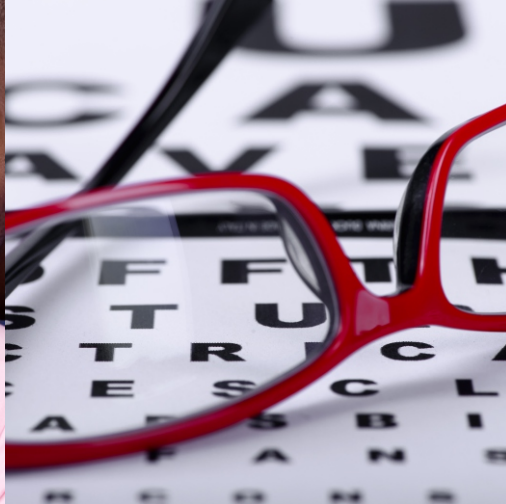


# 2019 BENEFITS GUIDE







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# WELCOME

At ABX Air, we are committed to your health and well-being. It's just one reason we're proud to provide you and your family with valuable and significant benefits.

This Guide is an overview of ABX Air's benefit plans. Please read it carefully in order to understand the benefits available to you in 2019, and use them wisely.



# WHAT'S NEW FOR 2019?

## Medical Plan Changes

### HSA Plan

- 2019 Federal HSA contribution limits have been increased to \$3,500 for employee only coverage and to \$7,000 for all other tiers. If you are age 55 or older, an additional \$1,000 may be contributed. These limits include the company contribution of \$500 for employee only coverage and \$1,000 for all other tiers.

### Value PPO Plan

- Emergency Room in-network co-pays will increase \$50, from \$150 to \$200 for emergencies and from \$200 to \$250 for non-emergencies.

### Vision Plan Changes

- EyeMed - New Prescription Safety Glass Benefit: \$100 Safety Frame Allowance (separate from your regular frame allowance) and \$0.00 copay on most safety glass lenses.

## Understanding Employee Contribution Changes

The company reviews benefit plans every year to make sure they remain comprehensive and competitive, keeping costs for you and the company manageable.

The company continues to carry the majority of the plan costs, but as the costs of coverage continue to rise, employee contributions for those plans also rise.

The bi-weekly employee contributions for the 2019 medical plans can be found on [page 10](#). The bi-weekly rates for the dental & vision plans are unchanged.





# WELLNESS PROGRAM



## Let's Get Healthy with Healthy Directions!

Healthy Directions is a voluntary wellness program that offers financial incentives when you take specific steps to improve your health. Employees enrolled in the ABX Air Medical Plan save on out-of-pocket health insurance premiums each pay period when they complete the quarterly program requirements. By participating, you'll also realize the benefits of a healthier lifestyle—and it's impossible to put a price on your good health!



## 2019 Healthy Directions Program

Each quarter you have the opportunity to participate in one of the following programs and receive wellness reductions to the base price of your medical premium. Check out your 2019 opportunities to participate:

### FitBit Pedometer Program

Walk a minimum of 6,000 steps per day as counted by your Fitbit or other pedometer brand. [www.fitbit.com](http://www.fitbit.com)



### Real Appeal

In this 52-week online weight loss program, Real Appeal gives you all the tools you need to succeed without turning your life upside down. [www.healthdirections.realappeal.com](http://www.healthdirections.realappeal.com)



### Rally

Rally encourages you to make simple changes to your daily routine, set smart goals and stay on target. Start with a quick Health Survey and receive personalized recommendations on how to move more, eat better and feel happier. Build better habits and win cool stuff. Complete your quarterly requirements on [www.myuhc.com](http://www.myuhc.com)



### Livongo Diabetes Management

The Livongo Diabetes Program makes living with diabetes easier by providing you with a connected meter, unlimited test strips, and coaching to support you in managing diabetes. This program is part of our medical insurance plan and is offered at no cost to you and your eligible family members.



After completing the quarterly requirements, your completion status will be sent to HR and your wellness discount will be applied. If you miss the requirements for the quarter, you will not receive the wellness discount for the following quarter. For more details contact your Human Resource Department.

# ELIGIBILITY & ENROLLMENT

## TIP

Most of your benefit selections cannot be changed during the Plan Year unless you have a Qualifying Life Event, such as a change in your marital status.



You and your family have unique needs. That's why ABX Air offers a variety of benefit plans. When you select your benefits, consider your dependents' eligibility and your spouse's benefits through his or her place of employment.

### Eligibility

If you are a full-time or part-time employee of ABX Air and you are regularly scheduled to work 15 hours or more per week, you are eligible to participate in the Medical, Dental, Vision, Health Savings Account (HSA), Flexible Spending Account (FSA), and additional benefits once you have completed the waiting period for the plan.

### When Does Coverage Begin?

Elections made during annual open enrollment became effective January 1, 2019. If you are hired in 2019, your elections become effective following the plan's waiting period. *Due to IRS regulations, once you have made your choices for the 2019 Plan Year, you can't change your benefits until the next enrollment period unless you experience a Qualifying Life Event.*

### Eligible Dependents

Dependents eligible for coverage in the ABX Air benefits plans include:

- Your legal spouse (or common-law spouse in states which recognize common-law marriages).
- Dependent children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom legal guardianship has been awarded to you or your spouse).
- Dependent children, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return, and is approved by your Medical Plan to continue coverage past age 26.
- Verification of dependent eligibility will be required upon enrollment.

# ELIGIBILITY & ENROLLMENT

## Working Spouses are Excluded from Coverage

ABX Air will not offer medical plan coverage to employees' spouses who are eligible to enroll in group medical through their own employer. Spouses will remain eligible for Dental and Vision.

By enrolling your spouse in the ABX Air medical plan, you certify that they do not have access to other coverage through their employer. Providing false information will result in disqualification of insurance and potentially disciplinary action depending on the circumstances.

## Required Dependent Verification Documents

To add a child to your plan, you must submit a copy of their birth certificate. To add a spouse, you must submit a copy of your marriage certificate. Your dependents are not eligible for benefits until their dependent verification documentation has been submitted. You may upload your documents at the time you enroll for benefits, or you may fax/mail them to your HR department. Dependent documentation is due 10 days from the date your enrollment is completed.

## Social Security Numbers Are Required for Dependent Medical Coverage

The Centers for Medicare & Medicaid Services (CMS) require that employer health plans report the Social Security Numbers of all covered dependents. This allows the CMS to verify that a person with Medicare or Medicaid benefits is not also receiving benefits through an employer. Therefore, in order to enroll your dependents in ABX Air's health plan, you are required to provide their Social Security Number to ABX. The number will only be used to report to the CMS. If you do not provide your dependents' Social Security Numbers, you cannot cover your dependents under our Plan.

### Check to be sure!

#### Does the company have your dependents' Social Security

**Numbers? Their medical coverage is dependent on it!** Log on to Self Service and click on "BENEFITS" then "DEPENDENTS." Click on your dependent's name. The Social Security Number should be in the "Tax ID" box. If it isn't, enter the Social Security Number and click the "Save" icon.

If you have a "Qualifying Life Event", you have 30 days from the date of the event to notify Human Resources. You don't need to have the Social Security Number to make this notification.



## Qualifying Life Events

When one of the following events occur, you have 30 days from the date of the event to notify Human Resources and/or request changes to your coverage.

- Change in your legal marital status (marriage, divorce, legal separation or death)
- Change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)
- Change in your spouse's employment status (resulting in a loss or gain of coverage)
- Change in your employment status from full time to part time, or part time to full time, resulting in a gain or loss of coverage
- Entitlement to Medicare or Medicaid.

Your change in coverage must be consistent with your change in status.



# ELIGIBILITY & ENROLLMENT

## Preparing to Enroll

ABX Air strives to provide employees with affordable healthcare. As a committed partner in your health, ABX Air absorbs a significant amount of the costs. Your share of the contributions for Medical, Dental, Vision, HSA and FSA benefits are deducted on a pre-tax basis, which lowers your tax liability.

Please note: your contributions for medical coverage will vary depending on your coverage and the number of dependents covered. In general, the more coverage you have, the higher your contribution will be.

Keep in mind, you may select any combination of coverage categories. For example, you could select medical coverage for you and your entire family, but select dental and vision coverage only for yourself. The only requirement is that you, as an eligible employee of ABX Air, must elect coverage for yourself in order to elect any dependent coverage. You have the option to select coverage from the following categories:

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Employee + Family

Be sure to have the Social Security numbers and birth dates for any eligible dependent(s) you plan to enroll.



## HOW TO ENROLL FOR BENEFITS

### 1. Understand Your Choices

This Guide contains very useful reference material. Keep it handy as you make your choices, and refer to it throughout the year.

### 2. Review Your Options with Your Family

Make sure you include any other individual who will be affected by your elections in the decision-making process

### 3. Log on to EMPLOYEE SELF SERVICE

Click on the “Benefits” tab.

### 4. Confirm Your Personal and Dependent Information

Click the “Dependents” tab to enter the names and Social Security Numbers of dependents you wish to cover. Social Security Numbers must be entered in order to cover your dependents!

### 5. Review Your Previous Coverage -or- Select New Coverage

- Click the “Open Enrollment” tab and check the box next to each benefit you want to enroll in. To add your dependents, check the box next to their names.
- Enter your desired HSA or FSA contribution.
- Attach any necessary Dependent Verification Documents by clicking “Attachments” and “Choose File” to upload.
- Click “Continue.” Review your elections. Print a copy for your files. **To complete your enrollment, you must click “SUBMIT” before exiting Employee Self Service.** Done!

### 5. IMPORTANT! Verify Your Enrollment

Click the “IN BOX” then “My Messages” to make sure your enrollment has gone through.

# MEDICAL & RX BENEFITS

**TIP**

Save money by seeing in-network physicians and taking advantage of preventive care services offered by your plan.



The goal of ABX Air is to arm you with tools and services to make wise decisions for you and your family's health. ABX Air offers you a choice of plans so you can select the best plan to fit your needs.

These plans are insured by UnitedHealthcare. Visit [www.myuhc.com](http://www.myuhc.com) or call UHC at 888-350-5607 for more information.

HSA Plan		
Bi-Weekly	Base Rate	Wellness Rate
<b>Employee Only</b>	\$46.03	\$38.36
<b>Employee + Spouse</b>	\$120.20	\$100.15
<b>Employee + Child(ren)</b>	\$99.35	\$82.78
<b>Employee + Family</b>	\$178.20	\$148.47

Value PPO Plan		
Bi-Weekly	Base Rate	Wellness Rate
<b>Employee Only</b>	\$100.18	\$83.47
<b>Employee + Spouse</b>	\$210.79	\$175.63
<b>Employee + Child(ren)</b>	\$174.23	\$145.17
<b>Employee + Family</b>	\$312.48	\$260.36

Wellness rates will not show up on Self Service. You will automatically get the discounted price if you complete the quarterly requirements.

# MEDICAL & RX BENEFITS

## Medical & Pharmacy (Rx) Benefits

Waiting period: 30 days from Date of Hire.

ABX Air’s medical and pharmacy benefits are provided through UnitedHealthcare. UnitedHealthcare offers a broad network of participating physicians and facilities, as well as an extensive library of online information and programs.

To view a current list of network providers and access member tools, sign in at [www.myuhc.com](http://www.myuhc.com) or call UnitedHealthcare at 888-350-5607.

The chart below gives a partial summary of the medical coverage provided by each plan.



	HSA Plan		Value PPO Plan	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
<b>ANNUAL DEDUCTIBLE</b>				
<b>INDIVIDUAL</b>	\$1,550	\$3,100	\$825	\$1,325
<b>FAMILY</b>	\$3,100	\$6,200	\$1,650	\$2,650
<b>COINSURANCE (PLAN PAYS) PAYS)</b>	80%*	60%*	80%*	50%*
<b>ANNUAL OUT-OF-POCKET MAXIMUM (MAX INCLUDES DEDUCTIBLE)</b>				
<b>INDIVIDUAL</b>	\$4,000	\$6,200	\$3,100	\$6,200
<b>FAMILY</b>	\$7,350	\$12,400	\$6,200	\$12,400
<b>LIFETIME MAXIMUM</b>	Unlimited			
<b>COPAY/COINSURANCE (YOU PAY)</b>				
<b>PREVENTIVE CARE</b>	100%	Not Covered	100%	Not Covered
<b>PRIMARY CARE VISITS</b>	80%*	60%* of MNRP	\$25 copay	50%* of MNRP
<b>HOSPITAL SERVICES</b>	80%*	60%* of MNRP	80%*	50%* of MNRP
<b>HEALTH CARE FACILITY</b>	80%*	60%* of MNRP	80%*	50%* of MNRP
<b>HOSPITAL EMERGENCY ROOM</b>	80%* for emergencies 60%* for non-emergencies	80%* of MNRP for emergencies 60%* of MNRP for non-emergencies	80% after \$200 copay for emergencies 80%* after \$250 copay for non-emergencies	80% of MNRP after \$200 copay for emergencies 50%* of MNRP after \$250 copay for non-emergencies

\* After deductibles and/or Copays

MNRP = Maximum Non-Network Reimbursement Program

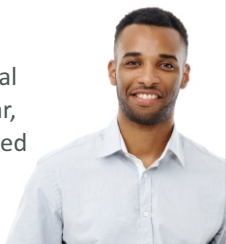




# MEDICAL & RX BENEFITS

## How Will You Choose Your Medical Plan?

If you're relatively healthy and you have enough savings to cover a health care emergency, a high-deductible plan often makes sense—especially when you add in ABX Air's cash contribution to your HSA. But if you tend to have high health care costs, or if you're short on savings, it's worth taking a careful look at your potential cash flow risk.

How do you make the right choice? Here's an easy way to look at your options, even if you're short on time.

<p><b>Jose</b> Jose expects his medical bills to be low next year, and he has a well-funded savings account for emergencies.</p> 	<p><b>Elise</b> Elise has kids. They are healthy—but accidents happen! Her annual medical costs go up and down.</p> 	<p><b>Julie</b> Julie's pretty sure what next year will bring: expensive medical bills for her current health condition.</p> 
<p>Employee Only Coverage Estimated 2019 Medical Bills: \$300</p>	<p>Family Coverage Estimated 2019 Medical Bills: \$1,000 (but might be more)</p>	<p>Employee + Spouse Coverage Estimated 2019 Medical Bills: \$5,000+</p>

### First let's compare the fixed costs:

Employee Only	HSA Plan	Value Plan	Family	HSA Plan	Value Plan	Employee + Spouse	HSA Plan	Value Plan
2019 Premium*	\$1,197	\$2,605	2019 Premium*	\$4,633	\$8,124	2019 Premium*	\$3,125	\$5,481
ABX HSA contrib.	\$ 500	N/A	ABX HSA contrib.	\$1,000	N/A	ABX HSA contrib.	\$1,000	N/A
Net Cost	\$ 697	\$2,905	Net Cost	\$3,633	\$8,124	Net Cost	\$2,125	\$5,481
Cost Difference		<b>+\$2,208</b>	Cost Difference		<b>+\$4,491</b>	Cost Difference		<b>+\$3,356</b>

Both plans have similar coinsurance at 80% (with slight variations). But what's the additional out-of-pocket risk, including the deductible?

Out-of-Pocket Max	\$4,000	\$3,100	Out-of-Pocket Max	\$7,350	\$6,200	Out-of-Pocket Max	\$7,350	\$6,200
Risk Difference	<b>+\$ 900</b>		Risk Difference	<b>+\$1,150</b>		Risk Difference	<b>+\$1,150</b>	

Jose doesn't expect many medical bills. Even in the worst-case scenario, he has savings to cover the \$900 out-of-pocket, especially considering he'll save \$2,208 in his fixed net costs. For him, the Value PPO Plan is no value. Jose chooses the HSA Plan.

Elise knows it will be tight coming up with the additional \$1,150 out-of-pocket in the HSA Plan's worst-case-scenario—but she knows she's guaranteed to save \$4,491 in net cost over the Value PPO Plan. And if they have a healthy year, they'll save even more with the HSA! She decides to fund her HSA to cover the deductible with pre-tax dollars. Elise chooses the HSA Plan.

Julie fully expects to pay her out-of-pocket maximum in 2019. Even though the HSA Plan has a deductible that's \$1,150 higher, it's still far less than the additional \$3,356 net cost of the Value PPO Plan. The HSA Plan is a better value for Julie, even if her health condition continues into the future. Julie chooses the HSA Plan.

\* Premiums shown do not include the Wellness discount

# MEDICAL & RX BENEFITS

## How Does the Deductible Work?

The **deductible** is the amount you pay for your covered health care services before your insurance plan starts to pay.

Once you have paid the total deductible for the year, the plan pays the scheduled coinsurance benefit (80% for most in-network claims). You pay the remaining copays and coinsurance (20% for most in-network claims).

When your share of the deductible, copays and coinsurance costs equal your **Annual Out-of-Pocket Maximum**, your insurance really kicks in and pays 100% of all remaining costs for the rest of the year. The next year, you are back at zero and must begin paying the deductible again.

Each of the ABX Medical Plans has an Individual and a Family deductible. The Family deductible applies to Employee + Spouse, Employee + Child(ren), and Employee + Family coverage.

The Family deductible for the HSA Plan is “non-embedded.” The Family deductible for the Value PPO Plan is “embedded.” The illustration at right describes the difference.

### Year-to-Date Medical Expenses

Josh: \$500  
 Lisa: \$100  
 Mia: \$900  
**Total: \$1,500**

#### HSA Plan (Non-Embedded Deductible)

Family Deductible = \$3,100  
 Deductible is NOT met

The Harmon’s will continue to pay their deductible until the family’s combined expenses total \$3,100.

#### Value PPO Plan (Embedded Deductible)

Family Deductible = \$1,650  
 (\$825 per person)

Mia meets her deductible; 80% coinsurance kicks in for her future in-network expenses. Josh and Lisa will continue to pay the deductible until they each pay \$825 in expenses -or- the family’s payments as a whole equal \$1,650.

The Harmon Family



# MEDICAL & RX BENEFITS

## Virtual Visits

See a doctor whenever, wherever.

**Get access to care 24/7 with Virtual Visits.**

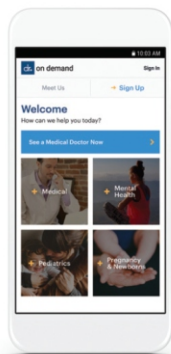
A Virtual Visit lets you see a doctor from your mobile device or computer without an appointment.

Choose from an AmWell or Doctor on Demand network provider and pay \$50 or less for the visit.

To learn more and start a visit, go to [uhc.com/virtualvisits](http://uhc.com/virtualvisits). You can also go directly to [amwell.com](http://amwell.com) or [doctorondemand.com](http://doctorondemand.com) — or the AmWell or Doctor On Demand mobile apps. Virtual Visits are covered under your health plan benefits either way you decide to access care.



AmWell app



Doctor on Demand app

## Tips for registering

1. Locate your member ID number on your health plan ID card.
2. Have your credit card ready to cover any costs not covered by your health plan.
3. Choose a pharmacy that's open in case you're given a prescription.\*\*

\*\*Prescription services may not be available in all states.

To learn more about Virtual Visits, go to [uhc.com/virtualvisits](http://uhc.com/virtualvisits) or [myuhc.com](http://myuhc.com).





# HEALTH SAVINGS ACCOUNT (HSA)

Contributions to an HSA are tax-free, and no matter what, the money in the account is yours. Use it to pay for eligible medical expenses and receive a triple tax break.

## Health Savings Account

*Waiting period: 30 days from Date of Hire*

When you use your HSA funds for qualified medical expenses, you can net a **triple tax break**: your contributions are made pre-tax; withdrawals are tax-free; and investment growth is also tax-free.

Eligible expenses include your deductibles and copayments, doctors' office visits, dental expenses, eye exams, prescription expenses and LASIK surgery. IRS Publication 502 provides a complete list of eligible expenses and can be found on [www.irs.gov](http://www.irs.gov).

If you withdraw money for non-medical expenses, you'll owe taxes and a 20% penalty. However, after age 65 you can withdraw money to pay for non-medical expenses without penalty, but the funds will be taxed as income (similar to a traditional pre-tax IRA).

## Eligibility

You are eligible to open and fund an HSA if:

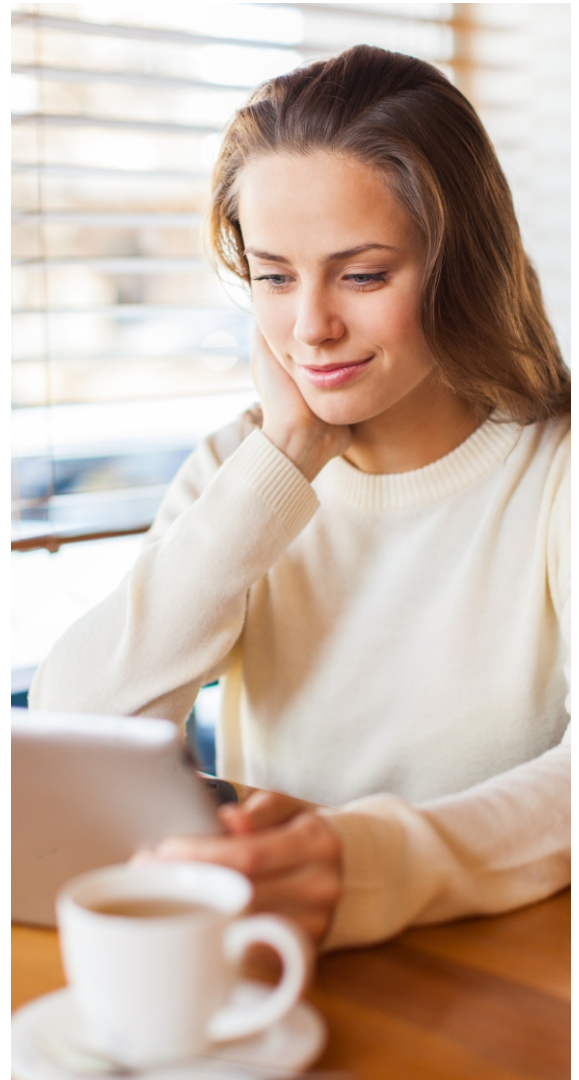
- You are enrolled in an HSA-eligible High Deductible Health Plan, such as the ABX Air HSA Medical Plan.
- You are not covered by your spouse's health plan, health care flexible spending account (FSA) or health reimbursement account (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare.
- You have not received Veteran Administration medical benefits.

## Individually-Owned Account

The HSA Plan provides you with an HSA through Optum Bank. You own and administer your Health Savings Account. You determine how much you'll contribute to the account (change requests are processed on a monthly basis). Your account comes with a debit card you can use to pay for doctor visits, prescriptions, and other eligible medical expenses. HSAs allow you to save and roll over money if you do not spend it in the calendar year. The money in your HSA stays with you, even if you change plans or jobs. There are no vesting requirements or forfeiture provisions.

## TIP

Funds in your HSA will roll over from year to year, allowing you to save money for future medical expenses.



# HEALTH SAVINGS ACCOUNT (HSA)

## 2019 HSA Funding Limits

Each year, the IRS places a limit on the maximum amount that can be contributed to HSA accounts. For 2019, contributions (which includes any employer contribution) are limited to the following:

2019 HSA Funding Limits	
<b>INDIVIDUAL</b>	\$3,500
<b>FAMILY</b>	\$7,000
<b>CATCH-UP CONTRIBUTION (AGE 55+)</b>	\$1,000

## 2019 HSA COMPANY CONTRIBUTIONS

ABX Air will increase your savings by making contributions to your HSA. In order to receive the company contribution, you must open a Health Savings Account before January 1. If you are hired in 2019, you must open your HSA within 60 days of hire to receive the company contribution. The entire company contribution will be deposited after your first paycheck of 2019.

2019 HSA Company Contributions	
<b>INDIVIDUAL</b>	\$500
<b>FAMILY</b>	\$1,000



## HSA: How to Enroll

- You must elect the HSA Medical Plan and complete all HSA enrollment materials.
- You must open a Health Savings Account with Optum Bank. If you are electing this benefit for the first time, go to [www.optumbank.com](http://www.optumbank.com) and open your account. Optum will notify ABX that the account has been successfully established and is ready to receive both employee and employer contributions.
- ABX will deposit your HSA contributions once your account information has been provided and verified.
- Each year, you must designate the amount you wish to contribute. Your prior contribution designation does not carry over from year to year.
- In order to receive the company contribution, you must open your Health Savings Account before January 1, 2019. If you are hired in 2019, you must open your HSA within 60 days of hire to receive the company contribution. ABX will deposit the entire company contribution after your first paycheck of 2019.

# FLEXIBLE SPENDING ACCOUNTS (FSA)

TIP

Use it or lose it! Manage your account wisely and take advantage of the 2½ month FSA Grace Period. If you have contributions from the prior year remaining in your FSA on March 15, you forfeit it.



## Medical FSA

*Waiting period: one year from Date of Hire*

The ABX Air Medical FSA allows you to save money on taxes by contributing money pre-tax for eligible medical, dental, and vision expenses that aren't covered by your health care plan or elsewhere.

Eligible expenses include deductibles, coinsurance, copayments and other out-of-pocket expenses. IRS Publication 502 provides a complete list of eligible expenses and can be found on [www.irs.gov](http://www.irs.gov).

**2019 Contribution Limit: \$2,650**

## Eligibility

You are eligible to open and fund a Medical FSA if:

- You are not enrolled in the ABX Air HSA Medical Plan
- You are not making contributions to a Health Savings Account (HSA)

## Dependent Care FSA

*Waiting period: one year from Date of Hire*

The ABX Air Dependent Care FSA allows you to save money on taxes by contributing money pre-tax for dependent care services such as day care, preschool, summer camps or before- and/or after-school programs. It can also be used for elder daycare when an elderly or disabled parent is considered a dependent and you're covering more than 50 percent of their maintenance costs.

The annual contribution limit for a Dependent Care FSA is based on the account holder's tax filing status. Generally, joint filers have double the limit of single or separate filers. However, even if each spouse has access to a separate FSA through his or her employer, they are still subject to the mandated maximum limits.

## 2019 Contribution Limits:

Account holder is single: \$2,650

Account holder is married and filed a separate tax return: \$2,650

Account holder is married and files a joint return or filed as single/head of household: \$5,300

## Eligibility

You are eligible to open and fund a Dependent Care FSA if:

- You have been employed by ABX Air for at least one year.



# DENTAL & VISION BENEFITS

**TIP**

Daily cleaning and regular visits to the dentist will help prevent unwanted health concerns, saving you time and money in the long run.



Dental and vision checkups can detect serious health issues in their early stages. Routine care is important for your teeth, eyes, and overall health.

## Dental & Vision Benefits

Waiting period: 30 days from Date of Hire.

- Dental coverage is through MetLife Dental. For more information or to find a dentist in the network visit [online.metlife.com](http://online.metlife.com) or call MetLife Dental at 800-942-0854.
- Vision coverage is through EyeMed. For more information or to find a network vision provider, log in to [eyemedvisioncare.com](http://eyemedvisioncare.com) or call EyeMed at 866-939-3633

## Network Providers

Your Plan's in-network dentists and vision providers have agreed to charge lower fees, which helps keep money in your pocket. If you choose to use a provider who is not in your Plan's network, your out-of-pocket costs may be higher, and you are subject to any charges over the Reasonable and Customary (R&C).

## Vision Plan Benefit Change for 2019

EyeMed's new prescription safety glass benefit provides a \$100 safety frame allowance (separate from your regular frame allowance) and \$0.00 copay on most safety glass lenses.

## Dental & Vision Premiums

Your premium contributions will be deducted from your paycheck on a pre-tax basis. Your coverage tier will determine your biweekly premium.

### 2019 Dental & Vision Premiums

Bi-Weekly Premiums	Enhanced Plan	Basic Plan
<b>EMPLOYEE ONLY</b>	\$ 8.64	\$ 7.17
<b>EMPLOYEE + SPOUSE</b>	\$16.86	\$13.94
<b>EMPLOYEE + CHILD(REN)</b>	\$20.19	\$16.69
<b>EMPLOYEE + FAMILY</b>	\$28.41	\$23.43

# DENTAL & VISION BENEFITS

## 2019 Schedule of Dental Benefits

Plan Feature	Enhanced Plan	Basic Plan
<b>ANNUAL DEDUCTIBLE</b>	\$25 per person	None
<b>LIFETIME DEDUCTIBLE</b>	None	\$50 per person
<b>ANNUAL MAXIMUM BENEFIT</b>	\$2,000 not including orthodontia	\$1,500
<b>DIAGNOSTIC/PREVENTIVE SERVICES</b> Exams, cleanings, x-rays, fluoride application, etc.	\$100% of R&C* deductible does not apply	80% of R&C* after the deductible
<b>BASIC RESTORATIVE SERVICES</b> Fillings, extractions, surgery, endodontics, periodontal procedures such as bone and gum surgeries, etc.	80% of R&C* after the deductible	
<b>MAJOR RESTORATIVE SERVICES</b> Onlays, crowns, bridges, etc.	50% R&C* after the deductible	
<b>ORTHODONTIA &amp; BRUXISM TREATMENT</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	

\* Reasonable & Customary

## 2019 Schedule of Vision Benefits

<b>EYE EXAM</b>	Reimburses up to \$50
<b>GLASSES, FRAMES OR CONTACTS</b>	Reimburses up to \$100
<b>SAFETY FRAMES AND LENSES</b>	Reimburses up to an additional \$100 for safety frames; \$0.00 copay on most safety lenses



# LIFE & DISABILITY BENEFITS

## For Full-Time Employees Only

### These benefits are not subject to Open Enrollment

Waiting period Life, AD&D, Voluntary STD, Group Life and Voluntary Accident: 60 days from Date of Hire

Waiting period LTD: one year from Date of Hire non-pilots  
two years from Date of Hire for pilots

The following plans are insured by The Hartford

## Life and AD&D Insurance

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).

Your Hartford company-paid Life and AD&D coverage also includes the following programs at no cost to you. See page 20 for more information.

- EstateGuidance® Will Services
- Funeral Conceivege Services
- Beneficiary Assist® Counseling Services
- Travel Assistance and ID Theft Protection

## Long Term Disability (LTD)

LTD is automatically provided to full-time employees with one year of full-time service at no cost to you. Your LTD coverage also includes The Hartford's Ability Assist® Counseling Services. See [page 21](#) for more information.

## Voluntary Short Term Disability (STD)

The weekly maximum benefit for STD has been increased to \$1,000. If you have not previously elected Short Term Disability and wish to do so at this time, you will be subject to Evidence of Insurability. Please contact Human Resources for more information.

## Voluntary Group Universal Life Insurance

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

The company offers a Group Universal Life (GUL) Insurance program that allows you to purchase up to six times your annual salary in life insurance. Evidence of Insurability maybe required for new enrollment. For more information visit [www.personal-plans.com/abxair/](http://www.personal-plans.com/abxair/) or call 800-441-5581 to speak to a customer service representative.

## Voluntary Accident Insurance

This plan is insured by CIGNA

This plan allows employees to purchase Accidental Death & 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.

## Voluntary Accident Rates for 2019

### Bi-weekly Cost:

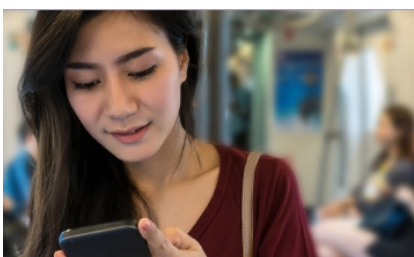
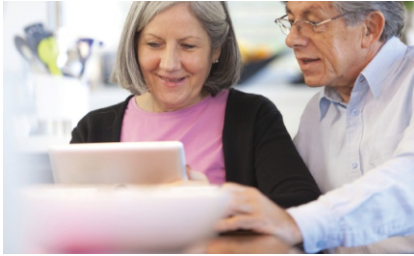
Employee Principal Amount	Single	Family
\$ 25,000	\$0.35	\$0.64
\$ 50,000	\$0.69	\$1.27
\$ 75,000	\$1.04	\$1.91
\$ 100,000	\$1.38	\$2.54
\$ 125,000	\$1.73	\$3.18
\$ 150,000	\$2.08	\$3.81
\$ 175,000	\$2.42	\$4.44
\$ 200,000	\$2.77	\$5.08
\$ 225,000	\$3.12	\$5.71
\$ 250,000	\$3.46	\$6.35
\$ 275,000	\$3.81	\$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

If you elect the family coverage, your family members are covered at these levels of the principal amount :

Spouse	50%
Spouse (if no children)	60%
Children	10%
Children (if no spouse)	15%



## LIFE & DISABILITY BENEFITS



The following services are included with The Hartford Life and AD&D insurance plan:

**EstateGuidance® Will Services** — This free service offered through ComPsych® helps you create a simple, legally binding will online, saving you the time and expense of a private legal consultation. A will ensures your intentions will be honored in the event of your death, including who will inherit your property, serve as guardian of your children, and manage your estate. Without a will those decisions may be left to others. The service includes online assistance from licensed attorneys if you have questions, and unlimited revisions. Additional estate planning services, such as creating a living will and specifying your funeral wishes, are also available for purchase. For more information, visit [estateguidance.com](https://www.estateguidance.com) and sign in with code **WILLHLF**.

**Funeral Concierge Services** — Losing a loved one is one of life's most shocking experiences. This service helps you make confident, informed decisions about funeral arrangements during a difficult time. It includes 24/7 expert advisors, a database of funeral home prices, pre-planning tools and more. To learn more, call **866-854-5429** or visit [everestfuneral.com/hartford](https://www.everestfuneral.com/hartford) and log on with code **HFEVLC**.

**Beneficiary Assist® Counseling Services** — If a claim is filed under The Hartford Base Life and AD&D plan, you, your beneficiaries and/or immediate family members may access a range of services and support including legal advice, financial planning, and emotional counseling. Services continue for up to one year. Call **800-411-7239** for more information.

**Travel Assistance & ID Theft Protection Services** — Travel Assistance services are available when you're more than 100 miles from home for 90 days or less. It includes pre-trip information, emergency medical assistance, and other emergencies that may occur while traveling. ID Theft Assistance includes detection services and prevention education. For more information, call **800-243-6108** and have your Travel Assistance ID Number **GLD-09012** handy.

The following is included with The Hartford LTD Insurance coverage:

**Ability Assist® Counseling Services** — From everyday issues like job pressures, relationships and retirement planning, to highly impactful issues like grief, loss, or a disability, Ability Assist through ComPsych® provides confidential, professional support for you, your spouse and dependents. The service includes up to three face-to-face counseling sessions per occurrence per year. This means you and your family members can each get counseling for your own unique needs. Legal, financial, medical and benefit-related counseling is also available by phone. Call **800-964-3577** or visit [guidanceresources.com](https://www.guidanceresources.com) and click the "Register" tab. Enter **HLF902** in the Organization Web ID and **ABILI** as the Company Name.

# RETIREMENT BENEFITS

TIP

Review your life circumstances and long-term financial goals each year. The results may call for an adjustment to your 401(k) investment mix.



It's never too early — or too late — to start planning for your retirement. Making contributions to a 401(k) account is the first step toward achieving financial security later in life. ABX Air's Capital Accumulation/401(k) Plan provides you with the opportunity to save toward your long-term financial goals.

## Capital Accumulation/401(k) Plan

*Waiting period: 60 days from Date of Hire*

*Fidelity Investments is the record keeper and trustee of the 401(k) plan.*

Eligible employees hired after 1/1/2016 can invest for retirement while receiving certain tax advantages. Beginning July 1, 2018, the company will match \$1.00 for every \$1.00 you save up to 5% of your annual salary.

## Eligibility

You may start making pre-tax contributions to your 401(k) account after 60 days of continuous employment. Employees are automatically enrolled at 2% of gross pay.

## Contributing to the Plan

You designate a percentage of your income to contribute through pre-tax payroll deductions. The maximum allowable pre-tax contribution is set each year by the IRS. For 2019, the pre-tax contribution limit is \$19,000. You may contribute an additional \$6,000 if you are age 50 or over.

Visit [www.401k.com](http://www.401k.com) or call (800) 835-5095 to enroll, make changes, or request more information.

**After you have completed the eligibility period, you may enroll in the 401(k) and change your contributions at any time. This benefit is not subject to the Annual Open Enrollment restrictions.**

# GLOSSARY

Health insurance has a language all its own. Understanding how your insurance plan works is something every American needs to master. These terms are important to know to get the most out of your health care coverage.



**COINSURANCE** — The percentage you pay for the cost of covered health care services, usually after you have paid your full deductible. For example, once you have paid your deductible, you may pay 20% of the cost of services until you reach your out-of-pocket maximum. Your insurance plan pays the other 80%.

**COPAY** — A set dollar amount you pay for doctor visits, prescriptions and other health care services. The copay amount is determined by your insurance plan.

**DEDUCTIBLE** — The amount you pay for your health care services before your insurance starts to help out. Only services that are covered by your health insurance “count” toward your deductible. However, some preventive care services—like your annual physical and exams—are completely free to you. For those services, your plan pays the whole cost, even if you haven’t paid your deductible.

**HEALTH SAVINGS ACCOUNT (HSA)** — A personal savings account for qualified health care expenses. You can only have an HSA if you’re in a High-Deductible Health Plan (HDHP). HSAs can help you build a health care nest egg. When you need health care in the future, you can use the account to pay for qualified health care expenses. You don’t pay taxes on the contributions, earnings or withdrawals, as long as you use the account for qualified health care. Your HSA funds are yours. They roll over from year to year, and the account goes with you if you change jobs. At ABX Air, you also receive company contributions to your HSA.

**HIGH DEDUCTIBLE HEALTH PLAN (HDHP)** — A medical plan option that typically offers lower premium payments in exchange for a higher deductible. When you enroll in an HDHP, you may save for your qualified health care expenses with the tax advantages of a Health Savings Account (HSA) (see above).





# GLOSSARY



**IN-NETWORK** — a group of doctors, labs, hospitals, and other providers that your plan contracts with for discounted costs. When you use in-network providers, you'll almost always pay less because of the discount, and also because your copays and coinsurance are often lower.

**OUT-OF-NETWORK** — any doctor, lab, hospital or other provider who is not contracted with your insurance company. If you choose an out-of-network doctor, you will almost always pay more because you will not receive a discounted rate, and also because your copays and coinsurance are usually higher.

**OUT-OF-POCKET MAXIMUM** — this is a “cap” on your costs for the year. In a worst-case-scenario year when you need a lot of care, your plan pays for 100% of year health care once you hit this cap. This is the true insurance part of your health insurance. It protects you financially, especially if you get really sick or seriously injured and need special (and expensive) care. This limit does not include your premiums, charges beyond the Reasonable & Customary, or health care your plan doesn't cover.

**PREMIUM** — The amount you pay for your health insurance out of your paycheck bi-weekly. Your premium is an indicator of the value of your plan and depends on a variety of factors, including: the cost of health care in your area; whether your plan also covers a spouse and/or child(ren); which services are covered; and how much you pay for health care services for the year before you reach your annual out-of-pocket maximum. For this reason, you need to consider all the factors when you choose a health plan — not just your biweekly premium cost.

**REASONABLE & CUSTOMARY ALLOWANCE (R&C)** — the amount your insurance company will pay for a medical service based on what providers in the area usually charge for the same or similar medical service.

**SUMMARY OF BENEFITS AND COVERAGE** — your insurance carrier or plan sponsor will provide you with a clear summary of your benefits and plan coverage.



# REQUIRED LEGAL NOTICES

## IMPORTANT LEGAL NOTICES

*The following notices are mandated by federal law.*

**November 1, 2018**

### Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your plan administrator.

### Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, contact your plan administrator.

### Notice of Special Enrollment Rights for Medical Plan Coverage

As you know, if you have declined enrollment in ABX Air's medical plans for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

ABX Air will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have *60 days* – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the ABX Air group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan.

## REQUIRED LEGAL NOTICES

### Important Notice to Employees from ABX Air About Creditable Prescription Drug Coverage and Medicare

*The purpose of this notice is to advise you that the prescription drug coverage listed below under the ABX Air medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2019. This is known as "creditable coverage."*

**Why this is important.** *If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2019 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.*

*If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.*

Please read the notice below carefully. It has information about prescription drug coverage with the companies of ATSG (covered by the ABX Air Cafeteria Plan), and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

#### Notice of Creditable Coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the ABX Air prescription drug plans, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2019. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the ABX Air plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop ABX Air coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the ABX Air plan, assuming you remain eligible.

You should know that if you waive or leave coverage with ABX Air and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this ABX Air coverage changes, or upon your request.

#### For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.**



# REQUIRED LEGAL NOTICES

## ABX Air HIPAA Privacy Notice

**Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by ABX Air health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: HSA Plan, Value PPO Plan, Enhanced PPO Plan. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

### The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not ABX Air as an employer — that's the way the HIPAA rules work. Different policies may apply to other ABX Air programs or to data unrelated to the Plan.

### How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing “behind the scenes” plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

### How the Plan may share your health information with ABX Air

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to ABX Air for plan administration purposes. ABX Air may need your health information to administer benefits under the Plan. ABX Air agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. The Human Resources Department are the only ABX Air employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Plan and ABX Air, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose “summary health information” to ABX Air, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to ABX Air information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that ABX Air cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by ABX Air from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

## Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

<b>Workers' compensation</b>	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
<b>Necessary to prevent serious threat to health or safety</b>	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
<b>Public health activities</b>	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
<b>Victims of abuse, neglect, or domestic violence</b>	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
<b>Judicial and administrative proceedings</b>	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
<b>Law enforcement purposes</b>	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises
<b>Decedents</b>	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
<b>Organ, eye, or tissue donation</b>	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
<b>Research purposes</b>	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
<b>Health oversight activities</b>	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
<b>Specialized government functions</b>	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
<b>HHS investigations</b>	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

## Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

### *Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse*

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

### *Right to receive confidential communications of your health information*

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

### *Right to inspect and copy your health information*

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.



### *Right to amend your health information that is inaccurate or incomplete*

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

### *Right to receive an accounting of disclosures of your health information*

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an “accounting of disclosures.” You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided
- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a “limited data set” (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

### *Right to obtain a paper copy of this notice from the Plan upon request*

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

## **Changes to the information in this notice**

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on January 1, 2019. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised privacy notice via your employer's intranet site.

## **Complaints**

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, contact your Human Resource Department.

## **Contact**

For more information on the Plan's privacy policies or your rights under HIPAA, contact Your Human Resource Department.

# BENEFIT CONTACTS

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## MEDICAL

UnitedHealthcare

888-350-5607

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

## DENTAL

MetLife Dental

800-942-0854

[www.online.metlife.com](http://www.online.metlife.com)

## VISION

EyeMed Vision Care

866-939-3633

[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

## HEALTH SAVING ACCOUNT

Optum Bank

[www.optumbank.com](http://www.optumbank.com)

## FLEXIBLE SPENDING ACCOUNT

Contact your Human Resource Department

## GROUP LIFE and AD&D, GROUP LTD, VOLUNTARY STD

The Hartford

## VOLUNTARY GROUP UNIVERSAL LIFE

Mercer

800-441-5581

[www.personal-plans.com/abxair/](http://www.personal-plans.com/abxair/)

## VOLUNTARY ACCIDENT

Cigna

## CAP/401(k) Plan

Fidelity

800-835-5095

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