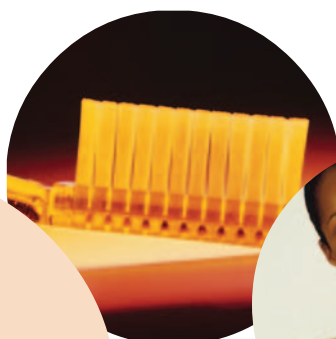




**Your 2006  
Employee  
Benefits Open  
Enrollment Guide**

**As easy as  
1, 2, 3!**





November 1, 2005

Dear Fellow Employee:

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

Each November is our annual Open Enrollment month for health insurance. This is your once-a-year opportunity to make changes to your health insurance elections. In addition, the updated 2006 Summary Plan Description (Benefits Handbook) is included on the CD in this package. Please review the information carefully; and if you have any questions about your benefits, be sure to ask your supervisor or anyone in the Human Resources Department.

Sincerely,

Gene Rhodes  
Vice President, Human Resources

## What's New for 2006?

Here is what's new for 2006. Be sure to review page 15 for additional details. These changes are effective Jan. 1, 2006.

- New United Healthcare Choice Plus Network is introduced.
- Preventive care is no longer subject to the deductible.
- Maximum age for dependent children changes to 19 (23 for full-time college students).
- Employee contributions are revised.

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ABX Air, Inc - Employee Benefits Open Enrollment 2006 — As easy as 1-2-3!

# Your 2006 open enrollment guide

November is open enrollment month at ABX Air. This is your once-a-year opportunity to make changes to your benefits elections. This information guide is being provided to help you choose your 2006 benefits. All changes are effective Jan. 1, 2006. Please review this information carefully and follow these three easy steps to complete your enrollment.

The deadline to complete your changes is Nov. 23, 2005.

## Step 1. Review your choices

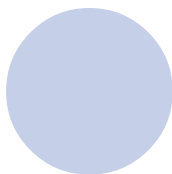
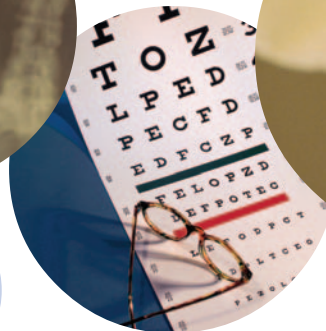
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## Step 2. Decide on your choices

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## Step 3. Enroll for 2006

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Great benefits, simple sign-up, quality healthcare solutions — ABX — A Great Place to Work!

2

# Medical Insurance

Both medical options are administered by United Healthcare.

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

## Enhanced PPO

See page 11 for more details.

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

### What's new for 2006?

- New United HealthCare Choice Plus network
- \$150 deductible waived for preventive care
- Maximum dependent age now 19 (23 for full-time college students)

### 2006 Employee Contributions

#### Bi-weekly

Employee Only	\$16.62
Employee & Child(ren)	\$50.31
Employee & Spouse	\$53.08
Employee, Spouse, & Child(ren)	\$60.00

## Health Savings Account PPO

See page 11 for more details.

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

### What's new for 2006?

- New United HealthCare Choice Plus network
- \$1,250 deductible waived for preventive care
- Maximum dependent age now 19 (23 for full-time college students)

### 2006 Employee Contributions

#### Bi-weekly

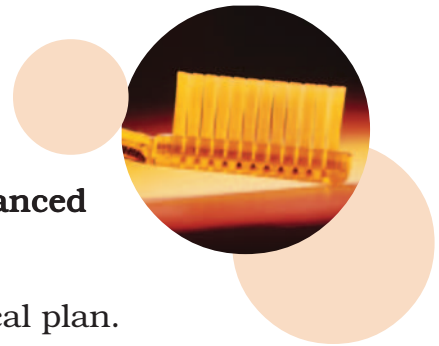
Employee Only	\$ 7.85
Employee & Child(ren)	\$20.31
Employee & Spouse	\$21.23
Employee, Spouse, & Child(ren)	\$24.00



# Dental Insurance

Both dental options are administered by MetLife.

You have two plans from which to choose: the **Enhanced Dental** and the **Basic Dental**. You must elect medical coverage to elect one of the dental plans. You also must cover the same family members (if eligible) as the medical plan.



## Enhanced Dental

See page 14 for more details.

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

### What's new for 2006?

- Maximum dependent age is now 19 (23 for full-time college students)

### 2006 Employee Contributions

This coverage is provided at no cost to full-time employees. Part-time employees may elect this coverage for employees only under this plan at no cost. Dependents of part-time employees are not eligible for this option.

## Basic Dental

See page 14 for more details.

This option provides coverage for preventive care and dental treatment. Orthodontia is not covered. Please see the summary descriptions for coverage levels.

### What's new for 2006?

- Maximum dependent age is now 19 (23 for full-time college students)

### 2006 Employee Contributions

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

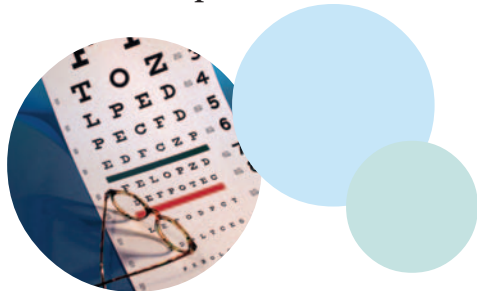
#### Bi-weekly Cost for Part-time Employees:

Employee Only	\$ 0
Employee & Child(ren)	\$24.00
Employee & Spouse	\$17.08
Employee, Spouse, & Child(ren)	\$41.08

# Vision Benefits

Vision benefits are administered by Eyemed (formerly Cole Vision).

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



## Vision Plan

See page 14 for more details.

Benefits are provided at no cost to full-time and part-time employees and family members. The plan pays up to \$50 for one eye exam per year per covered person and up to \$100 per year per covered person toward the purchase of glasses or contacts

### What's new for 2006?

- Maximum dependent age now is 19 (23 for full-time college students)

# Voluntary Accidental Death & Dismemberment (AD&D)

*This plan is insured by AIG Life.*

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



## **Voluntary Accident Insurance**

*See the Summary Plan Description on the Benefit CD for more details.*

This plan allows full-time and part-time employees to purchase accidental death and dismemberment insurance. This plan pays a benefit if you die, lose a limb, or lose eye sight in an accident (on-the-job or off-the job). You may purchase from \$25,000 up to \$300,000 in coverage but not more than 10 times your annual salary.

# Short-term Disability

**(Full-time only)**

*This plan is administered by CIGNA.*

This is an optional plan that allows full-time employees to purchase Short-term Disability benefits.



## **Short-term Disability**

*See the Summary Plan Description on the Benefit CD for more details.*

Full-time employees may purchase short-term disability for a nominal cost. This plan pays a benefit equal to 50 percent of the weekly base salary (up to \$1,000 per week) if you are disabled for more than 14 days. In addition to your sick time, this plan provides income protection in case you cannot work due to a serious off-the-job injury or illness.

# Flexible Spending Accounts / Health Savings Accounts

*These plans are administered by United HealthCare.*

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

## **Flexible Spending Accounts (FSA)**

*See the Summary Plan Description on the Benefit CD for more details.*

### **Medical FSA**

You may contribute up to \$2,600 per year pre-tax to pay for medical expenses not covered by insurance such as orthodontia, hearing aids, Lasik surgery, co-payments, and deductibles.

You cannot elect the Medical FSA and the Health Savings Account at the same time.

### **Child-care FSA**

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

### **Use it or lose it!**

You need to carefully budget for any money you contribute to the Flexible Spending Account. Any left-over money at year end will be forfeited and used to help fund the ABX Air Employee Catastrophic Relief Fund.

## **Health Savings Accounts**

*See the Summary Plan Description on the Benefit CD for more details.*

If you elected the Health Savings Account PPO for your medical insurance, ABX will contribute \$500 per year for single coverage or \$1,000 per year for family coverage to help offset the cost of the high deductible. You also may contribute up to \$750 for singles or \$1,500 for families to the Health Savings Account each year.

If you elect this option and complete the bank application, you will receive a debit card to pay for medical expenses that are subject to the deductible or not covered by insurance, such as orthodontia, hearing aids, Lasik surgery, and co-payments.

### **The money is yours to keep**

***NO "Use it or lose it" policy***

Unlike the Flexible Spending Accounts, any left-over money at year end is never forfeited but remains in your account for next year until you use it. The money earns interest while it is in your account.

You must elect the Health Savings Account PPO as your medical insurance to be eligible for the Health Savings Account. If you elected the Enhanced PPO plan, you are not eligible for the Health Savings Account. You also cannot elect the Medical FSA if you elect the Health Savings Account. You may elect the Child-care FSA with the Health Savings Account.



# Life Insurance, AD&D, and Long-term Disability (Full-time only)

*These plans are insured by CIGNA*

These plans are provided automatically to full-time employees at no cost after meeting the eligibility period. For additional details see your Summary Plan Description located on the CD-ROM.



## Other Benefits

### **Group Universal Life Insurance**

ABX Air offers a Group Universal Life Insurance program that allows you to purchase up to six times your annual salary in life insurance. Marsh @ Work Solutions, the third party administrator, is sending you a separate mailer about the Universal Life Insurance benefit. Look for the mailer at your home address. For more information visit [www.personal-plans.com/abxair/](http://www.personal-plans.com/abxair/) or call (800) 441-5581 to speak with a customer service representative.

### **Capital Accumulation Plan / 401(k)**

Visit [www.401k.com](http://www.401k.com) or call (800) 835-5095 for more information.



## 2. Deciding on your choices

You need to decide which coverage you want for 2006. A number of resources are available to help you make your choices. These include:

- The CD-ROM enclosed in this packet contains the Summary Plan Description (Benefits Handbook) of your benefits.
- Pages 11-14 of this booklet provide summaries of your options.
- Ask a member of the Benefits Department (800) 736-3973 ext. 3085 or ext. 3157.

### **Web Resources**

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

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

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

Group Universal Life Insurance  
[www.personal-plans.com/abxair/](http://www.personal-plans.com/abxair/)

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

2. Decide on your choices

## 3. Enroll for 2006

Deadline is 11/23/2005

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

Your USER ID = **Your employee number**

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

EXAMPLE:   USER ID     104154  
              Password    ABE5457

2. Click on **BENEFITS**

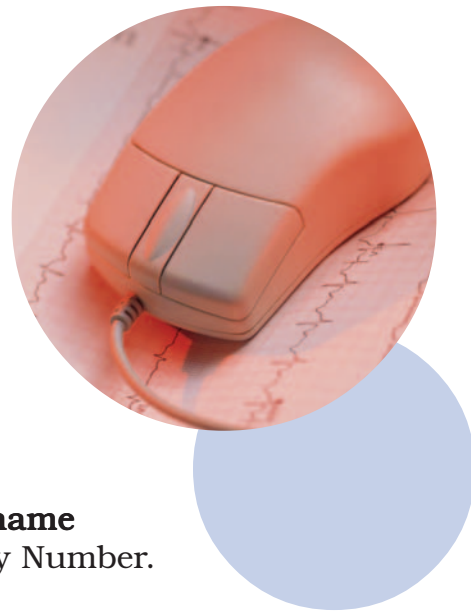
3. Check your **DEPENDENTS** and enter any eligible dependents.

4. Click on **OPEN ENROLLMENT** and make your elections. All changes are effective Jan. 1, 2006.

5. Click **SUBMIT**. Once you submit your form, the file is forwarded to the Benefits Department for approval or rejection. Enrollments with errors will be rejected, and it your responsibility to check on the status of your enrollment and make any corrections.

6. Check your enrollment to make sure it has been approved. The Benefits Department is committed to processing all enrollments within three business days of submission.

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



## 3. Enroll for 2006

**Deadline is 11/23/2005**

### 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 elected the Voluntary Accident insurance, be sure you do not elect more than 10 times your annual base salary.
- If you want to know what your 2005 benefits are, click on MY BENEFITS.
- Make sure you enter any dependents first.
- You don't need to use the CD to enroll. Just go to the web site [www.myabx.com/benefits](http://www.myabx.com/benefits) and click on self-service.

### Do I need to enroll?

If you are not making any changes to your benefits, are not electing the Flexible Spending Account, and are not contributing to the Health Savings Account, you do not need to re-enroll. Your 2005 benefit elections will carry over to the 2006 plan year with the new plan changes.

You must re-enroll if:

- You want to elect the Flexible Spending Account for 2006
- You want to contribute to the Health Savings Account in 2006
  - You want to change your benefit elections.

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

- Check with your public library.
- Use one the kiosks located at your work location.
- Call the Benefits Department at (800) 736-3973 ext. 3157 or ext. 3085 for assistance.



## SCHEDULE OF MEDICAL BENEFITS - 2006

Enhanced PPO (network providers)	Enhanced PPO (non-network providers)	Medical Plan Features
100% after \$15 copay/office visit up to \$300/person maximum per calendar year (deductible does not apply)	Not covered	<b>Preventive Care</b> Routine physical; Immunization; Pap test
100% after \$15 copay/office visit up to 2 <sup>nd</sup> birthday (deductible does not apply)	Not covered	<b>Well Baby Care</b>
\$25 copay - Limit 6 visits/calendar year	60% of R&C <sup>1</sup> (deductible applies) - Limit 6 visits/calendar year	<b>Chiropractic Care</b>
100% after \$15 copay/office visit \$25 copay specialist 100% hospital visits and surgery (deductible does not apply)	60% of R&C <sup>1</sup> (deductible applies)	<b>Physician Services</b> Office Visits; Hospital Visits; Inpatient Surgery; Hospital Newborn Care
100% (deductible applies)	60% of R&C <sup>1</sup> (deductible applies)	<b>Health Care Facility</b> Hospital Outpatient (minor surgery, rac Inpatient <sup>2</sup> (room and board, x-rays, inte nursery care); Skilled Nursing Facility <sup>2</sup> semiprivate room rate, up to 120 days/ (up to 130 visits/cal year); Hospice Car
100% (deductible applies)	100% when ordered by a network provider (deductible applies) 60% of R& C <sup>1</sup> when ordered by a non-network provider (deductible applies)	<b>X-Ray and Lab</b> <b>Anesthesiology</b>
100% after \$75 copay for emergencies (deductible does not apply) 80% after \$75 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	100% of R& C <sup>1</sup> after \$75 copay for emergencies (deductible does not apply) 60% of R&C <sup>1</sup> after \$75 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	<b>Hospital - Emergency Room</b>
100% after \$30 copayment/visit (deductible does not applies)	60% of R&C <sup>1</sup> (deductible applies)	<b>Urgent Care Centers</b>
80% (deductible applies)	80% of R& C <sup>1</sup> (deductible applies)	<b>Other Covered Health Service</b> Ambulance Service; Durable Medica
80% (deductible applies)	60% of R& C <sup>1</sup> (deductible applies)	<b>Rehabilitation Therapy:</b> Physi and Respiratory therapy <b>Infertility Treatment</b> (maximums apply services –Infertility section)
Tier 1(Generic) - 90% (\$10 min/\$20 max) Tier 2 (Brand-PDL) -80% (\$25 min/\$45 max) Tier 3 (Non-PDL) - 60% (\$50 min/\$70 max) Mail Order (90-day supply) Tier 1 (Generic) - 90% (\$20 min/\$40 max) Tier 2 (Brand-PDL)-80% (\$50 min/\$90 max) Tier 3 (Non-Brand PDL) 60% (\$100 min/\$140 max)(deductible/out-of-pocket maximum do not apply)	Not covered	<b>Outpatient Prescription Drug</b>

Plan Features	HSA PPO (network providers)	HAS PPO (non-network providers)
Vaccination; Pap test; Mammogram	100% after \$20 copay/office visit up to \$300/person maximum per calendar year (deductible does not apply)	Not covered
	Covered under Preventive Care	Not covered
<b>Office</b>	\$30 copay - Limit 6 visits/calendar year (deductible applies)	60% of R&C <sup>1</sup> (deductible applies) Limit 6 visits/calendar year
<b>Specialty Services</b> Specialty Visits; Inpatient Surgery; Outpatient Newborn Care	\$20 copay/office visit \$30 copay specialist (deductible applies)	60% of R&C <sup>1</sup> (deductible applies)
<b>Hospital Inpatient</b> Minor surgery, radiation therapy); Hospital board, x-rays, intensive care, newborn routine Nursing Facility <sup>2</sup> (room & board up to 90 days/year); Home Health Care <sup>2</sup> (up to 120 days/cal year); Hospice Care <sup>2</sup> (up to \$5,000 maximum)	80% (deductible applies)	60% of R&C <sup>1</sup> (deductible applies)
	80% (deductible applies)	80% when ordered by a network provider (deductible applies) 60% of R&C <sup>1</sup> when ordered by a non- network provider (deductible applies)
<b>Emergency Room</b>	80% for emergencies (deductible applies) 60% for non-emergencies (deductible applies)	80% of R&C <sup>1</sup> for emergencies (deductible applies) 60% of R&C <sup>1</sup> for non-emergencies (deductible applies)
<b>Outpatient Services</b>	80% (deductible applies)	60% of R&C <sup>1</sup> (deductible applies)
<b>Health Services:</b> Durable Medical Equipment	80% (deductible applies)	60% of R&C <sup>1</sup> (deductible applies)
<b>Therapy:</b> Physical, Speech, Occupational Therapy Maximums apply; see Covered Health Benefits Section	80% (deductible applies)	60% of R&C <sup>1</sup> (deductible applies)
<b>Prescription Drugs</b>	Tier 1(Generic) - 80% (\$20 min/\$40 max) Tier 2 (Brand-PDL) 60% (\$40 min/\$60 max) Tier 3 (Non-PDL) - 50% (\$60 min/\$80 max) Mail Order (90-day supply) Tier 1 (Generic) - 80% (\$40 min/\$80 max) Tier 2 (Brand-PDL) 60% (\$80 min/\$120 max) Tier 3 (Non-Brand PDL) 50% (\$120 min/\$160 max) (deductibles/out-of-pocket maximums apply)	Not covered

Medical Plan Features	Enhanced PPO (network providers)	Enhanced PPO (non-network providers)	HSA PPO (network providers)	HAS PPO (non-network providers)
<b>Mental Health and Substance Abuse</b>				
<ul style="list-style-type: none"> <li>Inpatient Care<sup>3</sup> (maximums apply; see Mental Health and Substance Abuse section)</li> </ul>	100% (deductible applies / out-of-pocket maximums do not apply)	50% of R&C <sup>1</sup> (deductible applies / out-of-pocket maximums do not apply)	50% (deductible applies / out-of-pocket maximums do not apply)	50% of R&C <sup>1</sup> (deductible applies / out-of-pocket maximums do not apply)
<ul style="list-style-type: none"> <li>Outpatient Care<sup>3</sup> (maximums apply; see Mental Health and Substance Abuse section)</li> </ul>	100%, after \$25 copayment (deductible / out-of-pocket maximums do not apply)	50% of R&C <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)	50% (deductible applies/ out-of-pocket maximums do not apply)	50% of R&C <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)
<ul style="list-style-type: none"> <li>Intermediate Care<sup>3</sup></li> </ul>	100% (deductible applies/out-of-pocket maximums do not apply)	50% of R&C <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)	50% (deductible applies/ out-of-pocket maximums do not apply)	50% of R&C <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)
<b>Annual Deductible</b>	\$150/person; \$300/family (applies except where specified)	\$300/person; \$600/family (applies except where specified)	\$1250/person; \$2500/family	\$2500/person; \$5000/family
<b>Out-Of-Pocket Maximum</b>	\$1,000/person; \$2,000/family (except where specified)	\$5,000/person; \$10,000/family (except where specified)	\$3,500/person; \$7,000/family	\$5,000/person; \$10,000/family
Non-Notification Penalty	\$200 penalty applies to health facility services requiring pre-notification with UHC \$300 penalty applies to Mental Health/Substance Abuse services requiring UBH pre-notification			
Maximum Lifetime Benefit	\$2,000,000/person			

<sup>1</sup> Reasonable & customary charges.    <sup>2</sup> Pre-notification with UHC is required to receive full plan benefit and avoid penalty    <sup>3</sup> Pre-notification with UBH is required to receive full plan benefits and avoid penalty.  
NOTE: Copayments do not apply towards deductible or out-of-pocket maximum

**NurseLine:** Pin 185 (888) 609-5880

A Nurse is available to provide immediate information and support 24 hours/day; 100% covered.



## SCHEDULE OF DENTAL BENEFITS - 2006

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

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

## SCHEDULE OF VISION BENEFITS - 2006

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

# What's New? What's New for 2006

## United Healthcare Choice Network

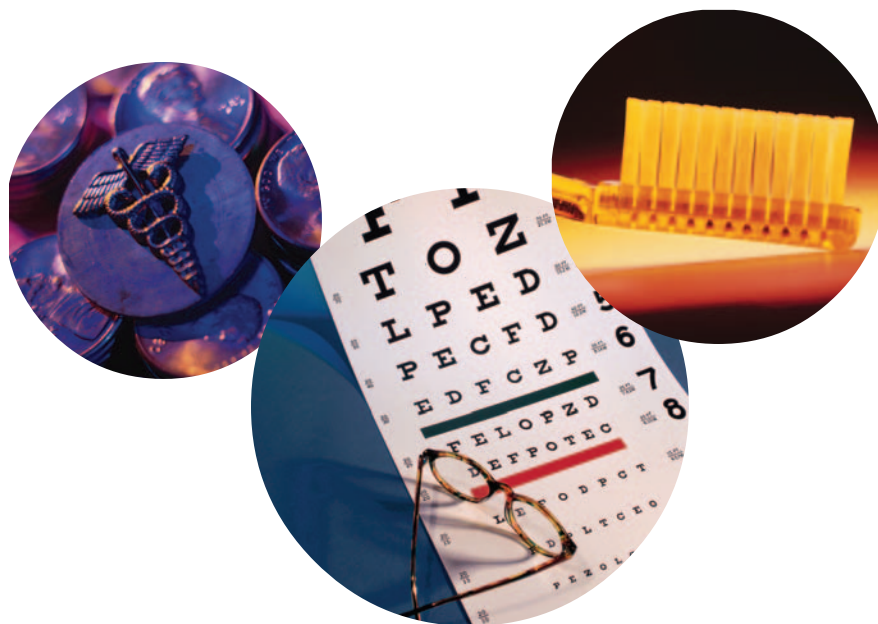
Beginning Jan. 1, 2006, the network of doctors, hospitals, pharmacies, and other providers is changing to the United Healthcare Choice Plus network from the Options PPO network. The new network has over 617,000 doctors and 3,800 hospitals – just a few less than the old network. The reason we are making this change is the new network offers a higher discount. Before making this change we examined the new network and found only 190 claims out of over 76,000 claims for ABX employees and family members would have been affected.

To find out if your doctor, hospital, or provider is in the new Choice Plus network, visit [www.myuhc.com](http://www.myuhc.com) and select “Find a Physician or Facility” on the far right and then select the Choice Plus network or call United Healthcare’s Customer Care Center at (888) 350-5607.

Switching to this new network helps keep our cost increases lower and helps keep the amount you pay for coverage affordable.

## Deductible Waived for Preventive Medical Care

Beginning Jan. 1, 2006, the deductible will no longer apply to preventive care under the Enhanced PPO and the Health Savings Plan PPO. Both plans pay up to \$300 per year for preventive care each year per eligible person. We made this change to encourage employees and family members to have regular medical check-ups with their primary care physician.





# What's New for 2006

## Eligible Children Age Lowered to 19 (23 for full-time college students)

Beginning Jan. 1, 2006, the age for eligible children to be covered under the ABX Air health plan will be 19 (reduced from 21) unless the child is a full-time college student. Full-time college students are eligible until 23 (reduced from 25). We made this change to bring our plan in line with the most common age limit. If your child still needs health coverage, he or she may request COBRA coverage information by calling the Benefits Department at (800) 736-3973 ext. 3157 or ext. 3085.

## New Employee Contributions

The employee contributions are increasing for 2006

### Enhanced PPO

	2006 Bi-weekly	2005 Bi-weekly	Difference
Employee Only	\$16.62	\$14.77	\$1.85
Employee & Child(ren)	\$50.31	\$44.31	\$6.00
Employee & Spouse	\$53.08	\$47.08	\$6.00
Employee, Spouse, & Child(ren)	\$60.00	\$53.08	\$6.92

### Health Savings PPO

	2006 Bi-weekly	2005 Bi-weekly	Difference
Employee Only	\$7.85	\$6.92	\$0.93
Employee & Child(ren)	\$20.31	\$18.00	\$2.31
Employee & Spouse	\$21.23	\$18.92	\$2.31
Employee, Spouse, & Child(ren)	\$24.00	\$21.23	\$2.77



# Questions and Answers

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

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

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

**In addition, in Wilmington the Mobile Recruiting Center will be available on select nights. Watch ABX TV for the schedule.**

For out-based employees, kiosks have been installed at each regional hub. Line Maintenance stations can access through their work PCs. Columbus and Xenia employees can access by seeing their supervisors or their Human Resources representatives.

**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 benefits election changes, you do not need to complete the Benefit Self Service enrollment form. Your current benefit election will continue. However, to enroll in the 2006 Flexible Spending Account or contribute to the Health Savings 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 Nov. 23, 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 at [www.myuhc.com](http://www.myuhc.com), select the Choice Plus network. You also can request paper copies by calling the insurance company's customer service 800 number. The 800 numbers and web addresses are:

Doctors & Hospitals - United Health Care - (888) 350-5607 - [www.myuhc.com](http://www.myuhc.com)  
Dentists - MetLife - (800) 942-0854 - [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)  
Eye care providers - Eyemed - (800) 334-7591 - [www.colemanagedvision.com/find](http://www.colemanagedvision.com/find)

You can find links to all of these web sites on the ABX benefits page at [www.myabx.com/benefits](http://www.myabx.com/benefits). Paper copies are available by request only to help keep costs down.

# Questions and Answers

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

**A.** You need to complete the Benefit Self Service enrollment form by Nov. 23, 2005.

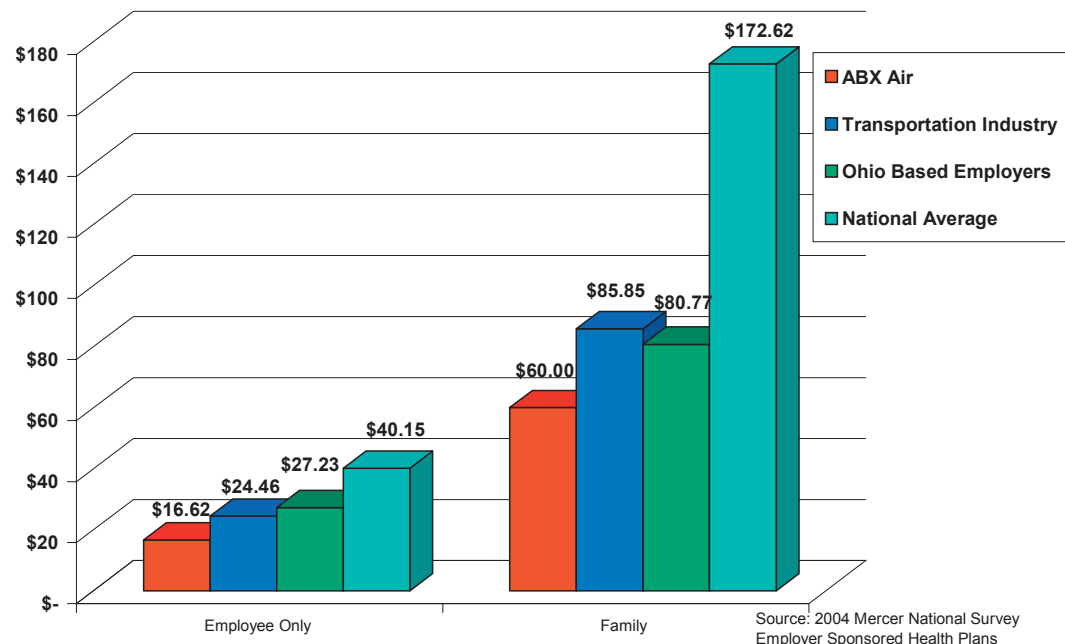
**Q. How can I get a paper copy of the 2005 Benefits Handbook?**

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

**Q. Why are the employee costs going up?**

**A.** The cost of health care continues to rise dramatically across the country and we are experiencing these same cost increases. We have worked hard to reduce the rate of the cost increases. Some of the measures taken include introducing the new United Healthcare Choice Plus network, establishment of a Wellness Committee to focus on improving employees' health, and changes to the benefit plans to encourage preventative care. As the annual company costs increase, employees can expect to see their share of the cost increase as well. Despite these increases, the amount ABX Air employees pay for healthcare compares favorably to other employers.

Average Bi-weekly Medical Insurance Employee Contribution for Large Employers  
Enhanced PPO vs. Like Plans



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

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

# Questions and Answers

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

**A.** According to the IRS regulations for an HSA eligibility plan, the deductible must be met in full and apply to everything before coinsurance or co-pays begin to pay except for preventive care.

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

**A.** In Benefit Self Service, you should return to the Messages area. Once the Benefits Department has approved your election (within three days), a confirmation of approval will appear in your message area. If your form is rejected, you will need to correct it before the deadline.

## **Q. Where can I get help enrolling?**

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

## **Q. 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 and/or your eligible family members. Enrollment is subject to evidence of good health and is not effective until approved by the insurance company. To enroll in the Universal Life insurance visit [www.personal-plans.com/abxair](http://www.personal-plans.com/abxair) or call (800) 441-5581.

## **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 Jan. 1. More information about the program can be found in your 2006 Summary Plan Description.

## **Q. May I make enrollment changes mid-year?**

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

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse
- Loss of coverage from spouse's employer
- Child reaching maximum age (maximum age = 19 unless full-time college student up to the 23<sup>rd</sup> birthday)

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

# Questions and Answers

**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 19 (under 23 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 you are their legal guardian or you can claim the children as dependents for federal tax purposes.

**Q. May I decline coverage?**

**A.** Yes, you can decline coverage. When you decline coverage, you are declining all medical, dental, and vision benefits.

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

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

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

# Questions and Answers

## **Q. How is an emergency determined?**

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

## **Q. Where can I get assistance with claim issues?**

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

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

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

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

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

## **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, Over-the-counter pregnancy tests, Over-the-counter medications to treat a specific medical condition, Oxygen, Physical Exams, Physical Therapy, Podiatry Treatment, Prescription Drugs, Psychiatric Treatment, Psychological Treatment, Radial Keratotomy, Smoking Cessation –prescription only, Surgery & 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, etc.

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

This Enrollment Guide is intended to be an overview of the ABX Air benefits program. More details about how the plans work are included in the summary plan descriptions (on the CD), or available online at [www.myabx.com/benefits](http://www.myabx.com/benefits), or in paper form from the ABX Air Benefits Department. If there are any inconsistencies between this guide and the plan documents, the plan documents will govern. Nothing contained in this booklet is intended to be a term or condition of the company's employment of any individual. ABX Air, Inc. specifically reserves the right to eliminate, modify, and interpret any of these programs and guidelines at any time at its sole discretion.

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