



October 29, 2010

Dear Fellow Employee:

Enclosed is your 2011 Open Enrollment information for health insurance. Open Enrollment is your once-a-year opportunity to make changes to your benefits elections. **The deadline to make changes is November 30, 2010.**

Unfortunately we have seen significant increased health care cost this past year, resulting in a significant increase for 2011. This cost increase is due to several factors including a much older ABX population, the impact of medical inflation, higher utilization, and the effects of certain provisions of the "Patient Protection and Affordable Care Act of 2010."

Even though we are asking employees to pay more, we are keeping the cost sharing percentage the same for 2011. The Company will continue to pay 75% of the cost of medical insurance. This is a significant financial commitment by the Company. For example, if you enroll in the Enhanced PPO Plan's family coverage for 2011, the Company's cost will increase by over \$550 a month while the employee's cost will increase by approximately \$184 a month.

The contributions increase you will experience will vary depending on which option you elect and the number and type of dependents you cover. You may want to consider one of the lower cost options that are offered.

In this packet, we have summarized the changes to the benefits due to the "Patient Protection and Affordable Care Act" and the new costs that are effective January 1, 2011. If you want to make changes to your benefits elections for 2011, please visit Employee Self-Service. If you are currently enrolled in ABX benefits and are not making changes to your benefits for 2011, you do not need to complete the online elections. You will automatically remain in the same plan for 2011.

If you have any questions about your benefits, please feel free to contact Vickie Hurt at ext. 62531, Beth Allen at ext. 62157, or Jeff Walling at ext. 62230 in your Human Resources Department.

Sincerely,

A handwritten signature in black ink that reads "John Starkovich".

John Starkovich
Vice President, Human Resources
& Corporate Services

This page intentionally left blank

What's New for 2011?

Enhanced PPO Plan:

- You may enroll your adult children age 19 up to age 26 (regardless of marital status or residence) into the Plan provided that they do not have access to other employer sponsored coverage.
- The lifetime maximum of \$2,000,000 has been eliminated.
- There are new costs for 2011.

Value PPO Plan:

- You may enroll your adult children age 19 up to age 26 (regardless of marital status or residence) into the Plan provided that they do not have access to other employer sponsored coverage.
- The lifetime maximum of \$2,000,000 has been eliminated.
- There are new costs for 2011.

Health Savings Account PPO Plan:

- You may enroll your adult children age 19 up to age 26 (regardless of marital status or residence) into the Plan provided that they do not have access to other employer sponsored coverage.
- The lifetime maximum of \$2,000,000 has been eliminated.
- There are new costs for 2011.

Dental and Vision Benefits:

- There are no changes to the plan's features for 2011.

Flexible Spending Account:

- Over-the-counter medications are no longer eligible for reimbursement unless you have a physician's prescription. (Note: Over-the-counter medications are not covered by the health plan even if prescribed by a physician.)
- This option is only available if you elect the Enhanced PPO or Value PPO Plan.

Group Universal Life Insurance

- There are new rates for 2011. If you are enrolled in this benefit, you will receive information about your benefit and new cost from the third party administrator. This benefit is not subject to the open enrollment period.

Pre-existing Conditions

You may have heard that the Patient Protection and Affordable Care Act prohibits pre-existing condition restrictions for children under the age of 19.

Our current medical plans do not have pre-existing restrictions for any covered participant so there are no changes required.

Your 2011 open enrollment guide

Open Enrollment is your once-a-year opportunity to enroll or re-enroll for 2011. This information guide is being provided to you to help you choose your 2011 benefits. All changes are effective January 1, 2011. Please review this information carefully and follow these three easy steps to complete your enrollment. The deadline to complete your enrollment is **November 30, 2010**.

1. Review your choices

Medical Insurance

These medical options are administered by United HealthCare.

You have three plans to choose from:

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

Enhanced PPO

See page 16-19 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 18 with no deductible.

New in 2011

- You may enroll your adult children age 19 up to age 26 (regardless of marital status or residence) into the Plan provided that they do not have access to other employer sponsored coverage.
- The lifetime maximum of \$2,000,000 has been eliminated.

2011 Employee Contributions

	Bi-weekly
Employee Only	\$ 79.44
Employee & Child(ren)	\$ 138.15
Employee & Spouse	\$ 167.15
Employee, Spouse & Child(ren)	\$ 247.78

Value PPO Plan

See pages 16-19 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 18 with no deductible.

New in 2011

- You may enroll your adult children age 19 up to age 26 (regardless of marital status or residence) into the Plan provided that they do not have access to other employer sponsored coverage.
- The lifetime maximum of \$2,000,000 has been eliminated.

2011 Employee Contributions

	Bi-weekly
Employee Only	\$ 67.06
Employee & Child(ren)	\$ 116.62
Employee & Spouse	\$ 141.09
Employee, Spouse & Child(ren)	\$ 209.16

Health Savings Account (HSA) PPO

See pages 16-19 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 18 after the deductible is met.

New in 2011

- You may enroll your adult children age 19 up to age 26 (regardless of marital status or residence) into the Plan provided that they do not have access to other employer sponsored coverage.
- The lifetime maximum of \$2,000,000 has been eliminated.

2011 Employee Contributions

	Bi-weekly
Employee Only	\$ 52.45
Employee & Child(ren)	\$ 91.22
Employee & Spouse	\$110.36
Employee, Spouse & Child(ren)	\$163.61

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 20 for more details.

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

2011 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 20 for more details.

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

2011 Employee Contributions

	Bi-weekly
Employee Only	\$ 7.87
Employee & Child(ren)	\$ 18.31
Employee & Spouse	\$ 15.62
Employee, Spouse & Child(ren)	\$ 25.73

Vision Benefits

Vision benefits are administered by EyeMed.

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

Vision Plan

See page 20 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.

New in 2011

- Over-the-counter medications are no longer eligible for reimbursement unless you have a physician's prescription. (Note: over-the-counter medications are not covered by the health plan even if prescribed by a physician.)

Use it or lose it!

You need to carefully budget for 2011. Any leftover 2011 money that is not used by March 15, 2012, 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

These plans are insured by The Hartford.

For Full-time Employees Only:

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

The Company shares the cost of Short Term Disability with you. Long Term Disability is automatically provided to full time employees with one year of full-time service.

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 2011:

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 Air 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.

If you are currently enrolled in Group Universal Life Insurance, information about your benefit and the 2011 rates will be mailed to you separately from Marsh @ Work Solutions.

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 2011. A number of resources are available to help you make your choices:

- Read pages 16-20 of this brochure for summaries of your options.
- Call the Human Resources Department at ext. 62531, ext. 62157, or ext. 62230.
- 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

3. Enrolling for 2011

The deadline is November 30, 2010.

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, 2011.
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 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 2010 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.

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, ext. 62157, or ext. 62230 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, ext. 62157, or ext. 62230.

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	\$ 600 (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

Social Security Numbers for Dependents

The Medicare, Medicaid, and SCHIP Extension Act of 2007 requires that health plans such as ABX's health plan report the social security number of all covered dependents to the Centers for Medicare & Medicaid Services (CMS) beginning in 2011. 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 ABX 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. If your dependent is currently enrolled without a social security number and you do not provide us with the social security number, your dependent will be removed from the plan effective Dec. 31, 2010.

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.

2011 Employee Contributions

All amounts are bi-weekly.

Medical

	<u>Enhanced PPO</u>	<u>Value PPO Plan</u>	<u>HSA PPO</u>
Employee Only	\$ 79.44	\$ 67.06	\$ 52.45
Employee and Child(ren)	\$138.15	\$116.62	\$ 91.22
Employee and Spouse	\$167.15	\$141.09	\$110.36
Employee, Spouse and Child(ren)	\$247.78	\$209.16	\$163.61

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 – 2011

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 . . .
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)

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 . . .
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

Mental Health and Substance Abuse³

Inpatient Care³ (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 Care³ (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 Care³	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

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 . . .
Non-Notification Penalty	\$200 penalty applies to health facility services requiring pre-notification with UHC \$300 penalty applies to Mental Health/Substance Abuse services requiring UBH pre-notification					
Maximum Lifetime Benefit	NONE					

¹ Maximum Non-Network Reimbursement Program ² Pre-notification with UHC is required to receive full plan benefit and avoid penalty
³ Pre-notification with UBH is required to receive full plan benefits and avoid penalty.
NOTE: Copayments do not apply towards deductible or out-of-pocket maximum.

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

2011 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.

2011 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, 2010

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.

Dependents Notice

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the Cafeteria Plan. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective January 1, 2011. For more information contact the ABX Plan Administrator at 145 Hunter Drive, Wilmington, OH, 45177 (937) 382-5591.

Lifetime Limit

The lifetime limit on the dollar value of benefits under Cafeteria Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact the ABX Plan Administrator at 145 Hunter Drive, Wilmington, OH, 45177 (937) 382-5591.

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

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families Notice

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

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 September 1, 2010. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443
ALASKA – Medicaid	COLORADO – Medicaid and CHIP
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: http://www.colorado.gov/ Medicaid Phone: 1-800-866-3513 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243
ARIZONA – CHIP	
Website: http://www.azahcccs.gov/applicants/default.aspx Phone: 1-877-764-5437	
ARKANSAS – CHIP	FLORIDA – Medicaid
Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275	Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-866-762-2237
GEORGIA – Medicaid	MONTANA – Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Telephone: 1-800-694-3084
IDAHO – Medicaid and CHIP	NEBRASKA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092

INDIANA – Medicaid	NEVADA – Medicaid and CHIP
Website: http://www.in.gov/fssa/2408.htm Phone: 1-877-438-4479	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org/ CHIP Phone: 1-877-543-7669
IOWA – Medicaid	
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: https://www.khpa.ks.gov Phone: 800-766-9012	Website: http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm Phone: 1-800-852-3345 x 5254
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-342-6207	
MAINE – Medicaid	NEW MEXICO – Medicaid and CHIP
Website: http://www.maine.gov/dhhs/oms/ Phone: 1-800-321-5557	Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583 CHIP Website: http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583
MASSACHUSETTS – Medicaid and CHIP	
Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120	
MINNESOTA – Medicaid	NEW YORK – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MISSOURI – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dss.mo.gov/mhd/index.htm Phone: 573-751-6944	Website: http://www.nc.gov Phone: 919-855-4100
NORTH DAKOTA – Medicaid	UTAH – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	Website: http://health.utah.gov/medicaid/ Phone: 1-866-435-7414
OHIO – Medicaid	
Website: http://jfs.ohio.gov/OHP/consumers/familychild.stm Phone: 1-800-321-8680	
OKLAHOMA – Medicaid	VERMONT – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://ovha.vermont.gov/ Telephone: 1-800-250-8427

OREGON – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Medicaid & CHIP Website: http://www.oregonhealthykids.gov Medicaid & CHIP Phone: 1-877-314-5678	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
PENNSYLVANIA – Medicaid	WASHINGTON – Medicaid
Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm Phone: 1-800-644-7730	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-877-543-7669
RHODE ISLAND – Medicaid	WEST VIRGINIA – Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
SOUTH CAROLINA – Medicaid	WISCONSIN – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.health.wyo.gov/healthcarefin/index.html Telephone: 307-777-7531

To see if any more States have added a premium assistance program since September 1, 2010, or for more information on special enrollment rights, you can 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, Ext. 61565

Summary of Material Modifications

Effective January 1, 2011

Enhanced PPO Plan

- Adult children age 19 up to age 26 (regardless of marital status or residence) may enroll into the Plan provided that they do not have access to other employer sponsored coverage.
- The lifetime maximum of \$2,000,000 has been eliminated.

Value PPO Plan

- Adult children age 19 up to age 26 (regardless of marital status or residence) may enroll into the Plan provided that they do not have access to other employer sponsored coverage.
- The lifetime maximum of \$2,000,000 has been eliminated.

Health Savings Account PPO

- Adult children age 19 up to age 26 (regardless of marital status or residence) may enroll into the Plan provided that they do not have access to other employer sponsored coverage.
- The lifetime maximum of \$2,000,000 has been eliminated.

Flexible Spending Account

- Over-the-counter medications are no longer eligible for reimbursement unless you have a physician's prescription. (Note: Over-the-counter medications are not covered by the health plan even if prescribed by a physician.)

Part-time Benefits

- The eligibility waiting period for newly eligible part-time employees is reduced from 120 days to 60 days.



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

Copyright 2010 © ABX Air, Inc.