

**T**his 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 HSA	Medical HSA out-network	HMO	Dental DMO	Dental PPO
<b>Employee Only</b>	\$ 80.00	\$ 85.00	\$ 91.00	\$ 5.10	\$14.58
<b>Emp+Spouse</b>	\$274.22	\$293.79	\$314.54	\$ 8.79	\$29.60
<b>Emp+Child(ren)</b>	\$232.40	\$248.84	\$266.42	\$15.57	\$45.82
<b>Emp+Family</b>	\$411.78	\$441.67	\$472.88	\$18.12	\$65.63

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

Carrier	Phone	Web Site
<b>UHC Medical</b>	(800) 585-6586	www.myuhc.com
<b>Health Equity Bank</b>	(866) 346-5800	www.healthequity.com
<b>Guardian DMO Guardian DPPO</b>	(888) 618-2016 (800) 541-7846	www.guardiananytime.com
<b>Vision Discount</b>	(800) 877-7195	www.vsp.com
<b>Virtual Visits</b>		www.myuhc.com
<b>Aetna—Life/AD&amp;D Voluntary Life/AD&amp;D</b>	(800) 523-5065	www.aetna.com
<b>Aetna—LTD</b>	(866) 326-1380	www.aetna.com
<b>AUL 401(k)</b>	(800) 249-6269	www.aul.com
<b>Flexible Spending Accounts</b>	(866) 419-3519	www.mywealthcareonline.com/ higginbotham
<b>EAP</b>	(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, 2017 – September 30, 2018

### 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**

## UHC Medical

Benefit	HSA Plan	HMO Plan Referrals Required
<b>Deductible</b> Individual / Family	\$6,350/ \$12,700	\$2,500 / \$5,000
<b>Coinsurance</b>	100%	80%
<b>Preventive Care</b>	Deductible Waived 100% Coverage	Deductible Waived 100% Coverage
<b>Office Visit - PCP</b>	Deductible	\$25 \$0 for depts under 19
<b>Office Visit - Specialist Virtual Visits</b>	Deductible \$40 - \$45	\$75 \$25
<b>Hospital Admission</b>	Deductible	Ded + 20%
<b>Outpatient Surgery</b>	Deductible	Ded + 20%
<b>Diagnostic Tests—Routine Diagnostic Tests—Major</b>	Deductible Deductible	Ded + 20% \$500
<b>Emergency Room Facility</b>	Deductible	\$500
<b>Urgent Care Facility</b>	Deductible	\$100
<b>Prescription Drug Copays</b>	Deductible First	
Tier I	\$10	\$15
Tier II	\$35	\$40
Tier III	\$60	\$75
Mail Order	2.5X for 90 days	2.5X for 90 days
<b>Out-of-Pocket Maximum</b>		
Individual / Family	\$6,350 / \$12,700	\$6,600 / \$13,200

No out-of-network benefits with the HSA or HMO plans listed above.

HSA Network: Choice  
HMO Network: Navigate

You may purchase the HSA Plan with out-of-network benefits. The out-of-network deductible is \$10,000 per individual and the coinsurance is 70%. Members seeking care out-of-network are subject to balance billing. The network for the HSA Plan with out-of-network benefits is Choice Plus.

## Paid Time Off (PTO)

If you are a regular, full-time employee, your PTO benefit is calculated on the following basis effective January 1, 2018:

After 90 days of service	1 day
After 1 year of service	6 days
After 3 years of service	11 days
After 7 years of service	13 days
After 10 years of service	16 days

PTO 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 PTO plans with your terminal manager as far in advance as possible. Only two people per location and one per department may schedule PTO on any given day unless otherwise approved. PTO does not accumulate beyond the amounts shown above. Therefore, PTO must be taken annually to assure that you receive the full benefit of this plan. If you leave the company, you will be paid on a pro-rated basis for unused PTO computed at the rate of pay, exclusive of overtime, bonus, or any other additional compensation immediately prior to separation.

## Holidays

Regular, full-time employees are eligible for six 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
Christmas Day	December 25

## Flexible Spending Account (11/1/17 - 9/30/18)

A Flexible 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 \$2,383. 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 \$4,583 (or \$2,291.50 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 9/30. The submission deadline is 10/31.

## 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](http://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 2017. 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:

- 2017: \$3400 Single/\$6750 Family, 2018: \$3450 Single/\$6900 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

## Virtual Visits (UHC Members)

Virtual Visits is 24/7/365 access to US board-certified doctors who can diagnose and prescribe medication for many medical issues. Use Virtual Visits for Bladder/Urinary Tract Infections, Bronchitis, Cold/Flu, Fever, Migraine/Headaches, Pink Eye, Skin Rashes, Sinus Problems, Sore Throat, Stomach Ache, etc. Log into myuhc.com or download the Health4Me app to access Virtual Visit providers.

## Guardian Dental HMO

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

Network: Managed Dental Care

## Guardian Dental PPO

Benefit	Coverage
<b>Annual Deductible<sup>1</sup></b>	\$50 per person / \$150 per family
<b>Coinsurance</b>	
Class I. Preventive	100%
Class II. Basic	80%
Class III. Major	50%
Class IV. Orthodontic	50%
<b>Calendar Year Maximum</b>	\$1,500
<b>Ortho Lifetime Maximum</b>	\$2,000

Deductible applies to Class II and III. Basic includes simple extractions and fillings. Major includes endodontics, periodontics, oral surgery and major restorations.

Network: PPO Dental Guard Preferred

## 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](http://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
<b>Elimination Period</b>	90 days
<b>Percentage of Monthly Earnings</b>	60%
<b>Maximum Benefit Period</b>	To age 65
<b>Own Occupation, Mental/Nervous, Alcohol/Drug</b>	24 months
<b>Pre-Existing Condition Limitations</b>	3/12

## Aetna Life/AD&D\*

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

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

## Aetna Voluntary Life/AD&D

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

\*Age Restrictions Apply