



145 Hunter Drive • Wilmington, Ohio 45177 • (937) 366-4040 • www.airbornemx.com

October 29, 2011

Dear Fellow Employee:

Enclosed is your 2012 Open Enrollment information for health insurance. Open Enrollment is your once-a-year opportunity to make changes to your benefits elections. **The deadline to make changes is November 30, 2011.**

The good news at AMES is that premiums for medical coverage are not going to increase for 2012. The even better news is the introduction of a Wellness Program that includes premium discounts if you choose to participate.

In 2012, the plan design and options remain the same with slight changes in the drugs being offered in the pharmacy area. The options of drugs follow United Health Care's "Preferred Drug List" or PDL, which you can find on their website @ www.myuhc.com. We are also introducing a Diabetes Prevention Program through United Health Care. This program focuses on compliance for any known diabetics and prevention for anyone in the pre-diabetic category. UHC will reach out to individuals who may fall in either category to help them sign up if they choose. This is a voluntary program. Chiropractic visit limits have increased to 12 visits per calendar year for in network providers for both the Standard PPO and the Consumer Driven HSA plans. Chiropractic managed care has been added to the plans to help decrease costs.

In this packet, we have summarized your benefits options and cost changes. The benefits you choose now will be effective January 1, 2012. If you want to make changes to your benefits elections for 2012 or to enroll in the Flexible Spending Account (FSA) or Consumer Driven HSA, please visit Employee Self-Service between November 1st and the 30th. If you are enrolled in AMES benefits as of October 31, 2011 and are not making changes to your benefits for 2012, you do not need to complete the online elections. You will automatically remain in the same plan for 2012.

Today, all Americans are conscientious about the costs of their health care. In 2010 we saw increased health care costs and government required plan changes that all resulted in higher premiums in 2011. On a national average, benefit costs are expected to increase an average 7% this year. Our goal at AMES is to keep you informed about your health care options, what you can do to manage costs and to help you make better quality choices. If you have questions, be sure to ask. If you have any questions about your benefits, please feel free to contact Christine Cousineau at ext. 62472, Michelle Imhulse at ext. 62974, or me at ext 62387 in your Human Resources Department.

Sincerely,

A handwritten signature in black ink that reads "Debbie Loveless".

Debbie Loveless
Director, Human Resources

Full-time

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What's New for 2012?

Standard PPO Plan:

- Chiropractic visit limits were increased to 12 per calendar year for in network providers
- Diabetes Prevention Program introduced
- Pharmacy changes following UHC's preferred drug program and suggested Rx management
- There are new employee contributions for 2012

Consumer Driven HSA Plan:

- Chiropractic visit limits were increased to 12 per calendar year for in network providers
- Diabetes Prevention Program introduced
- Pharmacy changes following UHC's preferred drug program and suggested Rx management
- The pretax individual contribution limits increased to \$3,100 for an individual and \$6,250 for a family
- There are new employee contributions for 2012

Dental and Vision Benefits:

- There are new employee contributions for 2012.
- There are no changes to the plans features for 2012

Flexible Spending Account:

- This option is only available if you elect the Standard PPO Plan.
- There are no changes to the plan's features for 2012

Group Universal Life Insurance

- There is a special enrollment option given tis year, allowing an increase up to 1 times your base salary, not to exceed \$100,000, extended on a guaranteed acceptance basis, If you are eligible for this benefit, you will receive information about your options from the third party administrator, Marsh @Work Solutions.

Short Term and Long Term Disability Benefits;

- There are new costs for STD for 2012.
- The LTD cost structure for 2012 remains the same.

Your 2012 open enrollment guide

Open Enrollment 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 2012 benefits. All changes are effective January 1, 2012. Please review this information carefully and follow these three easy steps to complete your enrollment. The deadline to complete your changes is **November 30, 2011**.

1. Review your choices

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

Medical Insurance

Both medical options are administered by United HealthCare.

You have two plans to choose from:

- **Standard PPO Plan**
- **Consumer Driven HSA Plan**

Standard PPO Plan

See pages 15-17 for more details.

This plan option offers affordable co-payments for in-network doctor office visits and prescription medications. Most other in-network medical services are covered at 80% after the annual deductible. The annual in-network deductible is \$600 per covered individual and \$1,200 for families. The plan has an annual out-of-pocket maximum of \$2,500 for individuals and \$5,000 for families. Out-of-network services have lesser coverage.

Highlights of In-Network Coverage:

- The primary care office visit co-payment is \$20, and the specialist co-payment is \$30 with no deductible.
- The deductible is \$600 for individuals and \$1,200 for families.
- Coverage for hospital stays, x-rays, laboratory services, surgeries, and most other services are covered at 80% after satisfying your annual deductible.
- Prescription drugs are covered with a co-payment as described on page 17 with no deductible.

2012 Employee Contributions

| | Bi-weekly Base | Bi-weekly Wellness |
|-------------------------------|-----------------------|---------------------------|
| Employee Only | \$ 48.95 | \$ 40.79 |
| Employee & Child(ren) | \$ 85.12 | \$ 70.93 |
| Employee & Spouse | \$102.98 | \$ 85.82 |
| Employee, Spouse & Child(ren) | \$152.66 | \$127.21 |

Consumer Driven HSA PPO

See pages 15-17 for more details.

This plan uses a Health Savings Account (HSA) to help pay for your medical expenses and puts you in control of your health care cost. A Health Savings Account allows you to save money for medical expenses on a pre-tax basis, reducing your taxable income. If you don't spend the money, it remains in your account for next year.

To help fund your HSA, AMES will contribute \$500 for single coverage or \$1,000 for family coverage into your account. Contributions are prorated and paid on a bi-weekly basis throughout the year. You can also contribute to your HSA on a pre-tax basis up to \$3,100 annually for individuals and \$6,250 for families. Your account comes with a debit card that you can use to pay for doctor visits, prescriptions, and other medical expenses not covered by the insurance. You also earn interest on your money in the account from the bank.

Along with your HSA this option includes a catastrophic insurance plan to pay for "big ticket" medical expenses. The plan has a deductible of \$1,250 per person and \$2,500 for families¹ and provides 80% coverage for in-network services.

Highlights of In-Network Coverage:

- Health Savings Account with annual company contributions of \$500 for individuals or \$1,000 for families. You can contribute up to \$3,100 annually for individuals and \$6,250 for families.
- Deductible is \$1,250 per person and \$2,500 for families (see footnote 1).
- Coverage for hospital stays, doctor visits, x-rays, laboratory services, surgeries, and most other services are covered at 80% after satisfying your annual deductible.
- Out-of-pocket maximum is \$3,500 for individuals and \$7,000 for families.
- Prescription drugs are covered with a co-payment as described on page 17 after the deductible is met.

2012 Employee Contributions

| | Bi-weekly Base | Bi-weekly Wellness |
|-------------------------------|-----------------------|---------------------------|
| Employee Only | \$ 34.95 | \$ 29.12 |
| Employee & Child(ren) | \$ 60.77 | \$ 50.64 |
| Employee & Spouse | \$ 73.52 | \$ 61.27 |
| Employee, Spouse & Child(ren) | \$108.99 | \$ 90.82 |

¹ Unlike the Standard PPO plan, your entire family must reach the \$2,500 deductible before the plan will pay any benefit.

Dental Insurance

Both dental options are administered by MetLife.

There were changes to the cost for this plan for 2012.
You have two plans to choose from:

- **Standard Dental**
- **Basic Dental**

Standard Dental

See page 18 for more details.

This option provides coverage for preventive care, dental treatment, and orthodontia.

2012 Employee Contributions

| | Bi-weekly |
|-------------------------------|------------------|
| Employee Only | \$ 16.25 |
| Employee & Child(ren) | \$ 39.00 |
| Employee & Spouse | \$ 32.50 |
| Employee, Spouse & Child(ren) | \$ 55.25 |

Basic Dental

See page 18 for more details.

This option provides coverage for preventive care and dental treatment. There is no coverage for orthodontia.

2012 Employee Contributions

| | Bi-weekly |
|-------------------------------|------------------|
| Employee Only | \$ 15.59 |
| Employee & Child(ren) | \$ 33.34 |
| Employee & Spouse | \$ 31.18 |
| Employee, Spouse & Child(ren) | \$ 48.47 |

Vision Benefits

Vision benefits are administered by EyeMed.

If you elect one of the Dental options, vision benefits are included.

Vision Plan

See page 18 for more details.

The cost of the vision benefits are included in the cost of the AMES dental plans. 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.

Flexible Spending Accounts (FSA)

This plan is administered by United HealthCare.

Medical FSA

The Medical FSA allows you to contribute pre-tax dollars to an account that you can then use to pay for medical, dental, and vision expenses that are not covered by insurance. Examples include: deductibles, co-insurance, co-payments, and other out-of-pocket expenses. For a complete list of eligible expenses see IRS publication 502 at www.irs.gov. By using a FSA, you reduce your taxable income for the year by the amount you contribute to the program saving you money.

Use it or lose it!

You need to carefully budget for 2012. Any leftover 2012 money that is not used by March 15, 2013 will be forfeited to the Company.

Consumer Driven Health Savings Accounts

This plan is administered by United HealthCare.

If you elected the Consumer Driven HSA PPO for your medical insurance, AMES 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. The contribution is 1/26th of the \$500 or \$1,000 over each pay period of the year. You also may contribute up to \$3,100 for single or \$6,250 for families to the Health Savings Account each year.

IMPORTANT: If you elect this option you must open a Health Savings Account with Optum Health Bank. If you are electing this benefit for the first time or if you are already enrolled in this option and have not yet opened an Optum Health Bank Health Savings Account, please visit www.optumhealthbank.com to open your account. 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, co-payments, etc.

The Money is Yours to Keep

NO "Use it or lose it"

Unlike the Flexible Spending Accounts, any leftover 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 Consumer Driven HSA PPO as your medical insurance to be eligible for the Health Savings Account. If you elected the Standard PPO plan you are not eligible for the Health Savings Account.

Life Insurance and AD&D

These plans are insured by The Hartford.

Life Insurance & Accidental Death & Dismemberment are benefits provided to you by AMES. There is no cost to you for these benefits. 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. No action is required by you.

Voluntary Accident Insurance

This plan is insured by CIGNA.

This plan allows 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 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.

RATES FOR 2012:

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% |

Short-term Disability (STD) & Long-term Disability (LTD)

These plans are insured by Mutual of Omaha. See the Certificate of Coverage for details.

These benefits are optional benefits that allow employees to purchase short-term disability and long-term disability benefits. **These benefits are not subject to Open Enrollment.** There was a decrease in the STD premiums for 2012. If you are not enrolled in these benefits and wish to enroll after your initial period of eligibility, you must complete the evidence of insurability process. Please see your Human Resources representative for additional information.

Other Benefits:

Group Universal Life Insurance

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

AMES offers a Group Universal Life Insurance program that allows you to purchase up to six times your annual salary in life insurance. **This benefit is not subject to Open Enrollment.** Enrollment after your initial eligibility period requires evidence of insurability. For more information visit www.personal-plans.com/abxair or call (800) 441-5581 to speak with a customer service representative.

If you are currently enrolled in Group Universal Life Insurance, information about your benefit and the 2011 rates will be mailed to you separately from Marsh @ Work Solutions.

Capital Accumulation Plan / 401(k)

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

Visit www.401k.com or call (800) 835-5095 to enroll, make changes, or request more information. This benefit is not subject to Open Enrollment.

2. Deciding on your choices

You need to decide which coverage you want for 2012. A number of resources are available to help you make your choices:

- Read pages 15-18 of this brochure for summaries of your options.
- Call the Human Resources Department at ext. 62472, ext. 62794, or ext. 62387.
- Visit the AMES website at www.airbornemx.com and click on careers or visit <http://mronet/EmployeeConnections.cfm>

Web Resources

AMES Benefits

www.airbornemx.com.
<http://mronet/EmployeeConnections.cfm>

Medical Insurance

www.myuhc.com

Dental Insurance

www.metlife.com/mybenefits

EyeMed Vision Care

www.eyemedvisioncare.com

Group Universal Life Insurance

www.personal-plans.com/abxair

CAP/401(k) Plan

www.401k.com

3. Enrolling for 2012

The deadline is November 30, 2011.

1. Making changes to your enrollment is easy! Go on-line at www.airborne.mx.com and click on **CAREERS** and then **SELF SERVICE**, or go to <http://mronet/EmployeeConnections.cfm> and click on **SELF SERVICE**.

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, 2012.

NOTE: The wellness prices will not show up on Self Service. You will automatically get the discounted prices if you complete the quarterly requirements.

5. Click **SUBMIT**. Once you submit your form, the file is forwarded to the Benefits Administrator for approval or rejection. Enrollment with errors will be rejected; 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 Administrator is committed to processing all enrollments within three business days of submission.

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 2011 benefits are, click on MY BENEFITS.
- Make sure you enter any dependents before making other changes.
- Make sure you send proof of dependents in to the Human Resources Dept. for any dependents not currently enrolled.

Do I need to enroll?

If you were enrolled in AMES health insurance benefits prior to October 31, 2011, and not making any changes to your benefits and are not contributing to Health Savings Account or Flexible Spending Account, you do not need to re-enroll. Your 2011 benefit elections will carry over to the 2012 plan year with the new plan changes.

You must enroll if:

- You want to elect the Flexible Spending Account for 2012;
- You want to contribute to the Health Savings Account; or
- You want to change your benefit elections.

Don't have access to a computer?

- Check with your public library.
- Use one of the kiosks located at your work location.
- Call the Human Resources Department at ext. 62472 or ext. 62794 for assistance.

How does the Deductible Work?

The deductible is the amount you pay before the insurance will pay any benefit. For example, the Standard PPO Plan has an individual in-network deductible of \$600. Once the deductible has been satisfied for the calendar year, the plan pays the scheduled benefit. You have to satisfy the deductible only once per calendar year.

To help protect families, each plan has a family deductible. For example, the Standard PPO Plan has a family deductible of \$1,200. Once the family as a whole reaches \$1,200 the plan will pay the scheduled benefit. This way, each family member does not have to reach the individual deductible.

The Consumer Driven Health Savings Account deductible works differently than the Standard PPO Plan deductible. Under this plan if you elect family coverage the entire family must reach the \$2,500 deductible before the plan pays anything. The \$1,250 individual deductible applies only to people electing single coverage. Remember that the Company contributes to your Health Savings Account to help offset the cost of the deductible.

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

Each plan we offer has a different deductible, so you should carefully review your options before enrolling.

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 Standard PPO Plan, the in-network out-of-pocket maximum is \$2,500 for a single person. 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 Standard 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 | <u>\$ 600</u> (you pay) |
| Remaining | \$ 99,400 |
| Plan Pays @ 80% | \$79,520 |
| 20% remaining is | \$19,880; out-of-pocket max is \$2,500 |
| Because out-of-pocket maximum is reached at \$2,500 | |
| Plan pays 100% | \$17,380 (\$19,880 - \$2,500) |
| Total you pay | \$ 3,100 |
| Total plan pays | \$96,900 |

2012 Employee Contributions

All amounts are bi-weekly.

Medical, Dental & Vision Coverage

| | <u>Standard PPO Plan</u> | <u>Consumer Driven HSA PPO</u> |
|---------------------------------|--------------------------|--------------------------------|
| Employee Only | \$ 48.95 | \$ 34.95 |
| Employee and Child(ren) | \$ 85.12 | \$ 60.77 |
| Employee and Spouse | \$102.98 | \$ 73.52 |
| Employee, Spouse and Child(ren) | \$152.66 | \$ 108.99 |

Wellness Discounted Premiums

NOTE: The wellness prices will not show up on Self Service. You will automatically get the discounted prices if you complete the quarterly requirements.

| | <u>Standard PPO Plan</u> | <u>Consumer Driven HSA PPO</u> |
|---------------------------------|--------------------------|--------------------------------|
| Employee Only | \$ 40.79 | \$ 29.12 |
| Employee and Child(ren) | \$ 70.93 | \$ 50.64 |
| Employee and Spouse | \$ 85.82 | \$ 61.27 |
| Employee, Spouse and Child(ren) | \$127.21 | \$ 90.82 |

Dental & Vision Premiums

| | <u>STANDARD DENTAL & VISION</u> | <u>BASIC DENTAL & VISION</u> |
|---------------------------------|-------------------------------------|----------------------------------|
| Employee Only | \$ 16.25 | \$ 15.59 |
| Employee and Child(ren) | \$ 39.00 | \$ 33.34 |
| Employee and Spouse | \$ 32.50 | \$ 31.18 |
| Employee, Spouse and Child(ren) | \$ 55.25 | \$ 48.47 |

SCHEDULE OF MEDICAL BENEFITS – 2012

| Medical Plan Features | Standard PPO | | Consumer Driven 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 . . . |
| NurseLine: Pin 185 1-888-609-5880 A Nurse is available to provide immediate medical info & support 24 hrs/day; 100% covered. | | | | |
| Preventive Care Routine physical Immunization Pap test Mammogram | 100% after \$20 copay/office visit up to \$300/person max/cal yr (deductible does not apply) | Not covered | 100% after \$25 copay/office visit up to \$300/person max/cal yr (deductible does not apply) | Not covered |
| Well Baby Care | 100% after \$20 copay/office visit up to 2 nd birthday (deductible does not apply) | Not covered | Covered under Preventive Care | Not covered |
| Chiropractic | \$30 copay Limit 12 visits/cal year (deductible does not apply) | 50% of MNRP ¹ Limit 6 visits/cal year (deductible applies) | 80% Limit 12 visits/cal year (deductible applies) | 60% of MNRP ¹ Limit 6 visits/cal year (deductible applies) |
| Physician Services Office Visits | 100% after \$20 copay/office visit \$30 copay/ specialist visit (deductible does not apply) | 50% of MNRP ¹ (deductible applies) | 80% (deductible applies) | 60% of MNRP ¹ (deductible applies) |
| Hospital Services Hospital Visits Inpatient Surgery Outpatient Surgery Hospital Newborn Care | 80% hospital visits and surgery (deductible applies) | 50% of MNRP ¹ (deductible applies) | 80% (deductible applies) | 60% of MNRP ¹ (deductible applies) |
| Health Care Facility Hospital Outpatient (minor surgery, radiation therapy) Hospital Inpatient ² (room and board, x-rays, intensive care, newborn routine nursery care) Skilled Nursing Facility ² (room & board up to semiprivate room rate, up to 120 days/cal year) Home Health Care ² (up to 130 visits/cal year) Hospice Care ² (up to \$5,000 max) | 80% (deductible applies) | 50% of MNRP ¹ (deductible applies) | 80% (deductible applies) | 60% of MNRP ¹ (deductible applies) |

| Medical Plan Features | Standard PPO | | Consumer Driven 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 . . . |
| X-Ray and Lab Anesthesiology | 80% (deductible applies) | 80% when ordered by a network provider (deductible applies) 50% of MNRP ¹ when ordered by a non-network provider (deductible applies) | 80% (deductible applies) | 80% when ordered by a network provider (deductible applies) 60% of MNRP ¹ when ordered by a non-network provider (deductible applies) |
| Hospital Emergency Room | 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 ¹ after \$75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted) 50% of MNRP ¹ 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 ¹ for emergencies (deductible applies) 60% of MNRP ¹ for non-emergencies (deductible applies) |
| Urgent Care Centers | 100% after \$30 copayment/visit (deductible does not apply) | 50% of MNRP ¹ (deductible applies) | 80% (deductible applies) | 60% of MNRP ¹ (deductible applies) |
| Other Covered Health Services: Ambulance Service Durable Medical Equipment | 80% (deductible applies) | 80% of MNRP ¹ (deductible applies) | 80% (deductible applies) | 60% of MNRP ¹ (deductible applies) |
| Rehabilitation Therapy: Physical, Speech, Occupational and Respiratory therapy Infertility Treatment (maximums apply; see Covered Health services –Infertility section) | 80% (deductible applies) | 50% of MNRP ¹ (deductible applies) | 80% (deductible applies) | 60% of MNRP ¹ (deductible applies) |
| Bariatric Surgery ² | 80% (deductible applies) (does not count against the out-of-pocket maximum) | 50% of MNRP ¹ (deductible applies) (does not count against the out-of-pocket maximum) | 80% (deductible applies) (does not count against the out-of-pocket maximum) | 60% of MNRP ¹ (deductible applies) (does not count against the out-of-pocket maximum) |

| Medical Plan Features | Standard PPO | | Consumer Driven 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 . . . |
| Outpatient Prescription Drugs Tiers as determined by the United HealthCare Prescription Drug List (PDL). See www.myuhc.com for the most current list. | Tier 1 - 90% (\$10 min/\$20 max) Tier 2 - 80% (\$25 min/\$45 max) Tier 3 - 60% (\$50 min/\$70 max) Mail Order (90-day supply) Tier 1 - 90% (\$20 min/\$40 max) Tier 2 - 80% (\$50 min/\$90 max) Tier 3 - 60% (\$100 min/\$140 max) (deductible/out-of-pocket maximums do not apply) | Not covered | Tier 1 - 80% (\$20 min/\$40 max) Tier 2 - 60% (\$40 min/\$60 max) Tier 3 - 50% (\$60 min/\$80 max) Mail Order (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 |
| Mental Health and Substance Abuse³ | | | | |
| Inpatient Care ³ (maximums apply; see Mental Health and Substance Abuse section) | 80% (deductible applies / out-of-pocket maximums do not apply) | 50% of MNRP ¹ (deductible applies / out-of-pocket maximums do not apply) | 80% (deductible applies / out-of-pocket maximums do not apply) | 60% of MNRP ¹ (deductible applies / out-of-pocket maximums do not apply) |
| Outpatient Care ³ (maximums apply; see Mental Health and Substance Abuse section) | 80%, after \$20 copayment (deductible / out-of-pocket maximums do not apply) | 50% of MNRP ¹ (deductible / out-of-pocket maximums do not apply) | 80% (deductible applies/ out-of-pocket maximums do not apply) | 60% of MNRP ¹ (deductible applies/ out-of-pocket maximums do not apply) |
| Intermediate Care ³ | 80% (deductible applies/out-of-pocket maximums do not apply) | 50% of MNRP ¹ (deductible applies/ out-of-pocket maximums do not apply) | 80% (deductible applies/ out-of-pocket maximums do not apply) | 60% of MNRP ¹ (deductible applies/ out-of-pocket maximums do not apply) |
| Annual Deductible | \$600/person; \$1,200/family (applies except where specified) | \$1,000/person; \$2,000/family (applies except where specified) | \$1,250 individual plan; \$2,500 total for family plan | \$2,500 individual plan; \$5,000 total for family plan |
| Out-Of-Pocket Maximum | \$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 \$200 penalty applies to Mental Health/Substance Abuse services requiring UBH pre-notification | | | |
| Maximum Lifetime Benefit | NONE | | | |

¹ Maximum Non-Network Reimbursement Program ² Pre-notification with UHC is required to receive full plan benefit and avoid penalty

³ 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 to review your claims, check eligibility of your dependents, order an ID card, locate network providers, and research information on many health topics.

2012 SCHEDULE OF DENTAL BENEFITS

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

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

2012 SCHEDULE OF VISION BENEFITS

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

IMPORTANT NOTICES

The following notices are mandated by federal law.

November 1, 2011

Grandfathered Health Plan

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at ABX Plan Administrator, 145 Hunter Drive, Wilmington, OH, 45177 (937) 382-5591. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Women’s Health and Cancer Rights Notice

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas? Call your Plan Administrator (937) 382-5591 for more information.

HIPAA Privacy Practices

The Health Plan Notice of Privacy Practices is included in the Benefits Handbook (Summary Plan Description). If you would like a copy of the Health Plan Notice of Privacy Practices, contact the Health Plan’s Privacy Officer, 145 Hunter Drive, Wilmington OH, 45177

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families Notice

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2011. You should contact your State for further information on eligibility –

| | |
|--|--|
| ALABAMA – Medicaid | COLORADO – Medicaid and CHIP |
| Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504 | Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243 |
| ALASKA – Medicaid | |
| Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529 | |
| ARIZONA – CHIP | FLORIDA – Medicaid |
| Website: http://www.azahcccs.gov/applicants/default.aspx Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437 | Website: https://www.flmedicaidtprecovery.com/ Phone: 1-877-357-3268 |
| CALIFORNIA – Medicaid | GEORGIA – Medicaid |
| Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443 | Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150 |
| IDAHO – Medicaid and CHIP | MONTANA – Medicaid |
| Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588 | Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084 |
| INDIANA – Medicaid | NEBRASKA – Medicaid |
| Website: http://www.in.gov/fssa Phone: 1-800-889-9948 | Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092 |
| IOWA – Medicaid | NEVADA – Medicaid |
| Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562 | Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 |
| KANSAS – Medicaid | |
| Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884 | |
| KENTUCKY – Medicaid | NEW HAMPSHIRE – Medicaid |
| Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570 | Website: www.dhhs.nh.gov/ombp/index.htm Phone: 603-271-8183 |
| LOUISIANA – Medicaid | NEW JERSEY – Medicaid and CHIP |
| Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447 | Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 |
| MAINE – Medicaid | |
| Website: http://www.maine.gov/dhhs/OIAS/public-assistance/index.html Phone: 1-800-572-3839 | |
| MASSACHUSETTS – Medicaid and CHIP | NEW YORK – Medicaid |
| Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120 | Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| MINNESOTA – Medicaid | NORTH CAROLINA – Medicaid |

| | |
|--|--|
| Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670 | Website: http://www.nc.gov Phone: 919-855-4100 |
| MISSOURI – Medicaid | NORTH DAKOTA – Medicaid |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604 |
| OKLAHOMA – Medicaid and CHIP | VERMONT – Medicaid |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 | Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 |
| OREGON – Medicaid and CHIP | VIRGINIA – Medicaid and CHIP |
| Website: http://www.oregon.gov/OHA/OPHP/FHIAP/index.shtml Phone: 1-888-564-9669 | Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647 |
| PENNSYLVANIA – Medicaid | WASHINGTON – Medicaid |
| Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462 | Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473 |
| RHODE ISLAND – Medicaid | WEST VIRGINIA – Medicaid |
| Website: www.dhs.ri.gov Phone: 401-462-5300 | Website: www.dhhr.wv.gov/bms/ Phone: 304-558-1700 |
| SOUTH CAROLINA – Medicaid | WISCONSIN – Medicaid |
| Website: http://www.scdhhs.gov Phone: 1-888-549-0820 | Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002 |
| TEXAS – Medicaid | WYOMING – Medicaid |
| Website: https://www.gethiptexas.com/ Phone: 1-800-440-0493 | Website: http://www.health.wyo.gov/healthcarefin/index.html Phone: 307-777-7531 |
| UTAH – Medicaid and CHIP | |
| Website: http://health.utah.gov/upp Phone: 1-866-435-7414 | |

To see if any more States have added a premium assistance program since July 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

Summary of Material Modifications

Effective January 1, 2012

Standard PPO Plan

- In network chiropractic visit limits were increased to 12 per year
- Chiropractic management program introduced
- Diabetes Prevention Program introduced
- Pharmacy changes following UHC's preferred drug program and suggested Rx management

Consumer Driven HSA Plan

- In network chiropractic visit limits were increased to 12 per year
- Chiropractic management program introduced
- Diabetes Prevention Program introduced
- Pharmacy changes following UHC's preferred drug program and suggested Rx management
- The pretax individual contribution limits increased to \$3,100 for an individual and \$6,250 for a family



Human Resources Dept.
Mailcode 1005B
145 Hunter Drive
Wilmington, OH 45177
www.airbornemx.com

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