

CRITICAL ABX AIR HEALTH INSURANCE INFORMATION

January 25, 2010

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Dear Fellow Crewmembers:

The 2010 health care open enrollment period is **January 26, 2010 through February 10, 2010**. This enrollment period is associated with the staged implementation of the new Collective Bargaining Agreement.

United Healthcare will continue to administer the plan. The Health, Dental and Vision Plans with the same benefits as you are currently provided, as well as a lower cost option, will be available for active employees and retirees **younger than 65**.

Open Enrollment Procedures:

You must log in and enroll for healthcare coverage, even if you are currently covered. You must have an accurate Social Security number and date of birth for all dependents. **IF YOU DO NOT PARTICPATE IN OPEN ENROLLMENT, YOUR HEALTH INSURANCE COVERAGE WILL CHANGE (DEFAULT) TO THE VALUE PLAN!**

To enroll:

- 1) **Active Employees:** Please log into the ABX Air Inc. Benefits Website and make your selection for coverage at: www.myabx.com/selfservice/index.htm. If you need assistance with the Self Service program, please call the ABX Benefits Dept. at ext. 62531 or ext. 62567.
- 2) **Retired Employees:** Enrollment for retired employees is not self-service. Paper forms will be sent to you.
- 3) **Anyone on Cobra:** Continue your health insurance through ABX Air.
- 4) **Anyone who retired early as a part of the \$50,000 bonus program:** You will pay the full premium until age 60 to the OCT. Upon reaching age 60, the company will then contribute towards your premium. Remember, you must be drawing a retirement benefit and paying the full premium in order to be eligible for the company contribution at age 60.

Changes from the Previous Plans are as follows:

- 1.) A Value Plan has been added to the plan offering. This "Value PPO Choice Plus" option is based on the current Enhanced Plan (Enhanced PPO Choice Plus") as outlined in the 2008 Flight Crew SPD and 2009 Summary of Material Modifications with higher deductibles, co-pays and out-of-pocket limits. Higher deductibles and co-pays have been summarized in the 2010 Schedule of Medical Benefits below.
- 2.) Coverage to be provided under the Ohio Conference of Teamsters beginning March 1, 2010. Your deductibles and out of pocket calculations continue to accrue from January 1, 2010. Open enrollment will resume its normal fall schedule effective January 1, 2011 and beyond.
- 3.) If you retire from ABX Air, you are eligible for retiree medical coverage. The company will share the cost of the coverage only if you retire at age 60 or older, OR you are between 55 and 60, and you retire before March 31, 2010, as part of the union sponsored retirement incentive program (\$50,000) and pay the full cost of the plan until age 60.
- 4.) The company will contribute to retiree coverage beginning at age 60.
- 5.) Company contribution to Retiree Medical benefits end when the member and his spouse are both 65 or older, and they no longer have dependents. Member and spouse over 65 with no dependents should consider enrolling in a private Medicare Supplement.
- 6.) You have the option of choosing either the Enhanced Dental Option or the Traditional Dental Option regardless of which Medical Plan you choose.
- 7.) The employee share of the premiums has increased as shown below and rate increases, beginning in 2013, shall be tied to an inflationary index (the Milliman Medical Index).

The following information is offered to provide you with a brief description of the costs and benefits associated with each health care plan provided. For more information or specific plan details please refer to the Schedule of Benefits and 2008 Summary Plan Descriptions.

HEALTH CARE BENEFIT COSTS

Active Employee Hospital, Medical, Dental and Vision Insurance Costs:

The out-of-pocket cost for each **actively employed** crewmember is listed below. You may choose a different dental plan than as matched below. The Enhanced Dental plan is more expensive than the traditional plan this year by \$5.70 employee only, \$13.69 Ee +Child(ren) \$11.41 Ee + Spouse, \$19.39 Family.

	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
	2010	2011	2012	2013	2014	2015
	Cost	Cost	Cost	Estimated	Estimated	Estimated
Value PPO w/ Traditional dental						
Employee	\$ 77.89	\$ 84.87	\$ 92.51	\$ 101.30	\$ 110.92	\$ 121.46
Ee + Child(ren)	\$ 138.32	\$ 150.64	\$ 164.13	\$ 179.72	\$ 196.79	\$ 215.49
Ee + Spouse	\$ 163.09	\$ 177.75	\$ 193.82	\$ 212.23	\$ 232.40	\$ 254.47
Family	\$ 243.31	\$ 265.21	\$ 289.14	\$ 316.61	\$ 346.69	\$ 379.62
Enhanced PPO w/ enhanced Dental						
Employee	\$133.31	\$145.61	\$159.08	\$174.20	\$190.74	\$208.86
Ee + Child(ren)	\$238.48	\$260.25	\$284.12	\$311.11	\$340.66	\$373.02
Ee + Spouse	\$279.12	\$304.90	\$333.19	\$364.84	\$399.50	\$437.46
Family	\$417.77	\$456.37	\$498.59	\$545.95	\$597.82	\$654.61
Traditional w/ traditional dental						
Employee	\$177.27	\$193.97	\$218.73	\$239.51	\$262.27	\$287.18
Ee + Child(ren)	\$611.11	\$669.17	\$748.28	\$819.36	\$897.20	\$982.43
Ee + Spouse	\$472.45	\$517.23	\$579.20	\$634.22	\$694.48	\$760.45
Family	\$805.44	\$881.96	\$987.66	\$1,081.48	\$1,184.22	\$1,296.72
EPO w/ traditional dental (current participants only)						
Employee	\$194.51	\$212.86	\$239.44	\$262.19	\$287.10	\$314.37
Ee + Child(ren)	\$650.70	\$712.56	\$795.84	\$871.44	\$954.23	\$1,044.88
Ee + Spouse	\$511.93	\$560.48	\$626.62	\$686.15	\$751.33	\$822.71
Family	\$867.35	\$881.96	\$1,061.95	\$1,162.83	\$1,273.30	\$1,394.26

The rates above are based upon, ABX Air contributing the following amounts on behalf of crewmembers employed by the Company:

Company Contribution	2010	2011	2012	2013	2014	2015 +
Employee	\$399.95	\$436.82	\$477.25	TBD	TBD	TBD
Ee + Child(ren)	\$715.43	\$780.74	\$852.35			
Ee + Spouse	\$837.35	\$914.71	\$999.57			
Family	\$1,253.61	\$1,369.10	\$1,495.76			

Retiree Medical Insurance Costs:

Retiree out-of-pocket expense for medical insurance for a retiree between age 60 and 65 after company contribution (upon retirement, dental and vision benefits are not provided):

		Monthly					
		2010	2011	2012	2013	2014	2015
<u>Plan</u>	<u>Coverage</u>	<u>Cost</u>	<u>Cost</u>	<u>Cost</u>	<u>Estimated</u>	<u>Estimated</u>	<u>Estimated</u>
Enhanced PPO							
	Employee	\$176.54	\$200.00	\$226.33	\$254.99	\$286.92	\$332.81
	Ee + Child(ren)	\$226.09	\$260.80	\$300.06	\$342.90	\$390.88	\$465.27
	Ee + Spouse	\$403.66	\$455.42	\$513.40	\$576.51	\$646.68	\$745.37
	Family	\$587.49	\$663.41	\$748.49	\$841.09	\$944.10	\$1,089.68
Value PPO							
	Employee	\$126.82	\$145.31	\$166.16	\$189.11	\$214.77	\$253.81
	Ee + Child(ren)	\$139.62	\$165.69	\$195.43	\$228.33	\$265.42	\$327.90
	Ee + Spouse	\$299.05	\$340.35	\$386.82	\$437.90	\$494.91	\$579.18
	Family	\$432.42	\$492.82	\$560.83	\$635.60	\$719.09	\$843.29
Traditional							
	Employee	\$226.19	\$254.41	\$285.98	\$320.31	\$358.44	\$411.12
	Ee + Child(ren)	\$612.41	\$684.22	\$764.22	\$851.15	\$947.42	\$1,074.68
	Ee + Spouse	\$608.41	\$679.83	\$759.41	\$845.89	\$941.65	\$1,068.37
	Family	\$994.55	\$1,109.54	\$1,237.56	\$1,376.62	\$1,530.51	\$1,731.79
EPO							
	Employee	\$243.43	\$273.30	\$306.69	\$342.99	\$383.27	\$438.31
	Ee + Child(ren)	\$652.00	\$727.61	\$811.78	\$903.23	\$1,004.44	\$1,137.12
	Ee + Spouse	\$647.88	\$723.08	\$806.83	\$897.81	\$998.51	\$1,130.63
	Family	\$1,056.36	\$1,109.54	\$1,311.85	\$1,457.97	\$1,619.58	\$1,829.33

Retiree estimated out-of-pocket expense for Medical Insurance for a Retiree age 65 and over with spouse or dependents below age 65:

		Monthly					
		2010	2011	2012	2013	2014	2015
<u>Plan</u>	<u>Coverage</u>	<u>Cost</u>	<u>Cost</u>	<u>Cost</u>	<u>Estimated</u>	<u>Estimated</u>	<u>Estimated</u>
Enhanced PPO							
	Ee + Child(ren)	\$536.09	\$594.05	\$658.31	\$728.01	\$804.87	\$899.97
	Ee + Spouse	\$713.66	\$788.67	\$871.65	\$961.62	\$1,060.67	\$1,180.07
	Family	\$897.49	\$996.66	\$1,106.73	\$1,226.20	\$1,358.10	\$1,524.37
Value PPO							
	Ee + Child(ren)	\$449.62	\$165.69	\$553.68	\$613.44	\$679.42	\$762.59
	Ee + Spouse	\$609.05	\$340.35	\$745.07	\$823.01	\$908.90	\$1,013.88
	Family	\$742.42	\$492.82	\$919.07	\$1,020.71	\$1,133.09	\$1,277.99
Traditional							
	Ee + Child(ren)	\$922.41	\$684.22	\$1,122.47	\$1,236.27	\$1,361.41	\$1,509.38
	Ee + Spouse	\$918.41	\$679.83	\$1,117.66	\$1,231.00	\$1,355.65	\$1,503.06
	Family	\$1,304.55	\$1,109.54	\$1,595.80	\$1,761.73	\$1,944.50	\$2,166.49
EPO							
	Ee + Child(ren)	\$962.00	\$1,060.86	\$1,170.03	\$1,288.34	\$1,418.44	\$1,571.82
	Ee + Spouse	\$957.88	\$1,056.33	\$1,165.08	\$1,282.92	\$1,412.50	\$1,565.32
	Family	\$1,366.36	\$1,442.79	\$1,670.09	\$1,843.08	\$2,033.58	\$2,264.03

The rates above are based on the following company contributions towards the cost of retiree healthcare. The Company no longer contributes to Retiree Medical benefits end when the member and his spouse are both 65 or older, and they no longer have dependents. Member and spouse over 65 with no dependents will be responsible for the additional share below or may consider enrolling in a private Medicare Supplement.

If you are below age 60 and took the Union sponsored retirement incentive to retire before March 31, 2010 (\$50,000) there is no ABX healthcare contribution until reaching age 60. You will responsible for the additional share below and must maintain the plan until age 60 in order to qualify for the company contribution at age 60 and beyond.

	2010	2011	2012	2013	2014	2015
Member & Spouse 60-65						
Employee Only	\$310.00	\$333.25	\$358.24	\$385.11	\$414.00	\$434.70
Employee & Spouse	\$620.00	\$666.50	\$716.49	\$770.22	\$827.99	\$869.39
Employee & Children	\$620.00	\$666.50	\$716.49	\$770.22	\$827.99	\$869.39
Family	\$930.00	\$999.75	\$1,074.73	\$1,155.34	\$1,241.99	\$1,304.09
Member over 65, spouse or dependent(s) under 65						
Employee Only	\$310.00	\$333.25	\$358.24	\$385.11	\$414.00	\$434.70
Employee & Spouse	\$310.00	\$333.25	\$358.24	\$385.11	\$414.00	\$434.70
Employee & Children	\$310.00	\$333.25	\$358.24	\$385.11	\$414.00	\$434.70
Family	\$620.00	\$666.50	\$716.49	\$770.22	\$827.99	\$869.39

SCHEDULE OF MEDICAL BENEFITS 2010

Medical Plan Features	Enhanced PPO		Traditional Plan	Value	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	Network or Non-Network Providers the Plan pay . . .	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 <ul style="list-style-type: none"> • Routine Physical • Immunization • Pap test • Mammogram 	100% after \$20 co-pay/office visit up to \$300/person maximum per cal year (deductible does not apply)	Not covered	Preventive Care not covered except: 80% for one Pap test/cal year, 80% for mammogram per age schedule. Office visit not covered. (deductible applies)	100% after \$20 co-pay/office visit up to \$300/person max/cal yr (deductible does not apply)	Not covered
Well Baby Care	100% after \$20 co-pay/office visit up to 2nd birthday (deductible does not apply)	Not covered	Not covered	100% after \$20 co-pay/office visit up to \$300/person max/cal yr (deductible does not apply) Co-pay/office visit up to 2nd birthday (deductible does not apply)	Not covered
Chiropractic <ul style="list-style-type: none"> • Spinal Adjustments 	\$30 Co-pay Limit 6 visits/calendar yr	60% of MNRP ⁵ (deductible applies) Limit 6 visits per calendar year	80% of R&C ¹ (deductible applies) Up To 12 Visits per calendar year	\$30 co-pay Limit 6 visits/cal year	50% of MNRP ¹ Limit 6 visits / cal year (deductible applies)
Physician Services <ul style="list-style-type: none"> • Office Visits 	100% after \$20 co-pay/office visit \$30 co-pay specialist (deductible does not apply)	60% of MNRP ⁵ (deductible applies)	80% of R&C ¹ (deductible applies)	100% after \$20 co-pay/office visit \$30 co-pay/ specialist visit (deductible does not apply)	50% of MNRP ¹ (deductible applies)
Hospital Services <ul style="list-style-type: none"> • Hospital Visits • Inpatient Surgery • Outpatient Surgery • Hospital Newborn Care Health Care Facility	100% hospital visits and surgery (deductible applies)	60% of MNRP ⁵ (deductible applies)	80% of R&C ¹ (deductible applies)	80% hospital visits and surgery (deductible applies)	50% of MNRP ¹ (deductible applies)

<ul style="list-style-type: none"> • Hospital Outpatient (minor surgery, radiation therapy) • Hospital Inpatient² (room and board, x-rays, intensive care, newborn routine nursery care) • Skilled Nursing Facility² (room & board up to semiprivate room rate, up to 120 days/cal yr) • Home Health Care² (up to 130 visits/cal year) • Hospice Care² (up to \$5,000 maximum) 	100% (deductible applies)	60% of MNRP ⁵ (deductible applies)	100% of R&C ¹	80% (deductible applies)	50% of MNRP ¹ (deductible applies)
X-Ray and Lab	100% (deductible applies)	100% when ordered by a network provider (deductible applies)	80% of R&C ¹ (deductible applies)	80% (deductible applies)	80% when by a network provider (deductible applies)
Anesthesiology		60% of MNRP ⁵ when ordered by a non-network provider (deductible applies)			50% of MNRP ¹ when ordered by a non-network provider (deductible applies)
Hospital	100% after \$75 co-pay for emergencies (deductible does not apply)	100% of MNRP ⁵ after \$75 co-pay for emergencies (deductible does not apply)	Facility Charges 100% for emergencies (deductible applies)	80% after \$75 co-pay for emergencies (deductible does not apply) (copayment is not waived even if admitted)	80% of MNRP ¹ after \$75 co-pay for emergencies (deductible does not apply) (copayment is not waived even if admitted)
Emergency Room	80% after \$125 co-pay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	60% of MNRP ⁵ after \$125 co-pay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	Physician and other charges 80% of R&C ¹ for emergencies (deductible applies)	80% after \$125 co-pay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	50% of MNRP ¹ after \$125 co-pay for non-emergencies (deductible applies) (copayment is not waived even if admitted)
Urgent Care Centers	100% after \$30 co-payment/visit (deductible does not apply)	60% of MNRP ⁵ (deductible applies)	80% of R&C ¹ (deductible applies)	100% after \$30 co-payment/visit (deductible does not apply)	50% of MNRP ¹ (deductible applies)
Other Covered Health					
Services:	80% (deductible applies)	80% of MNRP ⁵ (deductible applies)	80% of R&C ¹ (deductible applies)	80% (deductible applies)	80% of MNRP ¹ (deductible applies)
<ul style="list-style-type: none"> • Equipment • Ambulance Service • Durable Medical Rehabilitation Therapy: Physical, Speech, 	80% (deductible applies)	60% of MNRP ⁵ (deductible applies)	80% of R&C ¹ (deductible applies)	80% (deductible applies)	50% of MNRP ¹ (deductible applies)

Occupational and Respiratory • Infertility Treatment (maximums apply; see Covered Health services –Infertility section)					
• 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)
Outpatient Prescription Drugs Tiers as determined by the United Health Care 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	80% (deductible applies) No mail order	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
Mental Health and Substance Abuse³					
Inpatient Care³ (maximums apply; see Metal Health and Substance Abuse section)	100% (deductible applies) (out-of-pocket maximums do not apply)	50% of MNRP ⁵ (deductible applies) (out-of-pocket maximums do not apply)	100% of R&C1 (deductible / out-of-pocket maximum 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)
Outpatient Care³ (maximums apply; see Metal Health and Substance Abuse section)	100%, after after \$20 co-pay \$20 copayment (deductible / out-of-pocket maximum do not apply)	50% of MNRP ⁵ (deductible / out-of-pocket maximum do not apply)	Mental Health 50% of R&C ¹ 20 Visit limit (deductible / out-of-pocket maximum apply) Substance Abuse 80% R&C ¹ (deductible / out-of-pocket maximum apply)	80%, after \$20 co-pay (deductible / out-of-pocket maximums do not apply)	50% of MNRP ¹ (deductible / out-of-pocket maximums do not apply)
Intermediate Care³	100% (deductible applies/out-of-pocket maximums do not)	50% of MNRP ⁵ (deductible applies/ out-of-pocket maximums do	80% of R&C ¹ (deductible / out-of-pocket maximum apply)	80% (deductible applies/ out-of-pocket maximum do not	50% of MNRP ¹ (deductible applies/ out-of-pocket maximum do not

	apply)	not apply)		apply)	apply)
Annual Deductible	\$375/person; \$750/family	\$500/person; \$1,000/family	\$100/person; \$200/family	\$600/person; \$1,200/family	\$1,000/person; \$2,000/family
	(applies except where specified)	(applies except where specified)	(applies except where specified)	(applies except where specified)	(applies except where specified)
Out-Of-Pocket Maximum	\$1,500/person; \$3,000/family (except where specified)	\$5,000/person; \$10,000/family (except where specified)	\$750/person; \$1,500/family (except where specified)	\$2,500/person; \$5,000/family (except where specified)	\$5,000/person; \$10,000/family (except where specified)
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 ⁴	\$2,000,000/person ⁴	\$1,000,000/person *	\$2,000,000/person ⁴	\$2,000,000/person ⁴

¹ Reasonable & customary charges.

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

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

⁴ Maximum life time benefit under all plans is \$2,000,000 combined.

⁵ Maximum Non-Network Reimbursement Program.

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

Visit 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.