

This brochure highlights the main features of the WDS Logistics benefits program. It is intended to help you choose the benefits that are best for you. The brochure does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this brochure and the legal plan documents, the plan documents are the final authority. If you have further questions, please contact Human Resources .

Employee Contributions per Pay Period

	Medical Basic 2000	Medical H S A 5000	Dental DMO	Dental PPO
Employee Only	\$ 82.00	\$ 81.00	\$4.74	\$16.71
Employee + Spouse	\$280.00	\$276.23	\$8.02	\$31.66
Employee + Child(ren)	\$237.54	\$234.23	\$11.12	\$48.45
Employee + Family	\$419.85	\$414.23	\$13.13	\$63.40

Non-tobacco users qualify for a \$10 per pay period discount toward their medical premiums. Contact Human Resources for required documentation.

Helpful Numbers and Websites

Carrier	Phone	Web Site
Aetna Medical	(877) 402-8742	www.aetna.com
Health Equity Bank	(866) 346-5800	www.healthequity.com
Assurant HMO Assurant PPO	(800) 443-2995 (800) 442-7742	www.assurantemployeebenefits.com
Vision Discount	(800) 877-7195	www.vsp.com
Teladoc	(855) 835-2362	www.teladoc.com/aetna
Aetna—Life/AD&D Voluntary Life/AD&D	(800) 523-5065	www.aetna.com
Aetna—LTD	(866) 326-1380	www.aetna.com
AUL 401(k)	(800) 249-6269	www.aul.com
Flexible Spending Accounts	(866) 419-3519	www.mywealtheonline.com/ higginbotham
EAP	(877) 327-5832	www.aetnaeap.com

Phone: (817) 347-6982 / Fax: (817) 349-2482
Toll Free: (800) 728-2374 x6982
dthom@higginbotham.net



Employee Benefits Program

A Summary Guide to Your Employee Benefits
Effective October 1, 2016 – September 30, 2017

Benefits Include:

- **Medical Insurance**
- **Voluntary Dental Insurance**
- **Life/AD&D**
- **Voluntary Life/AD&D**
- **Long-Term Disability**
- **401(k) Plan**
- **Flexible Spending Account**
- **Employee Assistance Program**

Aetna Medical

Benefit	HSA Plan	PPO Plan
Deductible Individual / Family	\$5,000 / \$10,000	\$2,000 / \$4,000
Coinsurance	100%	70%
Office Visit	Deductible	\$35 1st 3 Visits, Ded + 30% remaining visits
Specialist Office Visit	Deductible	Ded + 30% remaining visits
Preventive Care	Deductible Waived 100% Coverage	Deductible Waived 100% Coverage
Hospital Admission	Deductible	Ded + 30%
Outpatient Surgery Diagnostic Tests Complex Imaging	Deductible	Ded + 30%
Emergency Room Facility	Deductible	Ded + 30%
Urgent Care Facility	Deductible	\$100
Prescription Drug Copays	Deductible First	
Tier I	\$10	\$10
Tier II	50%	50%
Tier III	50% (\$500 Max)	50% (\$500 Max)
Tier IV	30% (\$300 Max)	30% (\$300 Max)
Mail Order	3X for 90 days	3X for 90 days
Out-of-Pocket Maximum Individual / Family	Includes Ded \$6,000 / \$12,000	Includes Ded, Copays Excludes Rx \$6,350 / \$12,700
Out-of-Network Charges		
<i>Deductible</i>	\$10,000/\$20,000	\$4,000 / \$8,000
<i>Coinsurance</i>	70%	50%
<i>Emergency Room Facility</i>	Covered as <i>In-network</i>	Covered as <i>In-network</i>
Out-of-Pocket Maximum Individual / Family	Includes Ded \$12,000/\$24,000	Includes Ded \$12,700 / \$25,400
Pre-certification Required.	Yes	Yes

Network: Aetna Open Access Plans—Managed Choice (Open Access)

Vacation

If you are a regular, full-time employee, your vacation benefit is calculated on the following basis:

As of January 1 following your hire date after June 30: 3 days
 As of January 1 following your hire date prior to July 1: 1 week
 As of January 1 following 2 years of service: 2 weeks
 As of January 1 following 10 years of service: 3 weeks

Vacations must be scheduled each year with your terminal manager at least two weeks in advance. To satisfy your preferences as well as meet the needs of WDS, discuss your vacation plans with your terminal manager as far in advance as possible. After one year of service, vacation becomes an earned benefit and is paid on a pro-rated basis upon separation. Vacation time does not accumulate beyond the amounts shown above. Therefore, vacations must be taken annually to assure that you receive the full benefit of this plan. If you leave the company, you will be paid for unused vacation computed at the rate of pay, exclusive of overtime, bonus, or any other additional compensation, paid immediately prior to separation.

Employees may be eligible to sell back one week of vacation. See Human Resources for additional information.

Holidays

Regular, full-time employees are eligible for seven paid holidays each calendar year after completion of the new hire waiting period. To receive holiday pay, you must work the regularly scheduled workday before and after the holiday, unless an exception is approved in writing by your supervisor. A paid holiday does not count as a day worked in calculating overtime for the week.

Holiday	Date Usually Observed
New Year's Day	January 1
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Thanksgiving Day	Fourth Thursday in November
Friday after Thanksgiving	
Christmas Day	December 25

Flexible Spending Account (11/1/16 - 10/31/17)

A Healthcare Spending Account enables you to set aside money pre-tax each payroll to be used for reimbursement of certain medical, dental and vision expenses. HSA participants are limited to dental and vision. The maximum amount you may withhold for the plan year is \$2,500. A separate account can also be established to shelter income for the purpose of paying for dependent child or elderly care. The maximum allowed is \$5,000 (or \$2,500 if you are married and you and your spouse file separate income tax returns). For claims issues, contact Higginbotham at (866) 419-3519. Claims can be faxed to (866) 419—3516 or e-mailed to flexclaims@higginbotham.net. You may order a debit card to pay for your eligible expenses with the exception of OTC items. Claim substantiation is required after debit card payment. You may carryover up to \$500 of your Healthcare Spending Account to the next plan year. The deadline to incur an expense is 10/31. The submission deadline is 11/30.

Employee Assistance Program (Aetna)*

The EAP is a confidential round-the-clock service that helps you and your family balance the demands of work, life and personal issues. EAP offers support and resources for your concerns around parenting issues, work-related situations, relationship problems, substance abuse and self-improvement. www.aetnaeap.com—AETNALTD is your log in ID

- ~ Available for insured members and their immediate families
- ~ 24/7/365 telephone and web access for assistance and referrals
- ~ Mental health and well-being
- ~ Personal and professional relationships
- ~ Substance abuse
- ~ Family life/daily stress
- ~ Referrals to community services
- ~ Financial Planning Available by calling 866-222-8008

*Provided by the company at no charge to the employee.

AUL 401(k) Plan

All employees over the age of 21 with six months of service are eligible and can enter the plan on January 1 or July 1. The employee may contribute a percentage of the employee's income to a maximum of \$18,000 in 2016. WDS will match up to 50 percent of the first six percent of the employee's contribution. You are always 100% vested in your own contributions. Employees are fully vested in company contributions after completing five years of full time employment.

Health Savings Account

A Health Savings Account (HSA) is an account you can use to accumulate tax-free funds to pay for qualified health care expenses, as defined by the IRS. Unspent balances remain in the account until they are spent.

Eligibility:

- Must be covered by a High Deductible Health Plan
- Cannot be double covered (includes Medicare)
- Cannot be claimed as a dependent on someone else's tax return

Contributions Maximums:

- 2016: \$3350 Single/\$6750 Family, 2017: \$3400 Single/\$6750 Family
- \$1,000 Annual catch up for ages 55+
- No use-it-or-lose-it rule
- Elections can change month to month
- Contributions through payroll deduction are pre-tax

Distributions:

- Distributions for eligible expenses (medical/dental/vision) are tax-free
- Expenses of your tax dependents are eligible even if they are not covered by a HDHP
- Non-qualified expenses are subject to taxes and 20% penalty
- Expenses must be incurred on or after the account is established
- Distributions can be used for prior year's expenses as long as the account was established

You Decide:

- If/how much to contribute
- What expenses to pay for with the account
- Choose investment options

Tax Requirements—KEEP ALL RECEIPTS:

- H S A Trustee reports distributions annually to Account Holder with Form 1099SA
- Account Holder must file Form 8889 with annual tax return

Teladoc (Aetna Members)

Teladoc is 24/7/365 phone access to US board-certified doctors who can diagnose and prescribe medication for many medical issues for a \$40 copay. Use Teladoc for Bladder/Urinary Tract Infections, Bronchitis, Cold/Flu, Fever, Migraine/Headaches, Pink Eye, Skin Rashes, Sinus Problems, Sore Throat, Stomach Ache, etc.

Assurant Dental HMO

Benefit	Coverage
Annual Deductible	None
Class I. Preventive	Co-payments
Class II. Basic	Co-payments
Class III. Major	Co-payments
Class IV. Ortho	Discount
Calendar Year / Orth Maximum	None
Waiting Periods	None

See Human Resources for co-payment schedule Network: Heritage

Assurant Dental PPO

Benefit	Coverage		
Annual Deductible¹	\$50 per person up to 3 persons		
Coinsurance	First Year	Second Year	Third Year
Class I. Preventive	100%	100%	100%
Class II. Basic ²	80%	80%	80%
Class III. Major ³	10%	25%	50%
Class IV. Orthodontic ⁴	N/A	50%	50%
Calendar Year Maximum	\$1,500		
Ortho Lifetime Maximum	\$2,000		

¹Deductible applies to Class II and III. ²Basic includes simple extractions and fillings. ³Major includes endodontics, periodontics, oral surgery and major restorations. ⁴Twelve-month waiting period for orthodontics.

Network: Assurant Dental Network

Vision Discount Services

Your dental plan includes a vision discount plan through Vision Service Plan (VSP). The plan includes discounts on exams and the purchase of eyeglasses, sunglasses and other prescription eyewear when provided by VSP doctors. Locate a VSP doctor near you at www.vsp.com or call 800-877-7195. Identify yourself as a VSP member and provide your SSN when making an appointment. Fees are reduced at time of service. There are no waiting periods or claim forms.

Aetna Long-Term Disability*

Benefit	Coverage
Elimination Period	90 days
Percentage of Monthly Earnings	60%
Maximum Benefit Period	To age 65
Own Occupation, Mental/Nervous, Alcohol/Drug	24 months
Pre-Existing Condition Limitations	3/12

Aetna Life/AD&D*

Benefit	Coverage
Life and AD&D Benefit	\$30,000
Age Reduction	50% at Age 70
Accelerated Death Benefit %	75%
Seatbelt/Air Bag Benefit	\$10,000/\$5,000
Conversion	Yes

*Provided by the company at no charge to the employee.

Aetna Voluntary Life/AD&D

Benefit	Coverage
Life and AD&D Benefit (Increments of \$10,000)	5x's Annual Salary up to \$500,000
Spouse Coverage (Increments of \$5,000)	100% of Employee's election up to \$250,000
Child(ren) Coverage (14 days-19 years / 25 if FTS)	\$10,000
Guaranteed Issue (New Hires) *	
Employee	3X Annual Salary maximum \$100,000
Spouse / Child(ren)	\$50,000 / \$10,000

*Age Restrictions Apply. See Human Resources for premium worksheet and portability/conversion forms/rates.