

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 HSA	Medical HSA with out-network	HMO	Dental DMO	Dental PPO
Employee Only	\$100.00	\$ 107.00	\$115.00	\$ 5.10	\$14.58
Emp+Spouse	\$335.00	\$359.63	\$385.48	\$ 8.79	\$29.60
Emp+Child(ren)	\$284.41	\$305.24	\$327.25	\$15.57	\$45.82
Emp+Family	\$501.46	\$538.58	\$577.07	\$18.12	\$65.63

Non-tobacco users qualify for a \$15 per pay period discount toward their medical premiums. Contact Human Resources for required documentation. If you believe that it will be unreasonably difficult or medically inadvisable for you to attempt to achieve the requirements to earn the premium incentive, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you to find a program with the same reward that is right for you in light of your health status.

Carrier	Phone	Web Site
UHC Medical	(800) 585-6586	www.myuhc.com
Health Equity Bank	(866) 346-5800	www.healthequity.com
Guardian DMO Guardian DPPO	(888) 618-2016 (800) 541-7846	www.guardiananytime.com
Vision Discount	(800) 877-7195	www.vsp.com
Virtual Visits		www.myuhc.com
Aetna—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.mywealthcareonline.com/ higginbotham
EAP	(877) 327-5832	www.aetnaeap.com
Denice Thom	(817) 347-6982	dthom@higginbotham.net



Employee Benefits Program

A Summary Guide to Your Employee Benefits
Effective October 1, 2018 – September 30, 2019

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
Deductible Individual / Family	\$6,350/ \$12,700	\$2,500 / \$5,000
Coinsurance	100%	80%
Preventive Care	Deductible Waived 100% Coverage	Deductible Waived 100% Coverage
Office Visit - PCP	Deductible	\$25 \$0 for depts under 19
Office Visit - Specialist	Deductible	\$75
Virtual Visits	\$45 - \$50	\$0
Hospital Admission	Deductible	Deductible + 20%
Outpatient Surgery	Deductible	Deductible + 20%
Diagnostic Tests—Routine	Deductible	Deductible + 20%
Diagnostic Tests—Major	Deductible	\$500
Emergency Room Facility	Deductible	\$500
Urgent Care Facility	Deductible	\$100
Prescription Drugs		
Tier I		\$15
Tier II	Deductible	\$40
Tier III		\$75
Mail Order		2.5X for 90 days
Out-of-Pocket Maximum		
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

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 \$2,650. 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 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—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 \$18,500 in 2018. 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:

- 2018: \$3450 Single/\$6900 Family, 2019: \$3500 Single/\$7000 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
Annual Deductible	None
Class I. Preventive	Co-payments
Class II. Basic	Co-payments
Class III. Major	Co-payments
Class IV. Ortho	Co-payments
Calendar Year / Orth Maximum	None
Waiting Periods	None

Network: Managed Dental Care

Guardian Dental PPO

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