

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 .

Carrier	Phone	Web Site
BCBS Medical	(800) 521-2227	www.bcbstx.com
Health Equity Bank	(866) 346-5800	www.healthequity.com
SunLife DMO SunLife DPPO	(800) 443-2995 (800) 442-7742	www.slfserviceresources.com
Telemedicine	(888) 680-8646	www.MDLIVE.com/bcbstx
Hartford Life/AD&D	(888) 301-5615	https://abilityadvantage.thehartford.com
Hartford LTD	(888) 301-5615	https://abilityadvantage.thehartford.com
Empower 401(k)	(800) 338-4015	www.empowermyretirement.com
Flexible Spending Accounts	(866) 419-3519	www.mywealthcareonline.com/higginbotham
EAP	(800) 964-3577	www.guidanceresources.com
Denice Thom	(817) 347-6982	dthom@higginbotham.net

WDS Logistics is following CDC guidelines to protect our employees and clients from the coronavirus (COVID-19). For information on the virus, please visit www.coronavirus.gov.

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Employee Benefits Program

A Summary Guide to Your Employee Benefits
Effective October 1, 2019 – September 30, 2020

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**

BCBS Medical

Benefit	HSA Plan A1AH	HSA Plan E1EH
Deductible		
Individual	\$5,000	\$6,000
Family	\$10,000	\$12,000
Coinsurance	100%	100%
Preventive Care	Deductible Waived 100% Coverage	Deductible Waived 100% Coverage
Office Visit - PCP	Deductible	Deductible
Office Visit - Specialist	Deductible	Deductible
Telemedicine	\$45 - \$50	\$45 - \$50
Hospital Admission	Deductible	Deductible
Outpatient Surgery	Deductible	Deductible
Diagnostic Tests	Deductible	Deductible
Emergency Room Facility	Deductible	Deductible
Urgent Care Facility	Deductible	Deductible
Prescription Drugs		
Tier I		
Tier II	Deductible	Deductible
Tier III		
Mail Order		
Out-of-Pocket Maximum		
Individual	\$5,000	\$6,000
Family	\$10,000	\$12,000
Out-of-Network Benefits		
Deductible	Emergency	\$12,000 / \$24,000
Coinsurance	Care Only	70%
Out-of-Pocket Maximum		Unlimited

Network for A1AH: Blue Essentials Access

Network for E1EH: Blue Choice

Employee Contributions per Pay Period

Medical	HSA A1AH (\$5K)	HSA E1EH (\$6K)	HMO 67G5 (\$3K)	HMO A8M4 (\$5K)
Employee Only	\$100.00	\$105.00	\$125.00	\$112.00
Emp+Spouse	\$338.67	\$355.74	\$431.28	\$381.76
Emp+Child(ren)	\$287.28	\$301.76	\$365.34	\$323.68
Emp+Family	\$507.72	\$533.35	\$648.22	\$572.83

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.

Dental	DMO	DPPO
Employee Only	\$ 5.64	\$12.44
Emp+Spouse	\$ 9.56	\$25.33
Emp+Child(ren)	\$12.77	\$38.71
Emp+Family	\$17.32	\$54.90



Paid Time Off (PTO)

If you are a regular, full-time employee, your PTO benefit is calculated on the following basis effective January 1, 2019:

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

BCBS Medical

Benefit	HMO Plan 67G5 PCP Referrals Required
Deductible	
Individual	\$3,000
Family	\$9,000
Coinsurance	70%
Preventive Care	Deductible Waived 100% Coverage
Office Visit - PCP	\$50
Office Visit - Specialist	\$100
Telemedicine	\$50
Hospital Admission	Deductible + 30%
Outpatient Surgery	Deductible + 30%
Diagnostic Tests—Routine	Deductible + 30%
Diagnostic Tests—Major	Deductible + 30%
Emergency Room Facility	\$500 + Deductible + 30%
Urgent Care Facility	\$75
Prescription Drugs	Mandatory Generic
	Preferred / Non-Preferred
Tier I	\$0 / \$10
Tier II	\$10 / \$20
Tier III	\$50 / \$70
Tier IV	\$100 / \$120
Tier V	\$150 / \$250
Mail Order	3X for 90 days
Out-of-Pocket Maximum	
Individual	\$7,350
Family	\$14,700

Network: Blue Essentials

BCBS Medical

Benefit	HMO Plan A8M4 PCP Referrals Required
Deductible	
Individual	\$5,000
Family	\$15,000
Coinsurance	80%
Preventive Care	Deductible Waived 100% Coverage
Office Visit - PCP	\$40
Office Visit - Specialist	\$80
Telemedicine	\$40
Hospital Admission	Deductible + 20%
Outpatient Surgery	Deductible + 20%
Diagnostic Tests—Routine	Deductible + 20%
Diagnostic Tests—Major	Deductible + 20%
Emergency Room Facility	\$500 + Deductible + 20%
Urgent Care Facility	\$75
Prescription Drugs	Mandatory Generic
	Preferred / Non-Preferred
Tier I	\$0 / \$10
Tier II	\$10 / \$20
Tier III	\$50 / \$70
Tier IV	\$100 / \$120
Tier V	\$150 / \$250
Mail Order	3X for 90 days
Out-of-Pocket Maximum	
Individual	\$7,900
Family	\$15,800

Network: Blue Essentials

Empower 401(k) Plan

All employees over the age of 18 with 60 days of service are eligible and can enroll the first of the following quarter (January/April/July/October). The employee may contribute a percentage of the employee's income to a maximum of \$19,500 in 2020. 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.

If you are a new hire, you will automatically be enrolled at 3% into a target date fund specific to your estimated retirement age. If you'd like to decline this enrollment, you must register an account with Empower Retirement at www.empowermyretirement.com in order to complete the declination process or make any changes to your investment choices. Everything with Empower is online only; there are no hard copy forms to complete. Empower Retirement sends out open enrollment information via USPS to all new hires to the address listed in our payroll system.

While the plan is intended to help set aside money for your retirement, the plan also includes a loan feature that may allow you to borrow money from your account. Limitations or fees may apply. For information about a loan or withdrawal, contact Empower.

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 \$2,700. 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 (Hartford)*

The EAP is a confidential service that helps you 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.

- ~ Available for employees and their immediate families
- ~ 24/7/365 telephone and web access for assistance and referrals
- ~ Mental health and well-being, substance abuse
- ~ Personal and professional relationships, family life/daily stress
- ~ Referrals to community services, financial planning guidance

www.guidanceresources.com

First time users click the register tab.

Web ID field: HLF902 Company Name Field: ABILI

Select "Ability Assist Program" and create your username/password

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

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:

- 2019: \$3500 Single/\$7000 Family, 2020: \$3550 Single/\$7100 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 with Form 1099SA
- Account Holder must file Form 8889 with annual tax return

Telemedicine (BCBS Members)

BCBS members have access to US board-certified doctors who can diagnose and prescribe medication for many medical issues. Use telemedicine for Bladder/Urinary Tract Infections, Bronchitis, Cold/Flu, Fever, Migraine/Headaches, Pink Eye, Skin Rashes, Sinus Problems, Sore Throat, Stomach Ache, etc. You can reach a telemedicine provider or schedule a virtual visit 24/7/365.

To activate your account or schedule a visit:

Go to MDLIVE.com/bcbstx

Download the MDLIVE app from Apple's App Store or Google Play

Call MDLIVE at 888-680-8646

Text BCBSTX to 635-483 - an online assistant will help you with activation

SunLife 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 / Ortho Maximum	None
Waiting Periods	None

Network: Heritage

SunLife 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

Network: SunLife Dental Network



Hartford 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

Hartford 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.

Hartford 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