoption paperwork, or
Qualified Medical Child Support Order (QMCSO).
- **Unmarried stepchildren and/or any other children under age 19:**
Proof of dependent child status as listed in section above and one of the following for each child:
Copy of legal guardianship paperwork issued by the courts or
Proof of Residency (one of the following):
Copy of your latest tax return indicating you claim the child as your dependent (you may black out financial information), or
Documentation from school, daycare, or pediatrician stating the child lives in your home.
- **Unmarried child (natural, adopted, stepchildren, or other) from age 19 to 23:**
Proof of dependent child status as listed in sections above and the following:
Official university/college documentation that indicates full-time student status.

Other forms of documentation may be acceptable depending upon the situation. If you believe that your dependent is eligible and you have a form of proof not listed above, please contact the Human Resources Dept. at ext. 62531 to discuss.

Everyone must enroll or re-enroll for 2010.

3. Enrolling for 2010

The deadline is December 14, 2009.

1. Making changes to your enrollment is easy! Go on-line at www.myabxcom and click on **SELF SERVICE**.
2. After logging in 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 January 1, 2010.
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, and it your responsibility to check on the status of your enrollment and make any corrections. **Do not click on "Save as Draft", as this will NOT submit your election.**
6. Check your enrollment to make sure it has been approved. The Benefits Administrator is committed to processing all enrollments within three 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 2009 benefits are, click on MY BENEFITS.
- Make sure you enter any dependents before making other changes.
- Make sure you send proof of dependents to the Human Resources Dept. for any dependents not currently enrolled.

Do I need to enroll?

Yes, everyone must enroll or re-enroll for 2010. Even if you want to decline benefits you must elect DECLINE.

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. 62531 or ext. 63085 for assistance.

How does the Deductible Work?

The deductible is the amount you pay before the insurance will pay any benefit. For example, the Value PPO Plan has an individual in-network deductible of \$600. Once the deductible has been satisfied for the calendar year, the plan pays the scheduled benefit. You have to satisfy the deductible only once per calendar year.

To help protect families, each plan has a family deductible. For example, the Value PPO Plan has a family deductible of \$1,200. Once the family as a whole reaches \$1,200 the plan will pay the scheduled benefit. This way each family member does not have to reach the individual deductible.

The Health Savings Account PPO deductible works differently from the Value PPO Plan deductible. Under this plan, if you elect family coverage, the entire family must reach the \$2,500 deductible before the plan pays anything. The \$1,250 individual deductible applies only to people electing single coverage. Remember that the Company contributes to your health savings account to help offset the cost of the deductible.

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

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

What is my User ID and Password?

Your User ID is your employee number and your default password is the first three letters of your last name followed by the last four digits of your social security number.

For example:

USER ID 00100
PASSWORD PEN1234

If you need assistance with password issues, contact the Benefits Dept. at ext. 62531 or 63085.

How does the Out-of-Pocket Maximum Work?

The out-of-pocket maximum is designed to protect you and your family from catastrophic claims. For example, in the Value PPO Plan, the in-network out-of-pocket maximum is \$2,500. This means the most you would pay is \$2,500 plus the deductible and any co-payments.

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

Hospital Claim	\$100,000
Deductible	\$ <u>600</u> (you pay)
Remaining	\$ 99,400
Plan Pays @ 80%	\$79,520
20% remaining is	\$19,880; out-of-pocket max is \$2,500
Because out-of-pocket maximum reached at \$2,500	
Plan pays 100%	\$17,380 (\$19,880 - \$2,500)
Total you pay	\$ 3,100
Total plan pays	\$96,900

2010 Employee Contributions

All amounts are bi-weekly.

Medical

	<u>Enhanced PPO</u>	<u>Value PPO Plan</u>	<u>HSA PPO</u>
Employee Only	\$ 52.20	\$ 48.28	\$ 34.47
Employee and Child(ren)	\$ 90.78	\$ 83.94	\$ 59.94
Employee and Spouse	\$109.84	\$101.58	\$ 72.52
Employee, Spouse and Child(ren)	\$162.82	\$150.58	\$107.51

Dental & Vision

	<u>Enhanced Dental & Vision</u>	<u>Basic Dental & Vision</u>
Employee Only	\$ 7.82	\$ 7.87
Employee and Child(ren)	\$18.20	\$ 18.31
Employee and Spouse	\$15.20	\$ 15.62
Employee, Spouse and Child(ren)	\$25.56	\$ 25.73

SCHEDULE OF MEDICAL BENEFITS – 2010

Medical Plan Features	<u>Enhanced</u>		<u>Value</u>		<u>HSA</u>	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
NurseLine: Pin 185 1-888-609-5880 A Nurse is available to provide immediate medical info & support 24 hrs/day; 100% covered.						
Preventive Care Routine physical Immunization Pap test Mammogram	100% after \$20 copay/office visit up to \$300/person max/calendar yr (deductible does not apply)	Not covered	100% after \$20 copay/office visit up to \$300/person max/cal yr (deductible does not apply)	Not covered	100% after \$25 copay/office visit up to \$300/person max/cal yr (deductible does not apply)	Not covered
Well Baby Care	100% after \$20 copay/office visit up to 2 nd birthday (deductible does not apply)	Not covered	100% after \$20 copay/office visit up to 2 nd birthday (deductible does not apply)	Not covered	Covered under Preventive Care	Not covered
Chiropractic	\$30 copay Limit 6 visits/cal year	60% of MNRP ¹ Limit 6 visits/cal year (deductible applies)	\$30 copay Limit 6 visits/cal year	50% of MNRP ¹ Limit 6 visits/cal year (deductible applies)	80% (deductible applies)	60% of MNRP ¹ Limit 6 visits/cal year (deductible applies)
Physician Services Office Visits	100% after \$20 copay/office visit \$30 copay/specialist visit (deductible does not apply)	60% of MNRP ¹ (deductible applies)	100% after \$20 copay/office visit \$30 copay/specialist visit (deductible does not apply)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)
Hospital Services Hospital Visits Inpatient Surgery Outpatient Surgery Hospital Newborn Care	100% hospital visits and surgery (deductible applies)	60% of MNRP ¹ (deductible applies)	80% hospital visits and surgery (deductible applies)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)

Medical Plan Features	Enhanced		Value		HSA	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
Health Care Facility Hospital Outpatient (minor surgery, radiation therapy) Hospital Inpatient ² (room and board, x-rays, intensive care, newborn routine nursery care) Skilled Nursing Facility ² (room & board up to semiprivate room rate, up to 120 days/cal year) Home Health Care ² (up to 130 visits/cal year) Hospice Care ² (up to \$5,000 max)	100% (deductible applies)	60% of MNRP ¹ (deductible applies)	80% (deductible applies)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)
X-Ray and Lab Anesthesiology	100% (deductible applies)	100% when ordered by network provider (deductible applies) 60% of MNRP ¹ when ordered by a non-network provider (deductible applies)	80% (deductible applies)	80% when ordered by a network provider (deductible applies) 50% of MNRP ¹ when ordered by a non-network provider (deductible applies)	80% (deductible applies)	80% when ordered by a network provider (deductible applies) 60% of MNRP ¹ when ordered by a non-network provider (deductible applies)
Hospital Emergency Room	100% after \$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 ¹ after \$75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted) 60% of MNRP ¹ after \$125 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% 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)	80% of MNRP ¹ after \$75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted) 50% of MNRP ¹ 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 ¹ for emergencies (deductible applies) 60% of MNRP ¹ for non-emergencies (deductible applies)

Medical Plan Features	Enhanced		Value		HSA	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
Urgent Care Centers	100% after \$30 copayment/visit (deductible does not apply)	60% of MNRP ¹ (deductible applies)	100% after \$30 copayment/visit (deductible does not apply)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)
Other Covered Health Services: Ambulance Service Durable Medical Equipment	80% (deductible applies)	80% of MNRP ¹ (deductible applies)	80% (deductible applies)	80% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)
Rehabilitation Therapy: Physical, Speech, Occupational and Respiratory therapy Infertility Treatment (maximums apply; see Covered Health services –Infertility section)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)	80% (deductible applies)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)
Bariatric Surgery ²	80% (deductible applies) (does not count against the out-of-pocket maximum)	60% of MNRP ¹ (deductible applies) (does not count against the out-of-pocket maximum)	80% (deductible applies) (does not count against the out-of-pocket maximum)	50% of MNRP ¹ (deductible applies) (does not count against the out-of-pocket maximum)	80% (deductible applies) (does not count against the out-of-pocket maximum)	60% of MNRP ¹ (deductible applies) (does not count against the out-of-pocket maximum)
Outpatient Prescription Drugs Tiers as determined by the United HealthCare Prescription Drug List (PDL). See www.myuhc.com for the most current list.	Tier 1 - 90% (\$10 min/\$20 max) Tier 2 - 80% (\$25 min/\$45 max) Tier 3 - 60% (\$50 min/\$70 max) Mail Order (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 - 90% (\$10 min/\$20 max) Tier 2 - 80% (\$25 min/\$45 max) Tier 3 - 60% (\$50 min/\$70 max) Mail Order (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) Mail Order (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

Medical Plan Features	Enhanced		Value		HSA	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
Mental Health and Substance Abuse³						
Inpatient Care ³ (maximums apply; see Mental Health and Substance Abuse section)	100% (deductible applies / out-of-pocket maximums do not apply)	50% of MNRP ¹ (deductible applies / out-of-pocket maximums do not apply)	80% (deductible applies / out-of-pocket maximums do not apply)	50% of MNRP ¹ (deductible applies / out-of-pocket maximums do not apply)	50% (deductible applies / out-of-pocket maximums do not apply)	50% of MNRP ¹ (deductible applies / out-of-pocket maximums do not apply)
Outpatient Care ³ (maximums apply; see Mental Health and Substance Abuse section)	100%, after \$20 copayment (deductible / out-of-pocket maximums do not apply)	50% of MNRP ¹ (deductible / out-of-pocket maximums do not apply)	80%, after \$20 copayment (deductible / out-of-pocket maximums do not apply)	50% of MNRP ¹ (deductible / out-of-pocket maximums do not apply)	50% (deductible applies/ out-of-pocket maximums do not apply)	50% of MNRP ¹ (deductible applies/ out-of-pocket maximums do not apply)
Intermediate Care ³	100% (deductible applies/out-of-pocket maximums do not apply)	50% of MNRP ¹ (deductible applies/ out-of-pocket maximums do not apply)	80% (deductible applies/out-of-pocket maximums do not apply)	50% of MNRP ¹ (deductible applies/ out-of-pocket maximums do not apply)	50% (deductible applies/ out-of-pocket maximums do not apply)	50% of MNRP ¹ (deductible applies/ out-of-pocket maximums do not apply)
Annual Deductible	\$375/person; \$750/family (applies except where specified)	\$500/person; \$1,000/family (applies except where specified)	\$600/person; \$1,200/family (applies except where specified)	\$1,000/person; \$2,000/family (applies except where specified)	\$1,250 individual plan; \$2,500 total for family plan	\$2,500 individual plan; \$5,000 total for family plan
Out-Of-Pocket Maximum	\$1,500/person; \$3,000/family (except where specified)	\$5,000/person; \$10,000/family (except where specified)	\$2,500/person; \$5,000/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					

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.

2010 SCHEDULE OF DENTAL BENEFITS

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

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

2010 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

Everyone must enroll or re-enroll for 2010.



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