



**Your  
2008  
Full-time  
Employee  
Benefits  
Open  
Enrollment  
Guide**





Dear Fellow Employee:

At ABX Air one of our core values is **Our People**. We understand how important our benefit package is for you and your family. We are pleased to offer you a comprehensive and affordable benefit package. Our benefit program is designed to help you access health care when you or your family need it, to provide income protection for you or your family in the event of a catastrophic loss, and to provide you with a way to save for your retirement. We believe we offer a very competitive benefit package that can be tailored to meet your needs.

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 2008 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 call the Benefits Department at 1-800-736-3973 x63157 or x63085 or ask anyone in the Human Resources Department.

Sincerely,

Debbie Loveless  
Senior Director, Human Resources



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# What's New for 2008?

Here is what's new for 2008. Be sure to review page 18 for more details. These changes are effective January 1, 2008.



- Introduction of a third medical plan option called the “Value PPO Plan.” This plan will offer lower employee contributions from your paycheck with attractive coverage levels.
- The following changes are being made to the Enhanced PPO plan:
  - The in-network deductible is increasing from \$150 to \$300 for individuals and from \$300 to \$600 for families. (See page 20 to learn how the deductible works.)
  - The individual in-network out-of-pocket maximum is increasing from \$1,000 to \$1,500 and the family limit from \$2,000 to \$3,000. (See page 20 to learn how the out-of-pocket maximum works.)
- New option to elect stand alone dental and vision benefits if you elect your medical coverage with another employer.
- The Medical Flexible Spending Account limit is increasing to \$5,000 from \$2,600. (See page 20 to learn how the Flexible Spending Account can help you.)
- The Health Savings Account limit is increasing to \$2,400 for individuals and \$4,800 for families. (See page 11 to learn how a Health Savings Account works.)
- Employee contributions have been revised.

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# Your 2008 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 you to help you choose your 2008 benefits. All changes are effective January 1, 2008. Please review this information carefully and follow these three easy steps to complete your enrollment. The deadline to complete your changes is November 21, 2007.

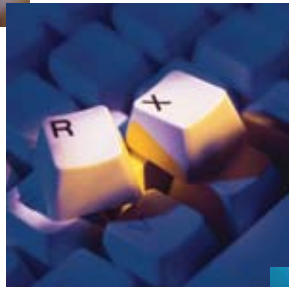
## Step 1. Review

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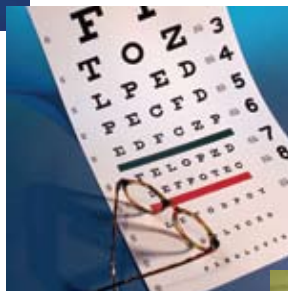
## Step 2. Decide

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## Step 3. Enroll

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# 1. Review your choices



You have several choices to make. Here is what you need to know:

## Medical Insurance

All three medical options are administered by United HealthCare.

You have three plans to choose from: the **Enhanced PPO**, the **Value PPO**, and the **Health Savings Account (HSA) PPO**.

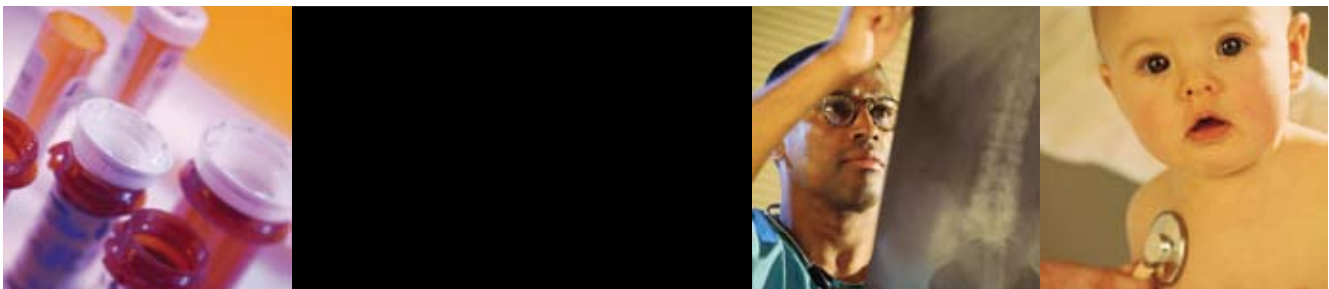
### **Enhanced PPO** See page 28 for more details.

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 \$300 deductible for in-network care.

#### **What's new for 2008?**

- The in-network deductible is increasing to \$300 per individual, with a cap of \$600 for families. (See page 20 to learn how the deductible works)
- The in-network out-of-pocket maximum limit is increasing to \$1,500 per individual, with a cap of \$3,000 for families (See page 20 to learn how the out-of-pocket maximum works).

<b>2008 Employee Contributions</b>	Bi-weekly
Employee Only	\$25.38
Employee & Child(ren)	\$62.31
Employee & Spouse	\$64.62
Employee, Spouse, & Child(ren)	\$76.15



## Value PPO See page 28 for more details.

**NEW IN 2008**

This is a new choice for employees in 2008. This option offers a lower cost out of your paycheck while still covering the same services as the Enhanced PPO Plan. The coverage levels are different than the Enhanced PPO except for office visits and prescription drugs, which are the same. Highlights include:

- Same office visit co-pays as the Enhanced PPO Plan

Primary Care Physician	\$15
Specialists	\$25

- Same prescription drug co-payment as the Enhanced PPO Plan

<b>Retail (31-day supply)</b>	Tier 1 - 90% (\$10 min/\$20 max)	Tier 2 - 80% (\$25 min/\$45 max)	Tier 3 - 60% (\$50 min/\$70 max)
<b>Mail Order (90-day supply)</b>	Tier 1 - 90% (\$20 min/\$40 max)	Tier 2 - 80% (\$50 min/\$90 max)	Tier 3 - 60% (\$100 min/\$140 max)

- The Coinsurance for most in-network inpatient and outpatient services is 80% after the deductible. Out-of-network coverage is 50% after the deductible.
- The in-network Deductible for the Value PPO is \$500 per individual, with a cap of \$1,000 for families. The out-of-network deductible is \$1,000 per individual, with a cap of \$2,000 for families.
- The Out-of-pocket Maximum for in-network care is \$2,500 per individual, with a cap of \$5,000 for families. The out-of-network maximum is \$5,000 per individual, with a cap of \$10,000 for families.
- Emergency care is treated as in-network regardless of the status of the hospital.

<b>2008 Employee Contributions</b>	Bi-weekly
Employee Only	\$19.85
Employee & Child(ren)	\$50.77
Employee & Spouse	\$53.08
Employee, Spouse, & Child(ren)	\$61.85

## Health Savings Account PPO See page 28 for more details.

This plan has a high deductible of \$1,250 per person and \$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. Your account comes with a debit card which you can use to pay doctor visits, prescriptions and other medical expenses not covered by the insurance.

### What's new for 2008?

- Employees can now contribute up to \$2,400 annually of their own pre-tax money for individual coverage in addition to ABX contributing \$500 annually. Employees can contribute \$4,800 annually for family coverage, in addition to the \$1,000 that ABX contributes annually.

<b>2008 Employee Contributions</b>	Bi-weekly
Employee Only	\$11.54
Employee & Child(ren)	\$25.85
Employee & Spouse	\$26.77
Employee, Spouse, & Child(ren)	\$31.38

# Dental Insurance

Both dental options are administered by MetLife.

You have two plans to choose from: the **Enhanced Dental** and the **Basic Dental**. If you choose medical coverage, you must cover the same family members (if eligible) as you cover on the medical plan.

## Enhanced Dental

See page 32 for more details.

This option provides coverage for preventive care, dental treatment and orthodontia. Please see the page 32 for coverage levels.

### What's new for 2008?

- You may now choose dental coverage for yourself and your dependents, if you decline medical coverage with ABX. You must choose dental and vision together in this option. If you elect dental and vision under this option, there is a bi-weekly cost to you.

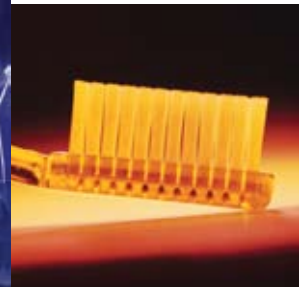
### 2008 Employee Contributions

Dental coverage is provided at no cost to full-time employees if you elect a medical option. Part-time employees may elect this coverage for employee only under this plan. Dependents of part-time employees are not eligible for this option.

If you choose to decline medical and elect dental and vision coverage, the premiums are as follows:

### 2008 Enhanced Dental and Vision without Medical

	Bi-weekly
Employee Only	\$12.46
Employee & Child(ren)	\$29.08
Employee & Spouse	\$24.46
Employee, Spouse, & Child(ren)	\$40.62



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## Basic Dental

See page 32 for more details.

This option provides coverage for preventive care and dental treatment. There is no coverage for orthodontia. Please see the summary descriptions for coverage levels.

### What's new for 2008?

- You may now choose dental coverage for yourself and your dependents, if you decline medical coverage with ABX. You must choose dental and vision together in this option. If you elect dental and vision under this option, there is a bi-weekly cost to you.

### 2008 Employee Contributions

Dental coverage is provided at no cost to full-time employees if you elect a medical option. Part-time employees may elect this coverage for themselves or family members at an additional cost.

### 2008 Cost for Part-time Employees:

	Bi-weekly
Employee Only	\$ 0.00
Employee & Child(ren)	\$24.00
Employee & Spouse	\$17.08
Employee, Spouse, & Child(ren)	\$41.08

For both Full-time and Part-time employees, if you choose to decline medical and elect dental and vision coverage, the premiums are as follows:

### 2008 Basic Dental and Vision without Medical

	Bi-weekly
Employee Only	\$18.46
Employee & Child(ren)	\$43.85
Employee & Spouse	\$34.46
Employee, Spouse, & Child(ren)	\$61.85

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# Vision Benefits

*Vision benefits are administered by EyeMed.*

You have one vision plan option. When choosing medical, dental, and vision coverage, you must cover the same family members as your medical plan election. You also have the option of declining medical, but choosing dental and vision for yourself and family members.

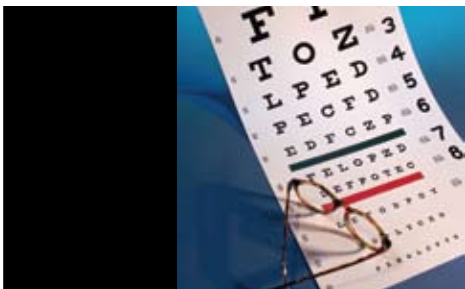
## **Vision Plan**

See page 32 for more details.

Benefits are provided at no cost to full-time and part-time employees and family members when you choose an ABX medical plan. 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 2008?**

- You may now choose vision coverage for yourself and your dependents, even if you decline medical coverage with ABX. You must choose dental and vision together in this option. See pages 8 and 9 for costs for dental and vision only coverage.



# 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 Benefits Handbook (Summary Plan Description) for more details.

### Medical FSA

You can contribute up to \$5,000 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 Medical FSA and the Health Savings Account at the same time.

### Dependent FSA

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

### What's New in 2008?

You may now contribute up to \$5,000 per year pre-tax into the medical FSA, up from \$2,600 in 2007.

### Use it or lose it!

You need to carefully budget for any money you contribute to the Flexible Spending Account. Any left over 2007 money after March 15, 2008, will be forfeited and used to help fund the ABX Air Employee Catastrophic Relief Fund.

## Health Savings Accounts

See the Benefits Handbook (Summary Plan Description) 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 may also contribute up to \$2,400 for single or \$4,800 for families to the Health Savings Account each year.

If you elect this option you must open a health savings account with Exante Bank. If you are electing this benefit for the first time, an Exante Bank health savings account will be automatically opened for you. If you are already enrolled in this option and have not yet opened an Exante Bank health savings account, then call the Benefits Department at 1-800-736-3973 x63157 or x63085 for an application. Once your account is opened you will receive a debit card to pay for medical expenses that are subject to the deductible or not covered by insurance such as orthodontia, hearing aids, Lasik surgery, and co-payments.

### The Money is Yours to Keep

#### ***NO "Use it or lose it"***

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

You must elect the 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 Dependent FSA with the Health Savings Account.

# Life Insurance, AD&D, and Short and Long-term Disability

## Voluntary Accident Insurance

*This plan is insured by CIGNA.*

See Benefits Handbook (Summary Plan Description) for more details.

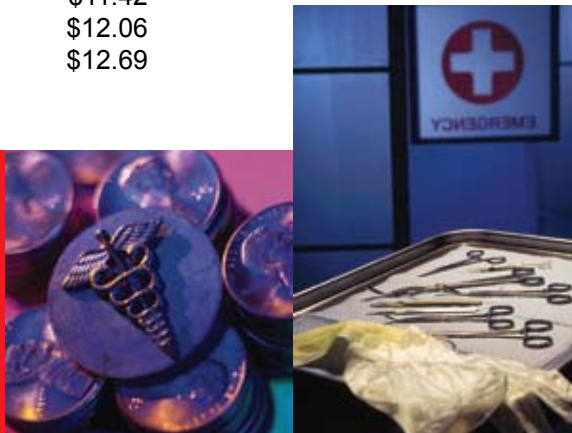
This plan allows full-time and part-time employees to purchase accidental death and dismemberment insurance. This plan pays a benefit if you die, lose a limb or eye sight in an accident (on-the-job or off-the job). You may purchase from \$25,000 up to \$500,000 in coverage but not more than 10 times your annual salary for amounts over \$250,000. You may also purchase family coverage for your spouse and dependent children.

### Bi-weekly cost:

Employee Principal Amount	Single	Family
\$ 25,000	\$0.35	\$ 0.64
\$ 50,000	\$0.69	\$ 1.27
\$ 75,000	\$1.04	\$ 1.91
\$100,000	\$1.38	\$ 2.54
\$125,000	\$1.73	\$ 3.18
\$150,000	\$2.08	\$ 3.81
\$175,000	\$2.42	\$ 4.44
\$200,000	\$2.77	\$ 5.08
\$225,000	\$3.12	\$ 5.71
\$250,000	\$3.46	\$ 6.35
\$275,000	\$3.81	\$ 6.98
\$300,000	\$4.15	\$ 7.62
\$325,000	\$4.50	\$ 8.25
\$350,000	\$4.85	\$ 8.88
\$375,000	\$5.19	\$ 9.53
\$400,000	\$5.54	\$10.15
\$425,000	\$5.88	\$10.79
\$450,000	\$6.23	\$11.42
\$475,000	\$6.58	\$12.06
\$500,000	\$6.92	\$12.69

Family members are covered at these levels of the principal sum if you elect the Family coverage:

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



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## Short-term Disability (Full-time only)

*This plan is insured by CIGNA.*

See the Benefits Handbook  
(Summary Plan Description) for more details

This is an optional plan that allows employees to purchase Short-term Disability benefits. Full-time employees may purchase short-term disability for a nominal cost. This plan pays a benefit equal to 50% 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.

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

*These plans are insured by CIGNA.*

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

## Other Benefits

### Group Universal Life Insurance

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

ABX Air offers a Group Universal Life Insurance program that allows you to purchase up to 6 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)

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

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



## 2. Deciding on your choices

You need to decide which coverage you want for 2008. There are a number of resources that are available to help you make your choices. These include:

- The CD included in the packet is your Benefits Handbook (Summary Plan Description) of your benefits. This document provides detailed descriptions of your benefits.
- Pages 28–32 of this brochure provide summaries of your options.
- Ask a member of the Benefits Department (800) 736-3973 ext. 63157 or ext. 63085.
- Visit the Benefits website at [www.myabx.com/benefits](http://www.myabx.com/benefits).
- Use the Medical Plan Comparison calculator located at [www.myabx.com/benefits](http://www.myabx.com/benefits).

### 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)

#### **Eyemed Vision Care**

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

#### **Group Universal Life Insurance**

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

### Which plan is best for me?

ABX offers several options to allow you to choose the plan that best fits your needs. Deciding which plan is best for you is a personal decision based on your situation and family needs. To help you make the best choice, United Healthcare has an online plan comparison tool available by following the link at [www.myabx.com/benefits](http://www.myabx.com/benefits).

Remember that you are signing up for benefits for the entire 2008 year. You cannot make a change mid-year unless you have a Work/Family Status change. Otherwise, you can change your benefits again in November, 2008 for the year 2009.



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# A word about dependents:

Only eligible individuals may be enrolled in the ABX Health Plan. All enrolled individuals are subject to an audit and proof of eligibility can be required at any time. Enrolling individuals who are not eligible is insurance fraud and could result in you having to repay any paid claims, the loss of your job, and/or being arrested and convicted of a felony.

**Any dependents added during open enrollment require a document of proof of eligibility (such as a birth certificate for a child or a marriage certificate for a spouse). Please provide proof of eligibility by sending photo copies of documents in the self addressed stamped envelope included in this packet. We cannot process your enrollment until we have received these documents.**

Eligible Dependents for the ABX Air Health Insurance Plan are:

- Legal spouse.
- Unmarried children under age 19, including your natural children, legally adopted children, children placed for adoption, stepchildren residing with you and any other children supported solely by you and permanently residing with you, provided you are their legal guardian or you claim the children as dependents for federal income tax purposes.
- Unmarried children from age 19 until age 23 who are registered students in full time attendance at an accredited university or similar institution of learning and who are dependent on you for support and for whom you are entitled to an income tax exemption.
- Unmarried child who is incapable of self-sustaining employment by reason of developmental disability or physical handicap, provided such child was covered under this Plan at the time of disability and immediately prior to his or her 19th birthday (23rd if a student).

Acceptable Forms of Proof of Eligibility are:

- **Spouse:** copy of legal marriage certificate or license.
- **Unmarried natural or adopted children under age 19:**  
*One of the following for each child:*  
Copy of county, state, or government issued birth certificate, or  
Copy of hospital birth certificate if certified and contains names of parents, or  
Copy of legal adoption paperwork, or  
Qualified Medical Child Support Order (QMCSO).
- **Unmarried stepchildren and/or any other children under age 19:**  
*Proof of dependent child status as listed in section above and one of the following for each child:*  
Copy of legal guardianship paperwork issued by the courts.  
Proof of Residency (one of the following):  
Copy of your latest tax return indicating you claim the child as your dependent (you may black out financial information), or  
Documentation from school, daycare, or pediatrician stating the child lives in the employee's home.
- **Unmarried child (natural, adopted, stepchildren, or other) from age 19 to 23:**  
*Proof of dependent child status as listed in sections above and the following:*  
Official university/college documentation that indicates full-time student status.

Other forms of documentation may be acceptable depending upon the situation. If you believe that your dependent is eligible and you have a form of proof not listed above, please contact the Benefits Department at 1-800-736-3973 x 62567 to discuss.

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## 3. Enrolling for 2008

**Deadline is 11/21/2007**

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**.

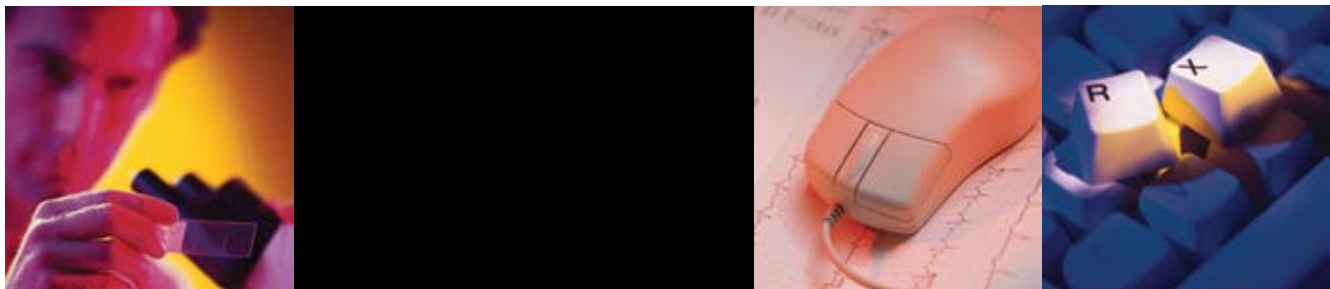
Your USER ID = **Your employee number**

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

EXAMPLE:   USER ID           123456  
              Password         ABC6789

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 January 1, 2008.
5. Click **SUBMIT**. Once you submit your form, the file is forwarded to the Benefits Department for approval or rejection. Enrollment with errors will be rejected and it your responsibility to check on the status of your enrollment and make any corrections. Do not click on "Save as Draft", as this will NOT submit your election.
6. Check your enrollment to make sure it has been approved. The Benefits 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. Enrolling for 2008

**Deadline is 11/21/2007**

## Helpful Hints

- If you would like Self Service to send you an e-mail when your enrollment has been approved, enter your e-mail address under PERSONAL.
- If you elect more than \$250,000 in Voluntary Accident Insurance, be sure you do not elect more than 10 times your annual base salary.
- If you want to know what your 2007 benefits are, click on MY BENEFITS.
- Make sure you enter any dependents first.
- Make sure you send proof of dependents in the self addressed envelope for any dependents who are not currently enrolled.

## Don't have access to a computer?

- Check with your public library.
- Use one of the Kiosks located at your work location.
- Call the Benefits Department at (800) 736-3973 ext. 63157 or ext. 63085 for assistance.

## Do I need to enroll?

If you are not making any changes to your benefits and did not elect the Flexible Spending Account or are not contributing to the Health Savings Account, you do not need to re-enroll. Your 2007 benefit elections will carry over to the 2008 plan year with the new plan changes.

### You must re-enroll if:

- You want to elect the Flexible Spending Account for 2008.
- You want to contribute to the Health Savings Account.
- You want to change your benefit elections.



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# What's New for 2008

## Introducing a new option: "Value PPO Plan"

ABX Air is pleased to announce the introduction of a new option called the Value PPO Plan. This option has lower employee contributions than the Enhanced PPO plan, along with lower deductibles and co-payments than the Health Savings Account PPO plan. The office visit and prescription drug co-payments are the same as the Enhanced PPO plan. This plan covers all the same medical services as the Enhanced PPO and HSA PPO plans; only the coverage payment levels are different. By offering a third choice, you can choose the plan that best fits your needs. Be sure to carefully review the Schedule of Benefits found on page 28 for details about this option. You can use the Comparison Tool, found on the ABX Benefits website to help you decide which option is best for you.

## Enhanced PPO Plan Changes

### Deductible Increasing

The in-network individual deductible is increasing from \$150 to \$300 and the in-network family deductible is increasing from \$300 to \$600. Once the deductible has been satisfied for the year, you do not have to pay again for the rest of the year.

### Out-of-Pocket Maximum Increasing

The in-network individual out-of-pocket maximum is increasing from \$1,000 to \$1,500 and the in-network family out-of-pocket maximum is increasing from \$2,000 to \$3,000. Once the out-of-pocket has been satisfied for the year, eligible expenses are covered at 100%.

## Stand Alone Dental and Vision Offered

Employees can now elect Dental and Vision benefits without electing an ABX Medical Plan. This may be a good choice for you if you have medical coverage elsewhere, such as through your spouse's employer. If you elect this option, there will be a cost to you. You must elect the Dental and Vision benefit together.



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## Flexible Spending Account Limit Increased

The maximum amount you can contribute to the Medical Flexible Spending Account is increasing to \$5,000 from \$2,600. Be sure to review the section on How a Flexible Spending Account Can Help You Save Money on page 20.

## Health Savings Account Contribution limits increased

The maximum amount you can contribute to the Health Savings Account is increasing to \$2,400 for individuals and \$ 4,800 for families. The previous limits were \$750 for individuals and \$1,500 for families. This option is available only if you elect the Health Savings Account PPO Plan. Be sure to review the information about Health Saving Accounts on page 11.

## New Employee Contributions

The employee contributions are increasing for 2008:

### Enhanced PPO

	2008 Bi-weekly	2007 Bi-weekly	Difference
Employee Only	\$25.38	\$20.77	\$4.61
Employee & Child(ren)	\$62.31	\$53.08	\$9.23
Employee & Spouse	\$64.62	\$55.38	\$9.24
Employee, Spouse & Child(ren)	\$76.15	\$64.62	\$11.53

### Value PPO

	2008 Bi-weekly	2007 Bi-weekly	Difference
Employee Only	\$19.85	N/A	N/A
Employee & Child(ren)	\$50.77	N/A	N/A
Employee & Spouse	\$53.08	N/A	N/A
Employee, Spouse & Child(ren)	\$61.85	N/A	N/A

### Health Savings PPO

	2008 Bi-weekly	2007 Bi-weekly	Difference
Employee Only	\$11.54	\$9.69	\$1.85
Employee & Child(ren)	\$25.85	\$21.23	\$4.62
Employee & Spouse	\$26.77	\$22.15	\$4.62
Employee, Spouse & Child(ren)	\$31.38	\$25.85	\$5.53

# What's New for 2008

## How does the Deductible work?

The deductible is the amount you pay before the insurance will pay any benefit. For example, the Enhanced PPO plan has an individual in-network deductible of \$300 and the Value PPO Plan has an individual in-network deductible of \$500. Once the deductible has been satisfied for the calendar year, the plan pays the scheduled benefit. You only have to satisfy the deductible once per calendar year.

To help protect families, each plan has a family deductible. For example, the Enhanced PPO plan has a family deductible of \$600. Once the family as a whole reaches \$600, the plan will pay the scheduled benefit. This way each family member does not have to reach the individual deductible.

Certain benefits are not subject to the deductible. Doctor office visits and prescription drugs co-payments are not subject to the deductible (except in the Health Savings Account PPO where it is required by law).

Each plan we offer has a different deductible so you should carefully review your options before making your decision on which plan to enroll in.

## How does the Out-of-Pocket Maximum Work?

The out-of-pocket maximum is designed to protect you and your family from catastrophic claims. For example, in the Value PPO Plan, the in-network out-of-pocket maximum is \$2,500. This means the most you would pay is \$2,500 plus the deductible and any co-payments. An illustration may help. Suppose you had a catastrophic claim and the hospital bill was \$100,000. You are enrolled in the Value PPO plan and you used an in-network hospital. Here's what you would have to pay and what the plan would pay:

Hospital Claim	\$100,000
Deductible	\$ 500 (you pay)
Remaining	\$ 99,500
Plan Pays @ 80%	\$79,600
20% remaining is	\$19,900; out-of-pocket max is \$2,500
Because out-of-pocket maximum reached at \$2,500	
Plan pays 100%	\$17,400 (\$19,900 - \$2,500)
Total you pay	\$ 3,000
Total plan pays	\$97,000

## How can a Flexible Spending Account help you save money?

You can use pre-tax dollars to pay for health care expenses that are not reimbursed by your medical insurance plan, such as deductibles and coinsurance.

For example, assume that your unreimbursed health care expenses during a Plan Year are \$1,000 and that your marginal tax rate is 30%. If you contribute, on a pre-tax basis, \$1,000 to your medical FSA, you will reduce your taxable income by \$1,000. This will then decrease your taxes by \$300 (\$1,000 x 30%). Thus, by paying your health care expenses from your medical FSA, you will save \$300.

Paying eligible expenses with before-tax dollars can mean significant tax savings. But you must be careful not to over-budget on your expected costs. Under IRS regulations, if you have any money left in your FSA at the end of the plan year and next year grace period and you didn't incur an expense during the plan year/grace period to offset it, you will lose the money in your account. But, if you budget wisely, you should not have any forfeitures.

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# Questions and Answers

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

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

ABX Cafeteria	2 - Sort B break room 1st floor
Base Shops	Administration break room
Air Park Services break room	Flight crew lounge (Building 209)
Building 10 break room	Human Resources / Benefits Department
Near employee relations' office in Sort B	

In addition, in Wilmington, the Benefits Department will be available on select nights. Watch ABX TV for the schedule.

For out-base employees, Kiosks have been installed at each regional hub. Line Maintenance stations can access through their work P.C.

**Q. Where can I get help deciding which plan is best for me?**

**A.** Deciding which health plan is best for you and your family can be complicated. Before you start, it can be helpful to gather as much information about your health care usage as possible. How many doctor visits did you have this year? How many prescriptions? You can find this information on [www.myuhc.com](http://www.myuhc.com), which has your claims history. Once you have this information, you can use the Plan Comparison Tool, which will show you how each plan option will pay based on the information you enter. You can find a link to this tool on the ABX benefits web site at [www.myabx.com/benefits](http://www.myabx.com/benefits).

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

**A.** If you are currently enrolled and do not want to make any changes, you do not need to complete the Benefit Self Service enrollment form. Your current benefit election will continue. However, to enroll in the 2008 Flexible Spending Account or contribute to the Health Savings Account you must elect an amount on the enrollment form. This deduction does not carry over from year to year. If you wish to make any changes, you **MUST** complete the Benefit Self Service enrollment form by the November 21, 2007 deadline.

# Questions and Answers

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

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

Provider	Insurance Company	Web site	Toll-free #s
Doctors & Hospitals	United Health Care	www.myuhc.com	(888) 350-5607
Dentists	MetLife	www.metlife.com/mybenefits	(800) 942-0854
Eye care providers	Eyemed Vision Care	www.eyemedvisioncare.com	(866) 723-0513

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.

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

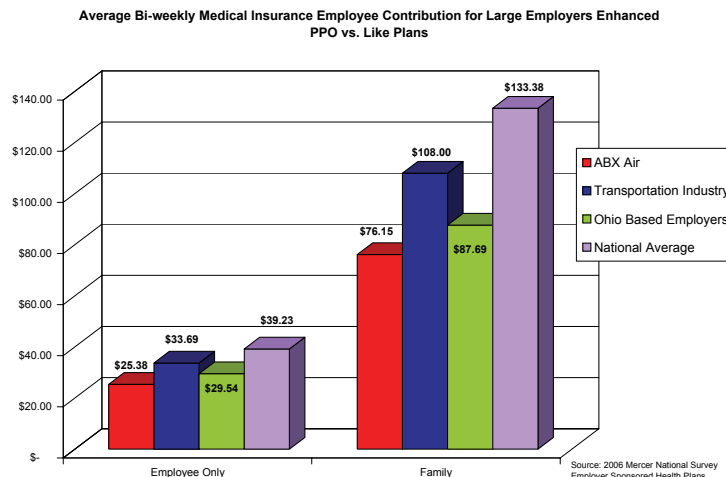
**A.** You need to complete the Benefit Self Service enrollment form by November 21, 2007.

**Q. How can I get a paper copy of the 2008 Benefits Handbook?**

**A.** Paper copies are available upon request through your supervisor or by calling the Benefits Department at (800) 736-3973 ext. 63157 or ext. 63085.

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

**A.** The cost of health care in the United States increased 9% this year, up from 7.7% in 2006. At ABX, programs such as the Healthcare Center and the recent dependent audit help slow down the rate of increase but we are still experiencing an increase. As the annual company cost increases, 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.



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# Questions and Answers

## **Q. Why is the Enhanced PPO deductible increasing?**

**A.** Each year ABX reviews our plan and how it compares with other large employers. We found that the Enhanced PPO Plan's current in-network individual deductible of \$150 was low and was contributing to the increased cost of our plan. By increasing our deductible, we are aligning it with comparable plans. The chart below shows how our new deductible compares with comparable plans offered by other large employers.

<b>ABX Air Enhanced PPO</b>	<b>Large Employers Transportation Industry</b>	<b>Large Employers Ohio</b>	<b>Large Employers National</b>
\$300	\$400	\$300	\$300

*Source: Mercer National Survey of Employer-Sponsored Health Plan 2006*

## **Q. Why is the Enhanced PPO Plan Out-of-pocket Maximum Increasing?**

**A.** Like the deductible, we also reviewed how our out-of-pocket maximum compares to similar plans. We found that our current in-network out-of-pocket maximum of \$1,000 was unusually low. Like the deductible, we are aligning our out-of-pocket maximums with comparable plans. The chart below shows how our new in-network out-of-pocket maximum compares with comparable plans offered by other large employers.

<b>ABX Enhanced PPO</b>	<b>Large Employers Transportation Industry</b>	<b>Large Employers Ohio</b>	<b>Large Employers National</b>
\$1,500	\$2,000	\$1,500	\$2,000

*Source: Mercer National Survey of Employer-Sponsored Health Plan 2006*

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

**A.** No, our current plan limits the HSA to those employees in the HSA PPO and the Medical FSA to those in the Enhanced PPO or the Value PPO. You may elect both HSA and the Dependent FSA.

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

**A.** According to the IRS regulations for an HSA eligible plan, the deductible must be met in full and apply to everything before coinsurance or co-pays begin to pay. Only preventive care is exempt from this requirement.

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# Questions and Answers

## **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.

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

## **Q. What is a deductible?**

- A.** The deductible is the amount that you must pay before the plan will pay any benefits. This amount is payable just once a year.

## **Q. What is a co-payment?**

- A.** A co-payment is the amount you pay each time you receive care. Examples of when co-payments are charged include office visits, urgent care visits, emergency room visits, and prescription drugs.

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# Questions and Answers

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

**A.** You should return to the Inbox section of Benefits Self Service and check the “My Messages” area for confirmation of approval or rejection. If approved, you have nothing left to do. If rejected, please correct the error and resubmit for approval. Again, check the same area after three days to make sure your form was approved.

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

**A.** See any Human Resources representative or call the Benefits Department at (800) 736-3973 ext. 63157 or ext. 63085. 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 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).

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

**A.** ABX Air offers a Voluntary Accident Insurance program that lets you purchase additional Accidental Death and Dismemberment coverage for yourself or your eligible family members. Enrollment is effective on January 1. More information about the program can be found in your 2008 Benefits Handbook (Summary Plan Description) or on Benefits Self Service.

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

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

- Marriage or Divorce
- Birth or Adoption of a child
- Death of a spouse
- Child reaching maximum age (maximum age = 19 unless full-time college student up to the 23rd birthday)
- Loss of coverage from spouse’s employer

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

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

All enrolled dependents are subject to an audit and proof of eligibility may be required at any time. Enrolling individuals who are not eligible is insurance fraud and could result in you having to repay any paid claims, the loss of your job, and/or being arrested and convicted of a felony.

**Q. *May I decline coverage?***

**A.** Yes, you can decline coverage. When you decline coverage, you must choose whether to decline all Medical, Dental and Vision benefits or just Medical (and choose the stand-alone Dental and Vision).

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# Questions and Answers

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

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

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

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

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

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

- A.** If you have spoken with the insurance company customer service department and they are unable to help resolve your claim issue, contact the ABX Benefits Department at ext. 62567 or 62531 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 for full-time employees 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.



# Schedule of Medical Benefits 2008

Medical Plan Features	Enhanced		Value		HSA	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
NurseLine: Pin 185 1-888-609-5880      A Nurse is available to provide immediate medical info & support 24 hrs/day; 100% covered.						
<b>Preventive Care</b> • Routine physical • Immunization • Pap test • Mammogram	100% after \$15 copay/office visit up to \$300/person max/calendar yr (deductible does not apply)	Not covered	100% after \$15 copay/office visit up to \$300/person max/cal yr (deductible does not apply)	Not covered	100% after \$20 copay/office visit up to \$300/person max/cal yr (deductible does not apply)	Not covered
<b>Well Baby Care</b>	100% after \$15 copay/office visit up to 2 <sup>nd</sup> birthday (deductible does not apply)	Not covered	100% after \$15 copay/office visit up to 2 <sup>nd</sup> birthday (deductible does not apply)	Not covered	Covered under Preventive Care	Not covered
<b>Chiropractic</b>	\$25 copay Limit 6 visits/cal year	60% of MNRP <sup>1</sup> Limit 6 visits/cal year (deductible applies)	\$25 copay Limit 6 visits/cal year	50% of MNRP <sup>1</sup> Limit 6 visits/cal year (deductible applies)	\$30 copay Limit 6 visits/cal year (deductible applies)	60% of MNRP <sup>1</sup> Limit 6 visits/cal year (deductible applies)
<b>Physician Services</b> • Office Visits	100% after \$15 copay/office visit \$25 copay/specialist visit (deductible does not apply)	60% of MNRP <sup>1</sup> (deductible applies)	100% after \$15 copay/office visit \$25 copay/specialist visit (deductible does not apply)	50% of MNRP <sup>1</sup> (deductible applies)	100% after \$20 copay/office visit \$30 copay/specialist visit (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
<b>Hospital Services</b> • Hospital Visits • Inpatient Surgery • Outpatient Surgery • Hospital Newborn Care	100% hospital visits and surgery (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)	80% hospital visits and surgery (deductible applies)	50% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)

Medical Plan Features	<u>Enhanced</u>		<u>Value</u>		<u>HSA</u>	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
<b>Health Care Facility</b> <ul style="list-style-type: none"> <li>• Hospital Outpatient (minor surgery, radiation therapy)</li> <li>• Hospital Inpatient<sup>2</sup> (room and board, x-rays, intensive care, newborn routine nursery care)</li> <li>• Skilled Nursing Facility<sup>2</sup> (room &amp; board up to semiprivate room rate, up to 120 days/cal year)</li> <li>• Home Health Care<sup>2</sup> (up to 130 visits/cal year)</li> <li>• Hospice Care<sup>2</sup> (up to \$5,000 maximum)</li> </ul>	100% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	50% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
<b>X-Ray and Lab Anesthesiology</b>	100% (deductible applies)	100% when ordered by a network provider (deductible applies) 60% of MNRP <sup>1</sup> when ordered by a non-network provider (deductible applies)	80% (deductible applies)	80% when ordered by a network provider (deductible applies) 50% of MNRP <sup>1</sup> when ordered by a non-network provider (deductible applies)	80% (deductible applies)	80% when ordered by a network provider (deductible applies) 60% of MNRP <sup>1</sup> when ordered by a non-network provider (deductible applies)
<b>Hospital Emergency Room</b>	100% after \$75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted)  80% after \$125 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	100% of MNRP <sup>1</sup> after \$75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted)  60% of MNRP <sup>1</sup> after \$125 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% after \$75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted)  80% after \$125 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% of MNRP <sup>1</sup> after \$75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted)  50% of MNRP <sup>1</sup> after \$125 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% for emergencies (deductible applies)  60% for non-emergencies (deductible applies)	80% of MNRP <sup>1</sup> for emergencies (deductible applies)  60% of MNRP <sup>1</sup> for non-emergencies (deductible applies)

Medical Plan Features	<b>Enhanced</b>		<b>Value</b>		<b>HSA</b>	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
<b>Urgent Care Centers</b>	100% after \$30 copayment/visit (deductible does not apply)	60% of MNRP <sup>1</sup> (deductible applies)	100% after \$30 copayment/visit (deductible does not apply)	50% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
<b>Other Covered Health Services:</b> <ul style="list-style-type: none"> <li>Ambulance Service</li> <li>Durable Medical Equipment</li> </ul>	80% (deductible applies)	80% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	80% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
Rehabilitation Therapy: Physical, Speech, Occupational and Respiratory therapy  Infertility Treatment (maximums apply; see Covered Health services – Infertility section)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	50% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
Bariatric Surgery <sup>2</sup>	80% (deductible applies) (does not count against the out-of-pocket maximum)	60% of MNRP <sup>1</sup> (deductible applies) (does not count against the out-of-pocket maximum)	80% (deductible applies) (does not count against the out-of-pocket maximum)	50% of MNRP <sup>1</sup> (deductible applies) (does not count against the out-of-pocket maximum)	80% (deductible applies) (does not count against the out-of-pocket maximum)	60% of MNRP <sup>1</sup> (deductible applies) (does not count against the out-of-pocket maximum)
<b>Outpatient Prescription Drugs</b>  Tiers as determined by the United HealthCare Prescription Drug List (PDL). See <a href="http://www.myuhc.com">www.myuhc.com</a> for the most current list.	Tier 1 - 90% (\$10 min/\$20 max) Tier 2 - 80% (\$25 min/\$45 max) Tier 3 - 60% (\$50 min/\$70 max)  <b>Mail Order</b> (90-day supply) Tier 1 - 90% (\$20 min/\$40 max) Tier 2 - 80% (\$50 min/\$90 max) Tier 3 - 60% (\$100 min/\$140 max)  (deductible/out-of-pocket maximums do not apply)	Not covered	Tier 1 - 90% (\$10 min/\$20 max) Tier 2 - 80% (\$25 min/\$45 max) Tier 3 - 60% (\$50 min/\$70 max)  <b>Mail Order</b> (90-day supply) Tier 1 - 90% (\$20 min/\$40 max) Tier 2 - 80% (\$50 min/\$90 max) Tier 3 - 60% (\$100 min/\$140 max)  (deductible/out-of-pocket maximums do not apply)	Not covered	Tier 1 - 80% (\$20 min/\$40 max) Tier 2 - 60% (\$40 min/\$60 max) Tier 3 - 50% (\$60 min/\$80 max)  <b>Mail Order</b> (90-day supply) Tier 1 - 80% (\$40 min/\$80 max) Tier 2 - 60% (\$80 min/\$120 max) Tier 3 - 50% (\$120 min/\$160 max)  (deductibles/out-of-pocket maximums apply)	Not covered

Medical Plan Features	<b>Enhanced</b>		<b>Value</b>		<b>HSA</b>	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
<b>Mental Health and Substance Abuse<sup>3</sup></b>						
• Inpatient Care <sup>3</sup> (maximums apply; see Mental Health and Substance Abuse section)	100% (deductible applies / out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible applies / out-of-pocket maximums do not apply)	80% (deductible applies / out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible applies / out-of-pocket maximums do not apply)	50% (deductible applies / out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible applies / out-of-pocket maximums do not apply)
• Outpatient Care <sup>3</sup> (maximums apply; see Mental Health and Substance Abuse section)	100%, after \$15 copayment (deductible / out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible / out-of-pocket maximums do not apply)	80%, after \$15 copayment (deductible / out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible / out-of-pocket maximums do not apply)	50% (deductible applies/ out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)
• Intermediate Care <sup>3</sup>	100% (deductible applies/out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)	80% (deductible applies/out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)	50% (deductible applies/ out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)
<b>Annual Deductible</b>	\$300/person; \$600/family (applies except where specified)	\$500/person; \$1,000/family (applies except where specified)	\$500/person; \$1,000/family (applies except where specified)	\$1,000/person; \$2,000/family (applies except where specified)	\$1,250/person; \$2,500/family	\$2,500/person; \$5,000/family
<b>Out-Of-Pocket Maximum</b>	\$1,500/person; \$3,000/family (except where specified)	\$5,000/person; \$10,000/family (except where specified)	\$2,500/person; \$5,000/family (except where specified)	\$5,000/person; \$10,000/family (except where specified)	\$3,500/person; \$7,000/family	\$5,000/person; \$10,000/family
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> Maximum Non-Network Reimbursement Program    <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

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

# Schedule of Dental and Vision Benefits 2008

## SCHEDULE OF DENTAL BENEFITS - 2008

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 - 2008

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

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# Notes:

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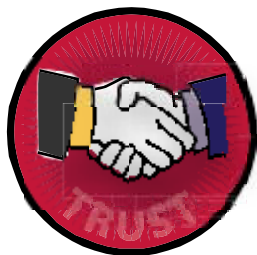
# Notes:

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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 Benefits Handbook (Summary Plan Description) included on the enclosed CD or available online at [www.myabx.com/benefits](http://www.myabx.com/benefits), or in paper form from the ABX Air Benefits Department. The information in this guide is believed to be accurate; however, if there are any inconsistencies between this guide and the plan document, the plan document will govern. Nothing contained in the 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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