Benefits FAQ's



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

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

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

Kiosks have been installed at each regional hub. Line Maintenance stations can access through their work P.C. Columbus and Xenia employees can access by seeing their supervisors or their Human Resources representative.

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

A. If you are currently enrolled and do not want to make any changes, you do not need to complete the Benefit Self Service enrollment form, your current benefit election will continue. However to enroll in the 2005 Flexible Spending Account you must elect an amount on the enrollment form, the deduction does not carry over from year to year. If you wish to make any changes, you **MUST** complete the Benefit Self Service enrollment form by the November 24, 2005 deadline.

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

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

Provider	Insurance Company	Web site	Toll-free #s
Doctors &	United Health Care	www.provider.uhc.com	(888) 350-5607
Hospitals		_	
Dentists	MetLife	www.metlife.com/Dental/	(800) 942-0854
Eye care	Cole Managed Vision	www.colemanagedvision.com/find	(800) 334-7591
providers			, ,

You can find links to all of these web sites on the ABX benefits page at www.abxair.com. Paper copies are available by request only to help keep costs down.

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

A. You need to complete Benefit Self Service enrollment form by November 24, 2004.

O. How can I get a paper copy of the 2005 Benefits Handbook?

A. Paper copies are available upon request through your supervisor or by calling the Benefits Dept. at (800) 736-3973 ext. 3157 or ext. 3085.

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

A. No, our current plan limits the HSA to those employees in the HSA PPO and the Medical FSA to those in the Enhanced PPO.

Q. Is the Medical Flexible Spending Account being administered the same way as it was in 2004?

A. Yes, our current information received from United Healthcare indicates that the plan will be administered with the same rules as 2004.

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

A. According to the IRS regulations for a HSA eligible plan the deductible must be met in full and apply to everything before coinsurance or copays begin to pay.

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

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

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

For more information see IRS publication 502 at www.irs.gov.

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

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

Q. Where can I get help enrolling?

A. See any Human Resources representative or call the Benefits Dept. at (800) 736-3973 ext. 3157 or 3085. In Wilmington, Human Resources personnel are available on all three shifts.

O. May I purchase additional life insurance for my family or myself?

A. ABX Air offers a Universal Life insurance program that allows you to purchase additional coverage for yourself or your eligible family members. During this years special enrollment there is the ability to obtain insurance for up to two times your salary up to \$250,000 without evidence of good health. You must be at work (not on a leave) and be able to preform normal activities. To enroll for more that twice your salary in this program you must satisfy the evidence of good health provision required by the insurance underwriter. Enrollment is effective upon approval by the insurance company. Use the Universal Life insurance enrollment form that was mailed to your home or www.personal-plans.com/abxair to apply for this benefit instead of Benefit Self Service.

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

A. ABX Air offers a Voluntary Accident Insurance program that lets you purchase additional Accidental Death and Dismemberment coverage for yourself or your eligible family members. Enrollment is effective on January 1. More information about the program can be found in your 2005 Benefits Handbook or on Benefit Self Service.

Q. May I make enrollment changes mid-year?

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

- Marriage or Divorce
- Birth or Adoption of a child
- Death of a spouse
- Child reaching maximum age (maximum age = 21 unless full-time college student up to the 25th birthday)
- Loss of coverage from spouse's employer

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

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

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

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

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

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

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

A. Eligible children are your unmarried children under age 21 (under 25 if a full-time student) who are your:

- biological children
- legally adopted children
- children placed for adoption
- step-children residing with you
- other children supported solely by you and permanently residing with you.

Provided that you are their legal guardian or you can claim the children as dependents for federal tax purposes.

Q. How do the Coordination of Benefits rules work with other insurance carriers?

A. To determine which plan is primary and which plan is secondary, follow the rules listed below:

- 1. Order of payments for an ABX Air employee
 - Primary plan is the ABX Air Plan
 - Secondary plan is the plan sponsored by the spouse's employer
- 2. Order of payments for the spouse of an ABX Air employee
 - Primary plan is the plan sponsored by the spouse's employer
 - Secondary plan is the ABX Air Plan
- 3. Order of payments for the children of an ABX Air employee
 - Primary plan is the plan of the parent whose birthday occurs earlier in the year
 - Secondary plan is the plan of the parent whose birthday occurs later in the year
- 4. Order of payments for children of divorced parents
 - Primary plan is determined by court decree; otherwise,
 - Primary plan is the plan of the biological or adoptive parent with custody
 - Secondary plan is the plan of the step-parent with custody
 - Tertiary (third) plan is the plan of the biological or adoptive parent without custody
- 5. Order of payments for persons covered by a plan for active employees (and their dependents) and by a plan for retirees, laid-off employees or COBRA coverage continuants (and their dependents)
 - Primary plan is the plan for active employees (and their dependents)
 - Secondary plan is the plan for retirees, laid-off employees or COBRA coverage continuants (and their dependents)

- 6. Order of payments if not covered above
 - Primary plan is the plan which has covered the individual the longest
 - Secondary plan is the plan which has covered the individual for less time
- 7. Order of payments if the other group plan or individual policy does not contain a coordination of benefits provision
 - Primary plan is the plan that does not contain a coordination of benefits provision
 - Secondary plan is the ABX Air Plan

Q. May I decline coverage?

A. Yes, you can decline coverage. When you decline coverage, you are declining all Medical, Dental and Vision benefits. You will be required to complete a form indicating what other health coverage you have in order to decline coverage through ABX.

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

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

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

Q. How is an emergency determined?

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

Q. Where can I get assistance with claim issues?

A. If you have spoken with the insurance company customer service department and they are unable to help resolve your claim issue, contact the ABX Benefits Department at ext. 2567 for further assistance. Or you may e-mail messages to abx.benefits@airborne.com

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

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

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

A. Yes, new for 2005 part-time employees can purchase dental coverage for their families.