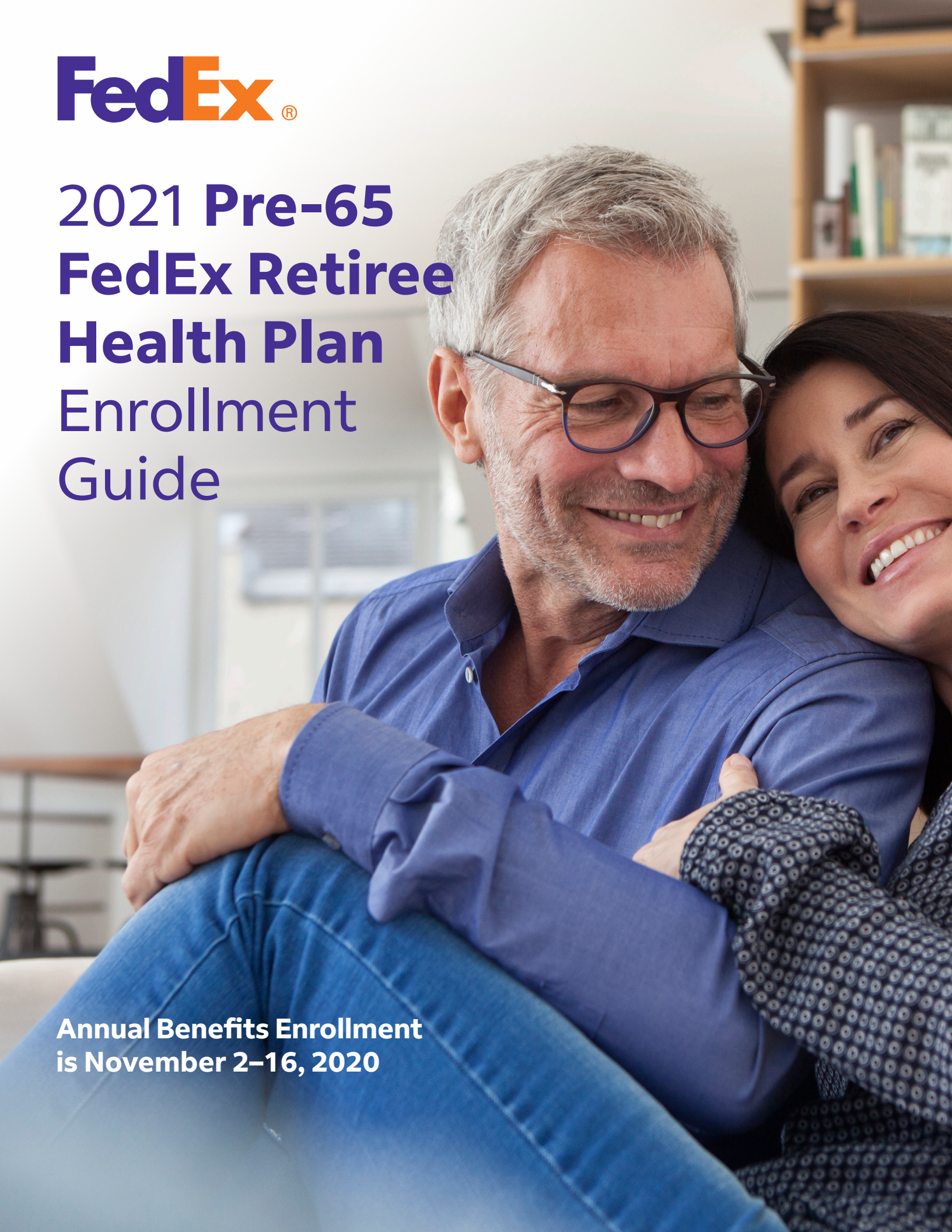




2021 Pre-65 FedEx Retiree Health Plan Enrollment Guide

**Annual Benefits Enrollment
is November 2–16, 2020**



This guide is intended to be a summary of the retiree medical, dental, and vision benefits effective January 1, 2021, and offered to eligible pre-65 retirees and their eligible pre-65 Spouse and eligible children. The details of the FedEx Corporation Retiree Group Health Plan (“FedEx Retiree Health Plan”) can be found in the official Plan document. If there are any discrepancies between the information in this book and the official Plan document, provisions of the Plan document will govern.

Refer to the enclosed Exchange Flyer for information about the private exchange.

Retirees eligible for the benefits described in this guide include any former U.S.-based or domestic employee of Federal Express Corporation (excluding retirees residing in Puerto Rico); FedEx Corporate Services, Inc.; FedEx Corporation; FedEx Cross Border Holdings, Inc.; FedEx Cross Border Technologies, Inc.; FedEx Custom Critical, Inc.; FedEx Forward Depots, Inc.; FedEx Freight Corporation; FedEx Logistics, Inc.; FedEx Trade Networks Trade Services, Inc.; FedEx Trade Networks Transport & Brokerage, Inc.; World Tariff, Limited and any other subsidiary that adopts the Plan who has satisfied the eligibility requirements for the Plan. Former employees of Federal Express Virgin Islands, Inc.; retirees domiciled in Guam and the U.S. Virgin Islands; and collectively bargained pilots are not eligible to participate. An individual who is classified by a participating employer as an independent contractor or leased employee is not eligible to participate in any benefit plans sponsored by the employer.

It must be understood that information contained in this booklet cannot alter, modify or otherwise change the controlling legal documents in any way. **FedEx reserves the right to amend or terminate the Plan at any time and for any reason.**

As a participant in the FedEx Retiree Health Plan, it is your sole responsibility to manage the benefits for you and any eligible dependents.



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Annual Benefits Enrollment is **November 2–16, 2020.**



Your Pre-65 Retiree Benefits

The medical, dental, and vision options listed in this booklet are available to you, your eligible Spouse, and/or your eligible dependents who are under age 65.

This FedEx 2021 Pre-65 Retiree Health Plan Enrollment Guide provides easy-to-understand information about your 2021 retiree medical, dental, and vision coverage choices. Here you can find information about your eligibility for benefits, when and how you can enroll, and when you can make changes to your benefits.

For additional information and answers to your questions, contact the FedEx Retirement Service Center at **1.855.604.6221**, Monday through Friday from 7 a.m.– 6 p.m., Central time.

What's New in 2021?

Here is an overview of the changes for 2021:

- **Beginning January 1, 2021, no domestic or civil union partners or dependents (partner's child(ren)) will be recognized under plan rules except where legally mandated.*** Only those who are legally married to an eligible, qualified participant are eligible for spousal coverage.

- Beginning in 2021, there will be changes to the HRA credit amount that rolls over each year starting with 2020 credits. You can no longer roll over amounts in excess of \$1,000 each year unless you already have more than that amount in your HRA as of December 31, 2020. In that case, your 2020 existing balance would be grandfathered in and you can roll over your grandfathered amount and accumulate up to an additional \$1,000 new credits each year.

You can't carry over more than \$1,000 credits each year, in addition to any grandfathered amount. The grandfathered amount applies only to your balance as of December 31, 2020. Any credits provided after that period will be subject to the new \$1,000 rollover limit rule.

- Virtual Care has been added as a primary care provider. With Virtual Care, you can visit your health care provider by phone and/or web instead of the traditional office visit. You can be seen for medical or behavioral health needs and get a prescription, if needed. See the chart on page 20.

- Effective January 1, 2021, cranial prosthesis (medically necessary wigs) will be covered for those who experience total hair loss due to medical reasons, such as oncology, burns, etc.

- Chiropractic services will now be subject to a medical necessity review.



- **Memphis-area retirees:** The 70 Narrow network will remain the only 70 percent coverage network available. If you would like access to the Broad network, please actively elect the FedEx Retiree 80 Broad plan option during the Annual Benefits Enrollment period.

- **LocalPlus Network-area retirees:** If you live in an area with a Narrow network, those will be the only electable plans for the 70 medical plan options. This means you cannot elect a Broad plan option unless you enroll in the 80 Broad plan option.

Out-of-pocket maximums will not increase. As a reminder, your out-of-pocket maximum protects you from catastrophic medical bills in cases of serious illness or injury since it is the MOST you can owe for eligible expenses in a year before FedEx covers the rest. Because of this protection, FedEx has not increased out-of-pocket maximums for any medical plan option since 2014.

*Does not include retirees enrolled in a Hawaii Medical Services Association (HMSA) plan.

Enrollment Basics

If you elect to participate in the FedEx Retiree Health Plan, go to **retirement.fedex.com** and enter your password to log in or call the FedEx Retirement Service Center at **1.855.604.6221** from November 2, 2020 through November 16, 2020, to enroll. Coverage in the FedEx Retiree Health Plan will take effect on January 1, 2021. If you elect coverage, premiums may be deducted from your monthly pension benefit; or you can be billed directly and you'll be responsible for making a monthly premium payment. Failure to make your monthly premium payment will result in termination of coverage for you and, if applicable, your dependents.

What You Need to Do

This guide contains information about the FedEx Retiree Health Plan's medical, dental, and vision options available to eligible pre-65 retirees, eligible pre-65 Spouses, and eligible children. Your coverage options are designed to provide you with a range of cost and benefit coverage choices and are based on where you live.

If Both You and Your Spouse Are Under Age 65— the medical, dental, and vision options described in this enrollment guide are available to you and your eligible dependents (if not eligible for Medicare due to disability).

If Either You or Your Spouse Is Age 65 or Older— the medical, dental, and vision options described in this enrollment guide are available only to you, your Spouse, and your eligible dependents who are under age 65 (if not eligible for Medicare due to disability).

For example, if you are over age 65 and your Spouse is under age 65, the medical, dental, and vision options are available only to your eligible pre-65 Spouse and your eligible children. For information about the health plan options offered to eligible retirees and covered Spouses age 65 or older (or pre-65 retirees eligible for Medicare due to disability), see "Who Is Not Eligible?" on pages 9–10.

As you decide which options are best for you and/or your eligible dependents, there are a few things you need to do:

- See "Your Monthly Cost—Retiree Medical, Dental, Vision" on page 45 for the monthly cost of each benefit option and coverage tier available to you.
- Review the information in this guide about your benefit coverage choices in the FedEx Retiree Health Plan.
- Review the enrollment notice that was mailed to you at the end of October. The notice contains important personalized information, including your current health care coverage if you enrolled in the FedEx Retiree Health Plan for 2020.

- Review the enclosed flyer for more information about your options through the Aon Retiree Health Exchange partner eHealth.
- Share your enrollment information with any family member who will be involved in making the enrollment decision.
- Go to **retirement.fedex.com** and enter your password to log in, or call the FedEx Retirement Service Center at **1.855.604.6221** to get any additional information you may need to help with your decision.

If you want to enroll in a FedEx Retiree Kaiser plan option in California or either of the HMSA plan options in Hawaii and need additional information, you can access their website or call to request an enrollment packet. For websites and phone numbers, see page 44.

Learn more: See page 10 for more information about retirees, Spouses, and dependents under age 65 who become eligible for Medicare due to disability.

Making Your Medical, Dental, and/or Vision Elections

It's easy to enroll! Annual Benefits Enrollment begins November 2, 2020, for 2021 coverage. Review this guide and the other materials in this kit. Then enroll in **one** of the following:

- The FedEx Retiree Health Plan at **retirement.fedex.com** (password required) by selecting **Annual Enrollment for the FedEx Retiree Health Plan** or by calling the FedEx Retirement Service Center at **1.855.604.6221** from November 2 through November 16, 2020.
- An individual health insurance plan through the private health insurance marketplace offered by the Aon Retiree Health Exchange partner eHealth (if available*) at **retirement.fedex.com** (password required) by selecting Annual Enrollment for the Aon Retiree Health Exchange from November 2 through December 15, 2020.

- An individual health insurance plan through the public exchange administered by your state or the Federal Health Insurance Marketplace (if available*) at **healthcare.gov**.

Also, you can enroll in coverage you find on your own (for example, through an insurance broker or private exchange).

For help enrolling in the FedEx Retiree Health Plan, talk to a benefits expert by phone. You can schedule an appointment today by going to **retirement.fedex.com**, selecting **Need Help with Annual Enrollment?**, and choosing a convenient date and time before November 15 for a benefits expert to call you.

**The number of plan choices available to you through the private or public exchanges is determined by the insurance carriers that do business in your area. Not all carriers participate in the exchanges in all locations and, in some cases, there may be no plan choices available through an exchange. Keep in mind, you will still have access to the FedEx Retiree Health Plan.*



Coverage Defaults

What Happens If You Don't Enroll During Annual Benefits Enrollment:

Benefit	What happens
Medical	<p>Exchange-eligible retirees If you are currently enrolled through the Aon Retiree Health Exchange partner eHealth, and you do not make an election for 2021, you and your covered, eligible pre-65 dependent(s) will be enrolled in the medical, dental, and/ or vision options you had in 2020, if the options are still available.*</p> <p>All other eligible retirees Same coverage election as you had in 2020, although there are some changes to plan design. Review this enrollment guide for more details.</p>
Dental and Vision	<p>Same coverage election as you had in 2020</p> <p>See pages 39–43 for more details about Dental and Vision coverage.</p>

If you didn't have FedEx coverage in 2020, you will not have FedEx coverage in 2021 unless you enroll. Select your 2021 benefits before November 16, 2020, at midnight, Central time, to ensure you'll have the benefits you need starting January 1, 2021.

A confirmation of your elections will be mailed to your home address.

**If the current coverage you enrolled in through an exchange is no longer available for 2021, your insurance carrier is required by the Centers for Medicare & Medicaid Services to notify you directly so you can enroll in different coverage during Annual Benefits Enrollment or a special enrollment period.*

FedEx Retiree Health Coverage for Your Dependents

Changing Your Coverage Tier* (Adding or Dropping Dependent Coverage)

There are specific rules regarding adding or dropping coverage for your eligible dependents. To add coverage for an eligible dependent or drop coverage for a dependent, you must call the FedEx Retirement Service Center at **1.855.604.6221**.

Changing Your Coverage Tier *During* Annual Benefits Enrollment for 2021

Adding Dependent Coverage: You must contact the FedEx Retirement Service Center to add your eligible dependent to your coverage. If the dependent meets the eligibility requirements and is added during Annual Benefits Enrollment, coverage will be effective January 1, 2021.

If you do not add an eligible dependent to your coverage during Annual Benefits Enrollment, you can add coverage for them at a later date. See “Changing Your Coverage Tier *After* Annual Benefits Enrollment for 2021” to the right.

Dropping Dependent Coverage: If you drop medical, dental, and/or vision coverage during the Annual Benefits Enrollment period, the coverage change is effective January 1, 2021 (assuming you continue to make premium payments through December 31).

Changing Your Coverage Tier *After* Annual Benefits Enrollment for 2021

Adding Dependent Coverage: If you did not elect coverage for your eligible dependents on the date you commenced FedEx Retiree Health Coverage, you can add them if there’s a qualifying event or during the next Annual Benefits Enrollment (assuming your dependents meet the eligibility requirements). You must contact the FedEx Retirement Service Center to add your dependents to your coverage.

Dropping Dependent Coverage: You can drop coverage for an eligible dependent at any time by calling the FedEx Retirement Service Center.

IMPORTANT: You must notify the FedEx Retirement Service Center within 31 days following an event that results in your dependent(s) no longer being eligible for FedEx Retiree Health Coverage (for example, divorce or death of a covered dependent). The dependent’s coverage will end effective the date of the event.

*Refer to the “Definitions” section of this guide for a full description of coverage tiers.

Who Is Eligible?

Dependents eligible to be covered under the FedEx Retiree Health Plan include your:

- Legally married Spouse
- Eligible child—a child who is your:
 - Natural child
 - Stepchild
 - Legally adopted child, including a child placed in your home for the purpose of adoption*
 - Child for whom you have legal guardianship*
 - Child for whom you are required to provide coverage under a Qualified Medical Child Support Order (QMCSO), as long as the child meets the definition of an eligible dependent*
 - Child of any age who meets the guidelines for mental or physical incapacitation before age 26 for medical, dental, and vision coverage
 - Child who is younger than age 26 for medical, dental, and vision coverage

NOTE: A Spouse on active duty in the armed forces of any country is not eligible to be covered under your FedEx medical, dental, and vision coverage.

Important! Effective January 1, 2021, Same-Sex Civil Union Partner and Qualified Domestic Partner and dependent(s) (Partner's child(ren)) coverage will be discontinued. Only those who are legally married to a qualified participant are eligible for spousal coverage.**

Provided your child meets the eligibility requirements, you can cover him/her up to midnight on the last day of the month of the 26th birthday for medical, dental, and vision, without regard to:

- Student status (The child does not have to be a full-time student.)
- Marital status (The child can be married; you cannot cover your child's dependents—Spouse or children—on your plan.)
- Tax dependency (You do not have to claim the child for tax purposes.)
- Employment status
- Residency (The child does not have to reside with you, or in the case of a stepchild, your Spouse.)
- Financial dependency (The child does not have to be financially dependent on you, your Spouse.)
- Other employer-sponsored coverage (You can cover the child even if he/she is eligible for other coverage.)

When Your Child Turns Age 26

Medical, dental, and vision coverage end automatically at midnight on the last day of the month of the child's 26th birthday, unless incapacitated as described above. Following the date of coverage termination, medical, dental, and/or vision coverage may be continued for up to 36 months under COBRA by paying the full cost of the coverage. See the Summary Plan Description for details.

*Legal documents must be provided.

**Does not include retirees enrolled in a Hawaii Medical Services Association (HMSA) plan.

Proof of Eligibility Required

You will be required to provide proof of eligibility, such as a birth certificate or marriage license, for any dependent. If you are currently covering an individual who does not meet the definition of an eligible dependent, you should contact the FedEx Retirement Service Center. Any misrepresentation

of dependent information will be considered a deliberate falsification of company records and constitutes grounds for rejection of the dependent. You may be required to repay to the Plan any amount paid by the Plan for the ineligible dependent. You may be required to validate your dependents' eligibility annually.

Who Is Not Eligible?

Retiree and Spouse at Age 65 and Older

FedEx Retiree Health Plan participants age 65 and older are not eligible to participate in the pre-65 medical, dental, and vision plan options summarized in this guide. Approximately 60 days before you or your covered Spouse turns 65, an enrollment guide will be mailed directly to you from the Aon Retiree Health Exchange.



The Aon Retiree Health Exchange can assist you and/or your Spouse in evaluating Medicare supplemental coverage options and enrolling in a plan. To enroll in a supplemental coverage option (that is not prescription drug only), you must enroll in Medicare Parts A and B.

The Aon Retiree Health Exchange offers dental and vision coverage. Also, you may elect COBRA continuation of dental and/or vision coverage.

Who Is Not Eligible? continues on page 10.

IMPORTANT: If you do not notify the FedEx Retirement Service Center of your Medicare eligibility status, you will still be liable for any benefits the plan paid but would not have paid had your Medicare-eligible status been known to the plan, *even if you do not enroll in Medicare.*

Once a Spouse or dependent becomes Medicare-eligible due to disability, the FedEx Retiree Medical Plan becomes secondary coverage to Medicare and will pay benefits as if the individual is covered by Medicare even if the individual has not enrolled in Medicare. Periodic audits are performed between the plan carriers and Medicare to identify covered participants who are Medicare-eligible.

Retiree or Spouse Under Age 65 and/or Dependent Who Is Eligible for Medicare Due to Disability

If you or your Spouse under age 65, or your other covered dependent becomes eligible for Medicare due to disability, you must call the FedEx Retirement Service Center at **1.855.604.6221** within 31 days of your Medicare coverage effective date.

Retirees under age 65 who become eligible for Medicare due to disability are not eligible for the FedEx Retiree Health Plan and will receive an enrollment guide from the Aon Retiree Health Exchange.

Any Spouse and/or dependent under age 65 who is eligible for Medicare due to disability continues to be eligible for the FedEx Retiree Health Plan, with the FedEx Retiree Health Plan paying secondary to Medicare. See the note in the call-out box on this page.

If you are determined to be Medicare disabled, your eligible covered dependents under age 65 may continue medical, dental, and vision coverage under your FedEx Retiree Health Coverage, assuming your FedEx Retiree Health Coverage premiums/contributions are paid.

Same-Sex Civil Union Partner, Qualified Domestic Partner, and Partner's Child(ren)

Effective January 1, 2021, Same-Sex Civil Union Partner and Qualified Domestic Partner and dependent(s) (Partner's child(ren)) coverage will be discontinued.* Only those who are legally married to a qualified participant are eligible for spousal coverage.

Dependents Who Turn Age 26

See the "When Your Child Turns Age 26" section on page 8.

Dependents of Post-65 Retirees and Spouse Enrolled in a Kaiser Plan

If you are enrolled in a FedEx Retiree Kaiser Plan in California and you or your eligible Spouse is age 65 or older, the age 65 participant is not eligible to participate in the Pre-65 FedEx Retiree Medical Plan. If you (the retiree) are age 65 or turn 65, your under-65 eligible dependents can continue to participate in the Pre-65 FedEx Retiree Medical Plan.

Retiree or Spouse Who Becomes Covered by a FedEx Health Plan for Active Employees

After you have commenced your FedEx Retiree Health Coverage, you must suspend coverage in the following situations:

- If you become covered as a dependent of an active participant in any FedEx health plan, or
- If you become employed by any FedEx company, whether you participate in that company's active health plan or not.

To suspend FedEx Retiree Health Coverage, call the FedEx Retirement Service Center.

To resume FedEx Retiree Health Coverage, you must notify the FedEx Retirement Service Center within 31 days of the loss of coverage.

If you have questions or need to verify eligibility, contact the FedEx Retirement Service Center at **1.855.604.6221**. Representatives are available Monday through Friday from 7 a.m.–6 p.m., Central time.

*Does not include retirees enrolled in a Hawaii Medical Services Association (HMSA) plan.



FedEx Retiree Medical Plan

Every year, it's important to note plan changes, evaluate your needs and research the plan options available to you. For 2021, the following FedEx Retiree Medical Plan options are available for eligible pre-65 retirees (depending on where you live):

- FedEx Retiree 70 Broad (not available to retirees in Memphis and LocalPlus Network areas)
- FedEx Retiree 70 Narrow
- FedEx Retiree 80 Broad
- FedEx Retiree 80 Narrow
- FedEx Retiree Out-of-Area

For a chart showing plan options and how they compare, see pages 29–35.

The FedEx Retiree Medical Plan options encourage the use of in-network primary care providers (not subject to the deductible) and free in-network preventive care.

Out-of-network services are not covered. You are responsible for all medical charges for out-of-network services, with the exception of:

- Eligible retirees residing in the state of Alaska
- Eligible retirees enrolled in a FedEx Retiree Out-of-Area plan option
- Cases of emergency

It is important to ensure your doctors, hospitals, and labs are included in the plan option you choose, because you will not be able to change plan options after the plan year begins.

The FedEx Retiree Medical Plan options are administered by Cigna and feature a Health Reimbursement Account (HRA) provided by FedEx to help you pay for eligible out-of-pocket medical costs. ConnectYourCare will continue to be the administrator for HRA credits in 2021. See pages 22–25 for more details.

Depending on where you live, you may have the option of selecting the FedEx Retiree 70 Narrow or the FedEx Retiree 80 Narrow option. These plan options have fewer in-network providers, but offer free non-specialty generic prescriptions. See page 13 for more details.

Retirees who enroll in a FedEx Retiree Medical Plan option also have access to the FedEx Health Centers, where in-network preventive care is covered 100 percent. Also, pharmacy services are available to all eligible pre-65 retirees and dependents—including those under age 18—

enrolled in a FedEx Retiree Medical Plan administered by Cigna. For more details as well as locations, hours of operation, and contact information, see pages 14–16.

Retirees in California are also eligible for the FedEx Retiree Kaiser option, which includes an HRA. There are two plan options from which to choose. See pages 36–37 for more details.

For retirees in Hawaii, two health plan options are available through Hawaii Medical Service Association (HMSA). These plan options do not include an HRA. See page 38 for more details.

Five Important Things to Remember About the FedEx Retiree Medical Plan

1	In-network preventive care and Telemedicine (through Cigna) are covered at 100%. There is no cost to you for in-network preventive services such as annual physicals, flu and pneumonia shots, routine vaccinations, and screenings; or Telemedicine (through Cigna).
2	In-network primary care provider (PCP) visits are not subject to a deductible. You pay only 20% or 30% coinsurance for these office visits. FedEx broadly defines PCPs to include: Family Practice, General Practitioners, Pediatricians, Internal Medicine, OB/GYN or GYN physicians, Mental Health/Substance Use providers, Convenience Care Clinics at local pharmacies and grocery stores, Urgent Care Clinics, and Virtual Care.
3	Prescription drugs are not subject to the deductible.
4	All medical expenses (except out-of-network) count toward the medical out-of-pocket maximum. There is also an out-of-pocket maximum for prescription drug expenses.
5	The Health Reimbursement Account (HRA) cannot be used for premiums or for dental, vision, or prescription drug costs.

*Out-of-network services are not covered. You are responsible for all out-of-network medical charges.**

*There is an exception for retirees residing in the state of Alaska, retirees enrolled in the FedEx Retiree Out-of-Area Plan option and cases of emergency.

FedEx Retiree Narrow Plan Options—Limited-Provider Network and Free Generics

The FedEx Retiree Narrow plan options with limited-provider networks, FedEx Retiree 70 Narrow and FedEx Retiree 80 Narrow, are offered in certain areas by Cigna and are designed to help improve the effectiveness of the health plan and save money through high-quality providers. These plan options have fewer providers (such as doctors, hospitals and labs) to choose from and free non-specialty generic prescriptions.*

Answers to two important questions will help determine if a FedEx Retiree Narrow plan option is right for you.

1. Are the FedEx Retiree Narrow plan options with limited-provider networks available in my area?

The limited-provider networks are available based on your home address. The FedEx Narrow plan options will be available for you to enroll in if your home address is in one of the following:

Cigna—LocalPlus

- Arizona (Phoenix, Tucson)
- California (Santa Clara, Northern and Southern California)

- Colorado (Boulder, Colorado Springs, Denver, and other select counties)
- Florida (Orlando, Tampa, Southern Florida)
- Georgia (Atlanta, Augusta, Columbus, Macon, Rome, Savannah)
- Illinois (Chicago)
- Kansas (Wichita)
- Massachusetts (statewide)
- Nevada (Las Vegas)
- New Jersey (Northern)
- Oregon
- Rhode Island (statewide)
- South Carolina (Greenville, Spartanburg)
- Tennessee (statewide, and some surrounding counties in Arkansas and Mississippi)
- Texas (Austin, Dallas, Ft. Worth, Houston, San Antonio)
- Tucson, AZ
- Utah
- Washington (Pierce and King Counties—Greater Seattle)

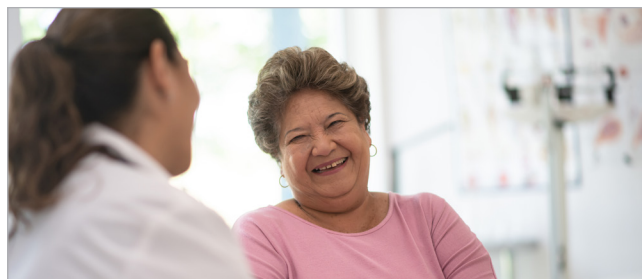
IMPORTANT: If you see a provider outside the Narrow network in your area, the claim will be treated as out-of-network, even if the provider is part of the broader Cigna network (see exceptions listed on page 11). When traveling, you will still have access to a Cigna network, including the FedEx Health Centers in the Greater Memphis and Dallas/Irving areas (see pages 14–16 for more details). Call Cigna to verify in-network providers before receiving care outside your limited-provider network area.

*The free generics offer includes non-specialty generics that currently have a \$7 copay for a 30-day supply or \$15 copay for a 90-day supply at Walgreens retail or through mail order; specialty generics are not included.

2. Is my current provider in the limited-provider network offered by the FedEx Retiree Narrow plan options?

If you live in an area that has one of these FedEx Retiree Narrow plan options, check to see if your providers (doctors, hospitals, and labs) are in the Cigna LocalPlus limited-provider network. You can change providers (as long as the provider accepts new patients), so you can take advantage of the limited-provider network. Links to search for providers in the limited-provider networks are available at retirement.fedex.com, when you log in and select Find a Doctor, Dentist, or Hospital; or contact Cigna at **1.800.589.2332** to find out if your current provider is in the limited-provider network.

If you live in an area with a Cigna LocalPlus (Narrow) network, that will be the only electable plan for the 70 medical plan options. This means the 80 Broad plan option is the only Broad plan option in which you can enroll.



FedEx Health Centers—For Retirees Who Are Enrolled in a FedEx Retiree Medical Plan Administered by Cigna

The FedEx Health Centers, which are located in the Greater Memphis and Dallas/Irving areas, are available to all eligible retirees, regardless of where you live in the United States.

If the FedEx Health Center is chosen as your primary care provider, in-network preventive care is covered 100 percent by FedEx. If you already have a primary care provider, you can use the FedEx Health Center as a supplement to your regular primary care provider.

Primary care services offered at the FedEx Health Center include preventive care, acute care, some laboratory services, vaccinations, and minor surgical procedures. Physical therapy and a full-service pharmacy for prescriptions are also available.

Staffed and managed by Premise Health—along with Walgreens Pharmacy—the FedEx Health Center brings a team of qualified professionals, a strong preventive care philosophy, and experience to FedEx.

Appointments are strongly encouraged to ensure the best patient experience, but some same-day appointments might be available for unexpected medical needs. Call the health center to schedule your appointment or visit healthcenter.fedex.com.

Eligibility

- **FedEx Health Center**—Medical services, including physical therapy, are available to eligible pre-65 retirees and dependents age 18 and older enrolled in a FedEx Retiree Medical Plan administered by Cigna.
- **Pharmacy**—Pharmacy services are available to all eligible pre-65 retirees and dependents—including those under age 18—enrolled in a FedEx Retiree Medical Plan administered by Cigna, so all family medications can be picked up at one convenient location.

If you have questions about eligibility, call the FedEx Retirement Service Center at **1.855.604.6221**. Customer service representatives are available Monday through Friday from 7 a.m.–6 p.m., Central time.

Onsite Pharmacy

Pharmacy services at the FedEx Health Centers are provided by Walgreens Pharmacy. **Along with filling \$3 generic prescriptions, you also can purchase 90-day supplies**, excluding specialty medications, in the pharmacy. (Non-specialty generic prescriptions are free if enrolled in a Retiree Narrow plan option with a limited provider network.) While services at the health centers are limited to covered dependents age 18 and older, pharmacy services are available to all dependents enrolled in a FedEx Retiree Medical Plan. Please note that the pharmacy can fill prescriptions from outside providers—they do not have to be prescribed by the health center providers.

Physical Therapy

Schedule your physical therapy at the health center and you will have the benefit of receiving care from a physical therapist, along with savings and convenience. The cost is \$55 per visit (subject to coinsurance after the deductible) regardless of your session length of time or number of modalities provided, which should be less than local market rates. Physical therapy is available by appointment. Call the health center for hours and additional details.

Wellness Coaches and Dietitians (Available in the Greater Memphis area only)

Wellness coaches and dietitians are on staff at both Memphis-area locations. Appointments with a wellness coach or dietitian are confidential and **available at no additional cost** to eligible retirees and eligible dependents. With the addition of the wellness coaches and dietitians to the existing medical, pharmacy, and physical therapy services offered, the FedEx Health Centers can help you manage your well-being and provide the collaborative care needed to help you reach your overall health goals.

Patient Portal

You can access healthcenter.fedex.com to view the patient portal, make appointments, and email the centers' providers. This secure website gives you full access to your health records, visit history, and test results.

Privacy and Confidentiality

All interactions, services provided, and medical records at the health center are held in strict confidence by Premise Health and Walgreens. Your records are maintained by Premise Health and Walgreens in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Locations and Hours

Memphis-Area FedEx Health Centers		Dallas/Irving FedEx Health Center
<p>FedEx Health Center—West 3140 Tchulahoma Road Memphis, TN 38118</p> <p>Phone: 1.901.260.0203 Pharmacy: 1.901.362.7390 Fax: 1.901.260.0204</p> <p>Health Center Hours: Monday–Thursday: 3 a.m.–10 p.m. Friday: 3 a.m.–10 a.m. Saturday: Closed Sunday: 3 p.m.–10 p.m.</p> <p>Pharmacy Hours: Monday–Thursday: 5 a.m.–10:30 p.m. Friday: 3:30 a.m.–10:30 a.m. Saturday: Closed Sunday: 3:30 p.m.–10:30 p.m.</p>	<p>FedEx Health Center—East 3145 Players Club Parkway Memphis, TN 38125</p> <p>Phone: 1.901.261.8195 Pharmacy: 1.901.748.3249 Fax: 1.901.261.8196</p> <p>Health Center Hours: Monday, Tuesday, Thursday, & Friday: 7 a.m.–6 p.m. Wednesday: 11 a.m.–7 p.m. Saturday: 8 a.m.–12 p.m. Sunday: Closed</p> <p>Pharmacy Hours: Monday, Tuesday, Thursday, & Friday: 7:30 a.m.–6:30 p.m. Wednesday: 11:30 a.m.–7:30 p.m. Saturday: 8:30 a.m.–12:30 p.m. Sunday: Closed</p>	<p>FedEx Health Center—Irving 8700 Freeport Parkway, Suite 100 Irving, TX 75063</p> <p>Health Center Phone: 1.469.284.9510 Health Center Fax: 1.469.284.9570 Pharmacy Phone: 1.469.957.3937 Pharmacy Fax: 1.469.957.3938</p> <p>Health Center Hours: Monday, Tuesday, Thursday, & Friday: 8 a.m.–5 p.m. Wednesday: 10 a.m.–7 p.m. Saturday & Sunday: Closed</p> <p>Pharmacy Hours: The pharmacy opens 30 minutes after the health center opens and closes 30 minutes after the health center closes.</p>
<p>In the Greater Memphis area, physical therapy, wellness coaching, and dietician services are available at both centers by appointment. Call the FedEx Health Center nearest you for hours and additional details. Hours are subject to change based on utilization.</p>		<p>In the Dallas/Irving area, physical therapy services are available by appointment. Call the FedEx Health Center for hours and additional details. Hours are subject to change based on utilization.</p>

How Deductibles & Out-of-Pocket Maximums Work

Deductible

The deductible is an amount you pay each year toward the cost of certain covered care before the Plan begins to pay. **In-network preventive care services, in-network primary care provider (PCP) visits (including Telemedicine through Cigna*), and prescription drugs have no deductible.** There is a separate in-network deductible for each covered individual, as well as a family in-network deductible.

This means:

- No individual family member has to meet more than the individual deductible before the Plan begins to pay for that individual.
- The family deductible can be met among multiple family members; however, no individual family member can have more than the individual deductible amount count toward the overall family deductible.

Example 1: Employee + Family (2 family members) enrolled in 80 Broad

If you only have yourself and one dependent covered, you must each meet a \$1,300 in-network deductible for a total of \$2,600.



\$1,300 + \$1,300 = In-network individual deductibles met

Plan then pays coinsurance for both covered members

Example 2: Employee + Family (4 family members) enrolled in 80 Broad

Two family members each meet the \$1,300 in-network individual deductible. Therefore, they will both only pay coinsurance for additional costs as they've both met the individual deductible. The remaining \$1,300 of the \$3,900 in-network family deductible can be met by a combination of the other two family members. And remember, no individual family member can have more than the \$1,300 individual deductible count toward the \$3,900 family deductible.



\$1,300 + \$1,300 + \$650 + \$650 = In-network family deductible met

Plan then pays coinsurance for all covered members

*You must use an MDLIVE for Cigna provider. For more information and to find a provider, go to mycigna.com.

Out-of-Pocket Maximum

Each FedEx Retiree Medical Plan option has an annual out-of-pocket maximum protecting you from high-cost medical expenses. When your share of the cost of eligible, in-network medical expenses (your coinsurance and deductible) reaches the annual out-of-pocket maximum, the plan pays 100 percent of your eligible, in-network medical expenses for the rest of the calendar year. The plan options have both an individual and a family out-of-pocket maximum. The individual

and family out-of-pocket maximums work the same way as the deductibles described on the previous page.

Remember, there is a separate prescription drug annual out-of-pocket maximum for all FedEx Retiree Medical Plan options.

When you reach the prescription annual out-of-pocket maximum, the Plan pays 100 percent of eligible prescription costs.

How to Get the Most Out of Your Medical Plan

Stay In-Network

Save time and money when you see an in-network provider. To make sure you are using only in-network providers:

1. Go to mycigna.com to search for in-network providers and facilities or call the number on the back of your medical ID card.
2. Download the Cigna mobile app on your smartphone to search for in-network providers. Search “myCigna” in the Google Play Store or the Apple App Store.
3. Remind your doctor and other health care providers to refer you to in-network providers, labs and facilities—**but remember, it’s your responsibility to double check.** At the hospital, it’s important to ask if all facility-based providers (radiologists, anesthesiologists, pathologists, etc.) are in network.



IMPORTANT: Out-of-network services are not covered, which means you are responsible for all out-of-network medical charges. Any out-of-network expenses you incur will not count toward medical plan out-of-pocket maximums. There is an exception for eligible retirees residing in the state of Alaska, retirees enrolled in the FedEx Retiree Out-of-Area Plan option and cases of emergency.

Here's more on why it makes sense to stay in-network:

	In-Network Providers	Out-of-Network* Providers
How much do you pay?	Less. Your medical plan administrator contracts with these providers so they agree on how much they charge when you see them.	All. Because these providers don't have a contract with your medical plan administrator, they can charge any price they want, and you're 100% responsible for all medical charges.
Are you protected from balance billing?	Yes. These providers can't bill you for more than what they've agreed to accept from your medical plan administrator.	No. Out-of-network providers can bill you, and you're 100% responsible for all medical charges.**
Do you have to fill out and send claims forms?	No. Along with your provider, the medical plan administrator will do the paperwork for you. And the medical plan administrator pays the providers directly.	No. You'll need to settle the bill with your provider.

Remember! You are responsible for all out-of-network charges.* This includes seeing a provider outside your selected network (Narrow or Broad) or seeing a provider outside the Cigna network. For example, if you select a *Narrow* plan option for your 2021 coverage, and you receive services from a provider in the *Broad* network during the plan year, the *Broad* network provider is considered out-of-network, and you are responsible for all charges. You'll need to settle the bill with your provider directly. To save time and money, stay in-network.

Take Advantage of Free Preventive Care

Preventive services can help prevent disease and illness before they occur. There is no cost to you for in-network preventive services such as annual physicals, flu shots, well-baby and well-child visits, routine vaccinations and screenings.

Get the Right Care at the Right Place

It's important to know where and when you should get care to save time and money. The emergency room is certainly the place to go in life-threatening or other emergency situations. But for situations that aren't emergencies, consider using a less expensive, more convenient option such as an in-network primary care provider (PCP) or Telemedicine. See the next page for more information.

*There is an exception for eligible retirees residing in the state of Alaska, retirees enrolled in the FedEx Retiree Out-of-Area Plan option and cases of emergency.

If you use an out-of-network provider or facility, Cigna will pay up to a percentage of the maximum reimbursable charge (MRC) on their respective fee schedules **in certain situations, such as an emergency. If the charge is more than the MRC, the portion of the charge above the MRC will not be covered by the benefit plan, and the health care professional may bill you for the remaining amount.

The chart below can help you determine the right care at the right place.

Service or Provider	When to use it
Preventive Care and Telemedicine (through Cigna)—Covered 100%	
In-Network Preventive Care	Preventive services can help prevent disease and illness before they occur. Services include annual physicals, flu shots, well-baby and well-child visits, routine vaccinations, and screenings.
Telemedicine (through Cigna)	Allergy season got you down? Can't get rid of that cold or cough? Save time and money by using Telemedicine to receive non-urgent care from the comfort of your home with no appointments, traffic, or long waits! Telemedicine is offered 24/7 by Cigna in some areas for doctor visits by phone, web and/or video. Get medical advice, a diagnosis and even a prescription, if needed.* Common ailments treated through Telemedicine include sore throats, sinusitis, upper respiratory infections, bronchitis, coughs, and more. You must use an MDLIVE for Cigna provider. For more information, go to mycigna.com .** Cigna Behavioral Health, the administrator of the Employee Assistance Program and Mental Health/Substance Use benefit, also offers video sessions with certified counselors. Go to mycigna.com to learn more.
Primary Care Providers (PCPs)—Not subject to deductible; 20% or 30% coinsurance only	
In-Network Primary Care Physician	Visit your regular, in-network primary care physician when possible. Establishing an ongoing relationship with a regular primary care physician helps one doctor get to know your medical history and health goals so he/she can help you manage and track your overall progress.
Virtual Care	Visit your health care provider by phone and/or web instead of the traditional office visit. You can be seen for medical or behavioral health needs and get a prescription, if needed. You will continue to pay for your portion of the visit (20%-30% coinsurance only for primary care providers; 20%-30% coinsurance after the deductible for specialists). The good news is these visits may cost less than a traditional in-office visit, while keeping you safe in your home.
In-Network Convenience Care Clinic	When your regular physician isn't available, an in-network Convenience Care Clinic (located in major pharmacies and retail centers) can provide quick access to cost-effective non-emergency medical services. They primarily treat common illnesses such as cold and flu, sore throat, headaches, etc., and can also provide vaccinations.
In-Network Urgent Care Clinic	Visit an Urgent Care clinic when you need non-emergency care for medical situations after hours, when you can't wait until an appointment with your primary care physician, or can't get to a mobile device for Telemedicine.
Emergency Room—Subject to deductible then coinsurance; \$500 copayment on third visit and each visit thereafter.***	
Emergency Room	Go straight to the emergency room in a life-threatening or other emergency situation.

Not sure where to go for care? Call Cigna at 1.800.589.2332.

*Prescription availability is based on doctor discretion and state laws. Contact Cigna to see if e-prescribing is available in your state.

**Kaiser in California and HMSA in Hawaii also offer Telemedicine services to members. Contact your plan administrator for details.

***\$500 copay in addition to deductible and/or coinsurance on an individual's third visit and each visit thereafter each calendar year. If admitted, the copay will be waived.

FedEx Retiree Out-of-Area

The Out-of-Area plan option is administered by Cigna based on your home ZIP Code. It is offered only where Cigna has determined provider network inadequacy. With FedEx Retiree Out-of-Area, you see the health care provider of your choice. In some cases, you may be required to pay for the health care service up-front, then file a claim for reimbursement.

When you use an in-network provider, you are not responsible for expenses above the amount considered appropriate. If you use an out-of-network provider, you are responsible for pre-certification.

Before medical benefits are paid (except preventive care), you must meet an annual deductible. After the deductible is met, you pay 20 percent of covered expenses—your coinsurance—up to the annual out-of-pocket maximum. In addition to your annual deductible and coinsurance, you are responsible for all expenses above the amount considered appropriate for the service provided according to Cigna's guidelines.

When you reach your individual annual out-of-pocket maximum limit, the Plan begins to pay 100 percent of covered expenses for the rest of the calendar year. In addition to your annual deductible and coinsurance, you are responsible for all expenses above the amount considered appropriate for the service provided according to Cigna's guidelines.

For FedEx Retiree Out-of-Area, if you use an out-of-network provider, Cigna will pay up to a percentage of the Maximum Reimbursable Charge on its respective fee schedules. If the amount is more than the Maximum Reimbursable Charge, the portion of the amount above the Maximum Reimbursable Charge will not be covered by the benefit plan, and the health care professional may bill you for the remaining amount.

Amounts over the limit are not considered covered charges and do not count toward your annual out-of-pocket maximum.

Cigna has PPO network providers available in many locations for retirees enrolled in the FedEx Retiree Out-of-Area option. You can take advantage of negotiated discounts by using Cigna's participating PPO providers. For a list of participating providers in your local area or in another area of the country, you can access Cigna's PPO Provider Directory at mycigna.com or call **1.800.589.2332**.

See pages 33–35 for a summary of FedEx Retiree Out-of-Area benefits.

Pre-Certification—Before You Receive Medical Services

FedEx Retiree 70 Broad, FedEx Retiree 70 Narrow, FedEx Retiree 80 Broad, and FedEx Retiree 80 Narrow

Pre-certification helps to ensure that the medical services you or your eligible dependents receive are appropriate and meet the medical necessity guidelines. Cigna requires pre-certification of certain medical services.

However, the medical providers are responsible for obtaining the pre-certification when you access care from an in-network provider.

Out-of-network services are not covered. You are responsible for all out-of-network medical charges. (See exceptions on page 11.)

The FedEx Health Reimbursement Account

A valuable feature of the FedEx Retiree Medical Plan options is the FedEx Health Reimbursement Account (HRA). The HRA is another way FedEx helps you manage health care costs. When you enroll in a FedEx Retiree Medical Plan option administered by Cigna or Kaiser, FedEx will provide you a credit on January 1, based on your coverage tier.

Retiree Only	\$400
Spouse Only	\$400
Child Only	\$400
Retiree & Child(ren)	\$650
Spouse & Child(ren)	\$650
Two or More Children Only	\$650
Retiree & Spouse	\$800
Retiree & Spouse & Child(ren)	\$800

Beginning in 2021, there will be changes to the HRA credit amount that rolls over each year starting with 2020 credits. You can no longer roll over amounts in excess of \$1,000 each year unless you already have more than that amount in your HRA as of December 31, 2020. In that case, your 2020 existing balance would be grandfathered in and you can roll over your grandfathered amount and accumulate up to an additional \$1,000 new credits each year.

You can't carry over more than \$1,000 credits each year, in addition to any grandfathered amount. The grandfathered amount applies only to your balance as of December 31, 2020. Any credits provided after that period will be subject to the new \$1,000 rollover limit rule.

The HRA cannot be used for premiums or for dental, vision, or prescription expenses. For more information, contact ConnectYourCare.

Validation may be required for all HRA payment card charges; you will need to save your receipts and pay attention to substantiation requests and notices from ConnectYourCare.

HRA Questions and Answers (For the HRA administered by ConnectYourCare)

Do participants from the active group health plan who had an HRA card get a new HRA card for the retiree group health plan?

If you are new to the plan, you will receive a payment card for your HRA. ConnectYourCare will send a welcome kit containing your HRA payment card, along with more information, to your home address.

What expenses can be paid from the HRA?

The HRA can be used to pay for qualifying medical expenses, including your share of your deductible and your coinsurance. The HRA cannot be used for premiums or for dental, vision, or prescription expenses.

How can I view my HRA balance?

You can view your HRA balance through the mobile app myCYC or by going to **www.connectyourcare.com/fedex**.

How will the HRA work when I go to the doctor?

You are responsible for your out-of-pocket costs, such as copays and deductibles. You can present your HRA payment card for any amount up to your HRA balance.



When do I receive the HRA credit if I enroll in medical coverage outside of Annual Benefits Enrollment?

If you enroll in medical coverage outside of Annual Benefits Enrollment, you will receive your HRA credit at the beginning of the next plan year.

If you enroll in a FedEx Retiree Medical Plan option after January 1, any HRA balance from your active FedEx medical plan will roll over to your retiree coverage.

What other factors can affect my HRA?

If you add coverage for an eligible dependent, the HRA credit will be prorated accordingly.

Can I add money to my HRA amount?

No, you cannot add money to an HRA.

Are there any tax implications for me with the HRA?

Generally, there are no federal tax implications to you with the HRA.

Remember: HRA credits are no longer applied automatically. This gives you more flexibility to decide when to use your HRA credits. If you have questions, please go to **www.connectyourcare.com/fedex** and check the Frequently Asked Questions document. If your question is not answered there, please contact CYC customer service at **1.833.298.9044**.

ConnectYourCare

ConnectYourCare (CYC) is the administrator for the Health Reimbursement Account (HRA).

The HRA is an account credited by FedEx to help cover you and your family's eligible medical and Mental Health/Substance Use treatment expenses when you enroll in a FedEx Medical Plan option. It does not apply to premiums or dental, vision, or prescription expenses.

Activate Your Account

To activate your CYC account through the online portal:

- Go to www.connectyourcare.com/fedex.
- Click "Login."
- Click "New User Registration."
- You will need your CYC payment card to register. If you do not have a payment card yet, select the check box indicating you do not have a payment card to proceed.

Once logged in, you can see your account balances, transactions, and payment details.

Substantiation Requests

Be sure to always save your itemized documentation for all card purchases in case it is requested to verify a purchase. If verification is required, you will receive substantiation requests from CYC directly, so please pay attention to these notices. You can upload documentation using your online CYC account or by using the myCYC mobile app.

Access Your HRA Without Using the CYC Payment Card

You can submit claims through your CYC account online or through the myCYC mobile app. You have the option of submitting claims to be reimbursed directly or by requesting payment to be issued directly to your provider. However, using your payment card is the simplest way to pay for eligible health care expenses.



How the FedEx Retiree Medical Plan Options Work With the HRA



1

Health Reimbursement Account: FedEx will provide a credit to an HRA when you enroll in a FedEx Retiree Medical Plan option (or the Kaiser options in California). If you're new to the plan, you will be issued a ConnectYourCare payment card to pay for qualified medical expenses using your HRA.

2

Remaining Annual Deductible: You pay medical expenses until you reach the annual deductible. Your HRA is available to use toward your deductible. The annual deductible is the amount that you pay before FedEx pays for the benefits. Remember, prescription drugs and in-network primary care visits are not subject to the annual deductible.

3

You and FedEx share costs

After you meet your deductible, FedEx shares the cost of your covered services.

- **FedEx Retiree 70 Broad and FedEx Retiree 70 Narrow:** FedEx pays 70 percent and you pay 30 percent up to the out-of-pocket maximum (in-network).
- **FedEx Retiree 80 Broad and FedEx Retiree 80 Narrow:** FedEx pays 80 percent and you pay 20 percent up to the out-of-pocket maximum (in-network).

4

FedEx pays the rest

If you meet the in-network out-of-pocket maximum, FedEx pays 100 percent of your eligible in-network medical costs for the rest of the plan year. You pay nothing more for in-network services (aside from your FedEx Retiree Health premiums). Remember, there is a separate annual out-of-pocket maximum for prescription drug expenses.

Your Prescription Drug Benefit

Cigna is the administrator of the prescription drug benefit for you and your covered dependents if you are enrolled in a FedEx Retiree Medical Plan option administered by Cigna. Your prescription drug benefit has a three-tier cost structure for both retail and home delivery. If you enroll in a FedEx Retiree Narrow plan option with a Narrow network, you will receive free non-specialty generic prescriptions.* Your in-network copayments and coinsurance are as follows:

	Retail (30-day supply)	Cigna Home Delivery Pharmacy or Walgreens Retail (up to a 90-day supply)	Specialty Medications (Cigna Home Delivery Pharmacy— 30-day supply)
Generic	\$7 copayment (FREE if enrolled in a Retiree Narrow plan option with a limited-provider network)	\$15 copayment (FREE if enrolled in a Retiree Narrow plan option with a limited-provider network)	50% coinsurance (\$125 max)
Preferred Brand	40% coinsurance (\$55 min/\$110 max)	30% coinsurance (\$113 min/\$225 max)	50% coinsurance (\$125 max)
Non-Preferred Brand	50% coinsurance (\$85 min/\$150 max)	40% coinsurance (\$188 min/\$325 max)	50% coinsurance (\$175 max)
Out-of-Pocket Maximum—\$1,600/\$ 3,200			

Retail Purchasing

When purchasing your prescriptions from a retail pharmacy, visit any of Cigna’s nationwide network pharmacies and present your Cigna ID card. You will pay the applicable copayment or coinsurance as shown above. Visit the Cigna website at mycigna.com to locate a network pharmacy near you.

Home Delivery

If you take a maintenance medication on an ongoing basis, consider using the Cigna Home Delivery Pharmacy. You can receive up to a 90-day supply delivered to your doorstep and typically you save when compared to retail purchasing.

Cigna will offer 90-day supplies of medications at Walgreens pharmacies (and Walgreens affiliates) for the same price as home delivery.

Prior Authorization

Certain medications require a prior authorization to assess safety and proper usage. If a medication prescribed by your health care provider requires a prior authorization, your provider must contact Cigna to obtain the necessary prior authorization.

If your doctor has questions about prior authorization or needs a list of these medications, have them contact Cigna at **1.800.589.2332** or online at mycigna.com. If you have questions about prior authorization, please call Cigna at **1.800.589.2332**.

*The free generics offer includes non-specialty generics that have a \$7 copay for 30-day supply or a \$15 copay for a 90-day supply at Walgreens retail or through mail order; specialty generics are not included.

Step Therapy Program

Step Therapy requires the use of equally effective, lower-cost medication as the first line of therapy to ensure that safe and cost-effective medications are used based on recognized treatment guidelines and well-documented clinical studies. Usually, the first line of therapy treats the condition, has fewer side effects, and is much less expensive than the second step medication. When you take a new “second step” prescription to be filled, either the pharmacist and/or Cigna will contact your physician to determine if the first step medication is acceptable.

Medications included in the traditional Step Therapy Program are:

- Statins (used to treat high cholesterol)
- Branded Non-steroidal Anti-inflammatory Drugs (typically used for treatment of pain)
- Narcotic Pain Relievers
- Medications to treat overactive bladder
- Osteoporosis Medications
- Medications to treat ADD/ADHD
- ACEI/ARBs (used to treat high blood pressure)
- Hypnotics (used for sleep disorders)
- Atypical Psych (Mental Health)
- Asthma Nebulizer Solution
- Proton Pump Inhibitors (typically prescribed for treatment of stomach ulcers or Gastroesophageal Reflux Disease)
- Nasal Steroids
- Certain Antidepressants
- Skin Conditions

Specialty Medications Program

Retirees using specialty medications must purchase them through Cigna Home Delivery Pharmacy. Retirees are required to pay a larger share of the cost for these drugs.

Specialty medications usually treat complex medical conditions such as cancer, HIV, rheumatoid arthritis, and multiple sclerosis. Specialty medications are typically expensive and there is a Step Therapy Program for certain specialty medications. As with traditional Step Therapy, the goal of Step Therapy for certain specialty medications is to ensure that safe and cost-effective medications are used based on recognized treatment guidelines and well-documented clinical studies.

The Step Therapy Program for specialty medications includes, but is not limited to, certain medications for the treatment of the following conditions:

- Hepatitis C
- Respiratory Conditions (emphysema)
- Inflammatory Conditions (rheumatoid arthritis, plaque psoriasis, Crohn’s Disease, CAPS)
- Blood Cell Deficiency (anemia)
- Growth Deficiency
- Multiple Sclerosis
- Pulmonary Arterial Hypertension
- Prostate Cancer

When you fill a new prescription for a “second step” specialty medication, Cigna will contact your physician to determine if the first step medication is acceptable.

If you or your doctor have any questions about the Step Therapy Program for specialty medications, contact Cigna at **1.800.589.2332**.

Behavioral Services

Employee Assistance Program (EAP)

Cigna Behavioral Health is the administrator of the EAP. The EAP provides 100 percent coverage for short-term counseling (up to eight sessions) for Retiree Health participants, eligible dependents, and household members who are experiencing quality-of-life problems.

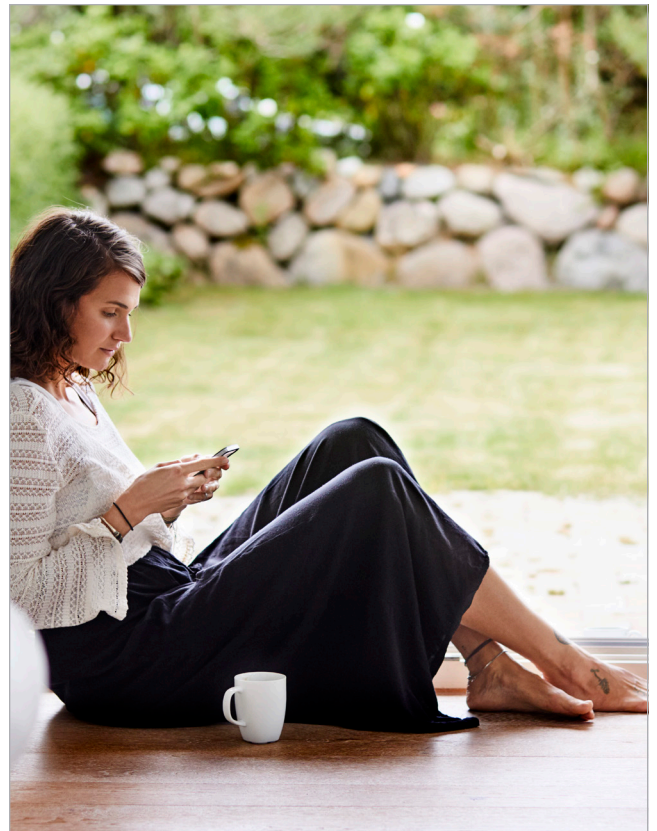
The EAP provides confidential assistance 24 hours a day, every day of the year. In order to receive EAP services you must contact Cigna Behavioral Health at **1.800.274.4357** to obtain a referral to an in-network provider. All EAP services must be preauthorized through Cigna Behavioral Health.

Mental Health/Substance Use Benefit

Mental Health/Substance Use (MHSU) benefits are administered by, and claims are processed through, your medical benefit. You and your covered dependents must pre-certify certain MHSU treatments through your medical plan administrator.

MHSU services include:

- A variety of treatment programs to meet your needs, including individual therapy, inpatient hospitalization, and day treatment
- Access to a nationwide network of licensed, accredited providers, which includes psychiatrists, psychologists, social workers, counselors, and nurse practitioners
- Confidential assistance 24 hours a day



FedEx Retiree Medical Plan Options—Benefits at a Glance

The chart below and on the following pages gives a brief description of some of the main features and coverages for each FedEx Retiree Medical Plan option.

	FedEx Retiree 70 Broad* & Retiree 70 Narrow	FedEx Retiree 80 Narrow	FedEx Retiree 80 Broad
	In-Network	In-Network	In-Network
Plan Type	FedEx Retiree Medical Plan options with a Health Reimbursement Account (HRA) administered by ConnectYourCare.		
Health Reimbursement Account (HRA) Credit	\$400 (Retiree or Spouse or Child Only) \$650 (Retiree or Spouse & Child(ren) or Two or More Children Only) \$800 (Retiree & Spouse or Retiree & Spouse & Child(ren))		
Annual Deductible	\$2,350 individual \$4,800 family	\$1,200 individual \$3,600 family	\$1,300 individual \$3,900 family
Annual Out-of-Pocket Maximum (including deductible)	\$4,850 individual \$9,700 family	\$3,200 individual \$9,600 family	\$3,200 individual \$9,600 family
All coinsurance, excluding prescription drug, applies to the medical out-of-pocket maximum.			
No individual family member has to meet more than the individual deductible before the plan begins to pay. The family deductible can be met between multiple family members; however, no individual family member can have more than the individual deductible amount count toward the overall family deductible. Out-of-pocket maximums work the same. See page 18 for full details.			
Lifetime Maximum	No lifetime maximum benefit		
Preventative Care and Telemedicine (Through CIGNA)—100% Coverage (In-Network Services)			
Preventive Care • Routine Preventive Exams (well-baby/well-child/well-person exams, including annual well-woman exam) • Immunizations • Health Screenings including colonoscopy, PSA for prostate cancer, etc., based on preventive care guidelines • Women's Preventive Health Services	100% coverage Not subject to deductible	100% coverage Not subject to deductible	100% coverage Not subject to deductible
For a complete list of Preventive Care services, see the Preventive Care Guidelines on Cigna's website.			
Telemedicine (through Cigna)**	100% coverage Not subject to deductible	100% coverage Not subject to deductible	100% coverage Not subject to deductible
Mammograms (Preventive and Diagnostic Screenings, regardless of place of service)	100% coverage Not subject to deductible <i>Breast ultrasound: 70% coverage after deductible</i>	100% coverage Not subject to deductible <i>Breast ultrasound: 80% coverage after deductible</i>	100% coverage Not subject to deductible <i>Breast ultrasound: 80% coverage after deductible</i>

*The FedEx Retiree 70 Broad option is not available to retirees in the Memphis and LocalPlus Network areas.

**You must use an MDLIVE for Cigna provider. For more information and to find a provider, go to mycigna.com.

	FedEx Retiree 70 Broad* & FedEx Retiree 70 Narrow	FedEx Retiree 80 Broad & FedEx Retiree 80 Narrow
	In-Network	In-Network
Primary Care Providers (PCPs)—Coinsurance, No Deductible (In-Network Services)		
Office Visit—Primary Care Physician (Includes: Family Practice, General Practice, Internal Medicine, Pediatrics, OB/GYN, and GYN.)	PCP: 70% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 70% coverage after deductible</i>	PCP: 80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Virtual Care	70% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 70% coverage after deductible</i>	80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Urgent Care Facility	70% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 70% coverage after deductible</i>	80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Convenience Care Clinic	70% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 70% coverage after deductible</i>	80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Mental Health/Substance Use—Individual or Group Office Visit See page 28 for details.	70% coverage Not subject to deductible	80% coverage Not subject to deductible
Specialist and Other Medical Services—Coinsurance After Deductible		
Office Visit—Specialist	70% coverage after deductible	80% coverage after deductible
Inpatient Hospital Services (Semi-private Room)	70% coverage after deductible <i>Provider handles pre-certification</i>	80% coverage after deductible <i>Provider handles pre-certification</i>
Outpatient Lab, Radiology, Diagnostic, and Pre-admission Testing	70% coverage after deductible if services provided in: <ul style="list-style-type: none"> • Independent Lab and/or X-ray Facility • Outpatient Hospital Facility • Outpatient Radiology Center (Cigna: Provider handles pre-certification) • Specialist's Office • Primary Care Provider's Office if billed separately from Office Visit <i>80% coverage if you use a preferred lab (LabCorp and Quest)</i>	80% coverage after deductible if services provided in: <ul style="list-style-type: none"> • Independent Lab and/or X-ray Facility • Outpatient Hospital Facility • Outpatient Radiology Center (Cigna: Provider handles pre-certification) • Specialist's Office • Primary Care Provider's Office if billed separately from Office Visit <i>90% coverage if you use a preferred lab (LabCorp and Quest)</i>
Outpatient Advanced Radiological Imaging (for example, MRIs, MRAs, CT Scans, PET Scans, Ultrasounds) in Outpatient Hospital Facility/Independent Radiology Facility	70% coverage after deductible <i>Provider handles pre-certification</i>	80% coverage after deductible <i>Provider handles pre-certification</i>

*The FedEx Retiree 70 Broad option is not available to retirees in the Memphis and LocalPlus Network areas.

	FedEx Retiree 70 Broad* & Retiree 70 Narrow	FedEx Retiree 80 Broad & FedEx Retiree 80 Narrow
	In-Network	In-Network
Maternity (including Inpatient Hospital or Birthing Center)	70% coverage after deductible	80% coverage after deductible
Emergency Room Services (On the third ER visit and each visit thereafter per individual each calendar year, a \$500 copayment, in addition to deductible and/or coinsurance, is required; if admitted, the copayment is waived.)	70% coverage after deductible	80% coverage after deductible
Ambulance	70% coverage after deductible	80% coverage after deductible
Outpatient Surgery	70% coverage after deductible <i>Provider handles pre-certification</i>	80% coverage after deductible <i>Provider handles pre-certification</i>
Allergy Treatment/Injections (including serum)	70% coverage after deductible	80% coverage after deductible
Chiropractic Care (subject to a medical necessity review)	70% coverage after deductible. Limits apply. <i>25-day annual maximum</i>	80% coverage after deductible. Limits apply. <i>25-day annual maximum</i>
Short-term Rehabilitative Therapy • Inpatient and Outpatient (Physical, Speech, Occupational, Cardiac/ Pulmonary, and Cognitive)	70% coverage after deductible	80% coverage after deductible
Skilled Nursing Facility/Inpatient Rehabilitation Facility Stays (180-day maximum per calendar year)	70% coverage after deductible. Limits apply. <i>Provider handles pre-certification</i>	80% coverage after deductible. Limits apply. <i>Provider handles pre-certification</i>
Home Health Care	70% coverage after deductible <i>Provider handles pre-certification</i> <i>Unlimited days</i> <i>based on medical necessity</i>	80% coverage after deductible <i>Provider handles pre-certification</i> <i>Unlimited days</i> <i>based on medical necessity</i>
Hospice	Inpatient: 70% coverage after deductible Outpatient: 100% coverage <i>Provider handles pre-certification</i>	Inpatient: 80% coverage after deductible Outpatient: 100% coverage <i>Provider handles pre-certification</i>
Durable Medical Equipment (DME)	70% coverage after deductible	80% coverage after deductible

*The FedEx Retiree 70 Broad option is not available to retirees in the Memphis and LocalPlus Network areas.

	FedEx Retiree 70 Broad* & Retiree 70 Narrow In-Network	FedEx Retiree 80 Broad & FedEx Retiree 80 Narrow In-Network
External Prosthetic Appliances (including cranial prosthesis [medically necessary wigs])	70% coverage after deductible	80% coverage after deductible
Organ Transplants (Includes all medically appropriate, non-experimental transplants)	Inpatient: 70% coverage after deductible When using a LifeSource facility, 100% coverage and Travel benefit (\$10,000 per transplant)—not subject to deductible <i>Provider handles pre-certification</i>	Inpatient: 80% coverage after deductible When using a LifeSource facility, 100% coverage and Travel benefit (\$10,000 per transplant)—not subject to deductible <i>Provider handles pre-certification</i>
Outpatient Dialysis	70% coverage after deductible	80% coverage after deductible
Hearing Aids	70% coverage after deductible	80% coverage after deductible
	\$5,000 maximum benefit every three years, including hearing aid, repairs and appliances.	
Employee Assistance Program (EAP)	100% coverage for short-term counseling (up to 8 sessions) All services must be pre-certified through Cigna Behavioral Health at 1.800.274.4357 . In-network benefits only	
Mental Health/Substance Use	Individual or Group Office Visit: • 70% coverage. Not subject to deductible. • All other services (including inpatient hospital): 70% coverage after deductible <i>Provider handles pre-certification</i>	Individual or Group Office Visit: • 80% coverage. Not subject to deductible. • All other services (including inpatient hospital): 80% coverage after deductible <i>Provider handles pre-certification</i>
	Pre-certification is required for some services. If the service is provided by an in-network provider, the provider will handle pre-certification. If the service is provided by an out-of-network provider, you are responsible for all medical charges.	

For Prescription Drug Benefit see pages 26–27.

FedEx Retiree Out-of-Area	
Plan Type	FedEx Retiree Medical Plan option with a Health Reimbursement Account (HRA) administered by ConnectYourCare. You can see the health care provider of your choice. Cigna has PPO network providers available in many locations that provide medical services at discounted rates.
Health Reimbursement Account (HRA) Credit	\$400 (Retiree or Spouse Only) \$650 (Retiree or Spouse & Child(ren)) \$800 (Retiree & Spouse or Retiree & Spouse & Child(ren))
Annual Deductible	\$1,300 individual/\$3,900 family <i>All coinsurance, excluding Primary Care services and prescription drug, applies to the deductible.</i>
Annual Out-of-Pocket Maximum (including deductible)	\$3,200 individual/\$9,600 family <i>All coinsurance, excluding prescription drug, applies to the out-of-pocket maximum.</i>
Lifetime Maximum	No lifetime maximum benefit
Preventive Care and Telemedicine (Through Cigna)—100% Coverage	
Preventive Care • Routine Preventive Exams (well-baby/well-child /well-person exams, including annual well-woman exam) • Immunizations • Health Screenings including colonoscopy, PSA for prostate cancer, etc. • Women's Preventive Health Services	100% coverage Not subject to deductible <i>For a complete list of Preventive Care services, see the Preventive Care Guidelines on Cigna's website.</i>
Telemedicine (through Cigna)*	100% coverage Not subject to deductible
Mammograms (Preventive and Diagnostic Screenings, regardless of place of service)	100% coverage Not subject to deductible <i>Breast ultrasound: 80% coverage after deductible</i>
Primary Care Providers (PCPs)—Coinsurance, No Deductible	
Office Visit—Primary Care Physician In-network PCPs include: Family Practice, General Practice, Internal Medicine, Pediatrics, OB/GYN, and GYN.	PCP: 80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Virtual Care	80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Urgent Care Facility	80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Convenience Care Clinic	80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Mental Health/Substance Use Outpatient Individual or Group Visits See page 28 for details.	80% coverage Not subject to deductible

*You must use an MDLIVE for Cigna provider. For more information and to find a provider, go to mycigna.com.

FedEx Retiree Out-of-Area

Specialist and Other Medical Services—Coinsurance After Deductible	
Office Visit—Specialist	80% coverage after deductible
Inpatient Hospital Services (Semi-private Room)	80% coverage after deductible <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
Outpatient Lab, Radiology, Diagnostic and Pre-admission Testing	80% coverage after deductible
Outpatient Advanced Radiological Imaging (for example, MRIs, MRAs, CT Scans, PET Scans, Ultrasounds) in Outpatient Hospital Facility/Independent Radiology	80% coverage after deductible <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
Maternity (including Inpatient Hospital or Birthing Center)	80% coverage after deductible
Emergency Room Services (On the third ER visit and each visit thereafter per individual each calendar year, a \$500 copayment, in addition to deductible and/or coinsurance, is required; if admitted, the copayment is waived.)	80% coverage after deductible
Ambulance	80% coverage after deductible
Outpatient Surgery	80% coverage after deductible <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
Chiropractic Care (subject to a medical necessity review)	80% coverage after deductible 25-day annual maximum
Short-term Rehabilitative Therapy—Inpatient and Outpatient (Physical, Speech, Occupational, Cardiac/Pulmonary, and Cognitive)	80% coverage after deductible <i>Predetermination strongly recommended</i>
Skilled Nursing Facility/Inpatient Rehabilitation Facility Stays (180-day maximum per calendar year)	80% coverage after deductible. Limits apply. <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
Home Health Care	80% coverage after deductible <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>

FedEx Retiree Out-of-Area

Specialist and Other Medical Services—Coinsurance After Deductible	
Hospice	Inpatient: 80% coverage after deductible Outpatient: 100% coverage <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
Durable Medical Equipment (DME)	80% coverage after deductible <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
External Prosthetic Appliances (including cranial prosthesis [medically necessary wigs])	80% coverage after deductible <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
Organ Transplants (includes all medically appropriate, non-experimental transplants)	Inpatient: 80% coverage after deductible When using a LifeSource facility, 100% coverage and Travel benefit (\$10,000 per transplant)—not subject to deductible
Hearing Aids	80% coverage after deductible \$5,000 maximum benefit every three years, including hearing aid, repairs and appliances
Employee Assistance Program (EAP)	100% coverage for short-term counseling (up to 8 sessions) All services must be pre-certified through Cigna Behavioral Health at 1.800.274.4357 . In-network benefits only
Mental Health/Substance Use	Individual or Group Office Visit: 80% coverage. Not subject to deductible. All other services: 80% coverage after deductible Pre-certification is required for some services. If the service is provided by an in-network provider, the provider will handle pre-certification.

For Prescription Drug Benefit see pages 26–27.

FedEx Retiree Kaiser—for Retirees in California

For 2021, you will be able to choose from two plan options. One plan option is similar to FedEx Retiree 80 Broad, and the other option is similar to FedEx Retiree 70 Broad.

Both options include a deductible, coinsurance, and a Health Reimbursement Account (HRA) administered by ConnectYourCare. The HRA includes a credit provided to you by FedEx that you can use to help pay for qualified medical expenses. HRA credits are no longer automatically applied; see pages 22–25 for more details about the HRA process with payment card. Your HRA credit is determined by the medical coverage tier you choose.

The HRA cannot be used for premiums or for dental, vision, or prescription expenses.

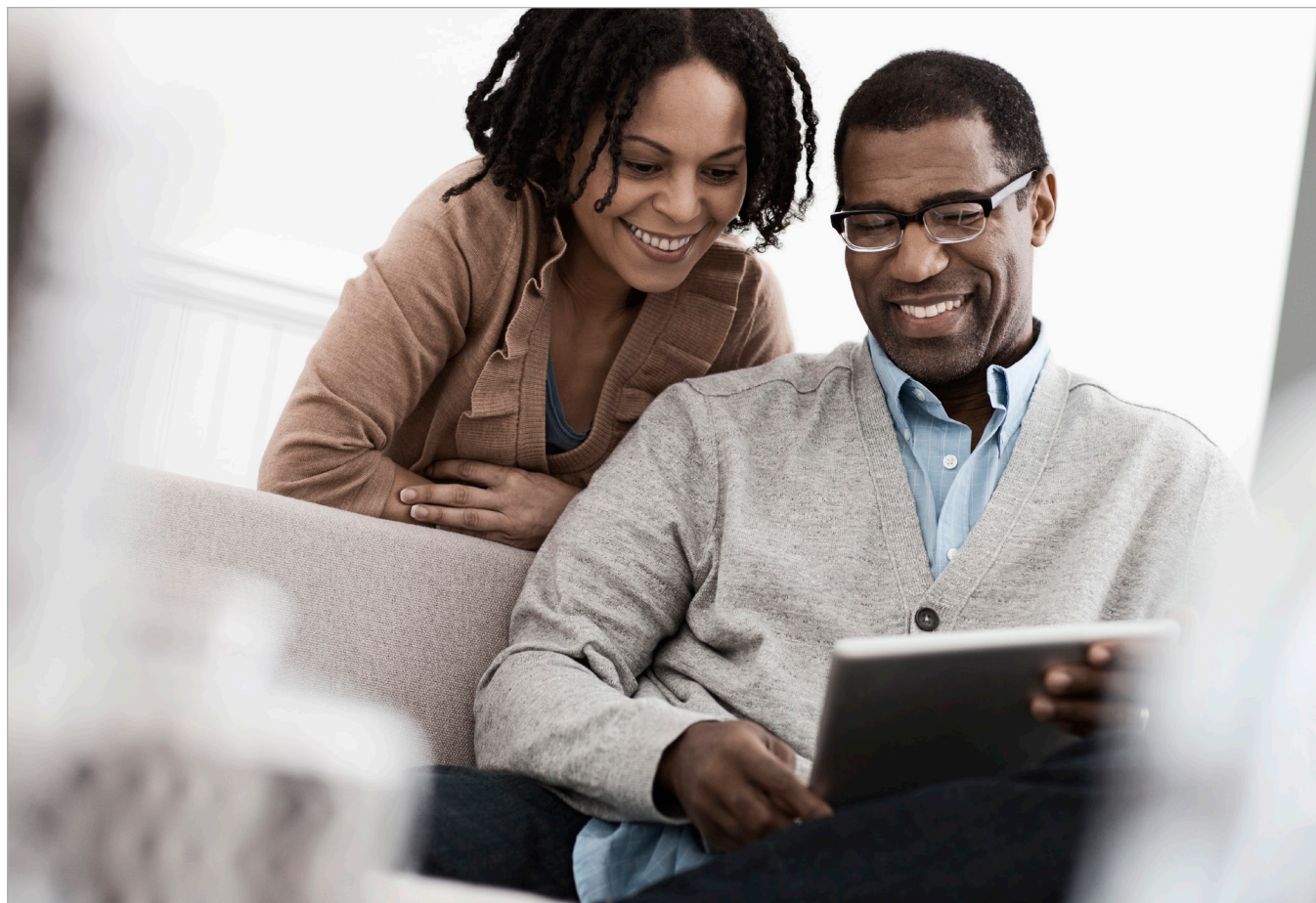
Beginning in 2021, there will be changes to the HRA credit amount that rolls over each year starting with 2020 credits. You can no longer

roll over amounts in excess of \$1,000 each year unless you already have more than that amount in your HRA as of December 31, 2020. In that case, your 2020 existing balance would be grandfathered in and you can roll over your grandfathered amount and accumulate up to an additional \$1,000 new credits each year.

You can't carry over more than \$1,000 credits each year, in addition to any grandfathered amount. The grandfathered amount applies only to your balance as of December 31, 2020. Any credits provided after that period will be subject to the new \$1,000 rollover limit rule.

You and your covered dependents (under age 65) can also elect Retiree Dental coverage administered by Cigna and Retiree Vision coverage administered by Davis Vision.

See page 44 for contact information.



	FedEx Retiree 70 Kaiser*	FedEx Retiree 80 Kaiser*
Plan Type	FedEx Retiree Medical Plan option with a Health Reimbursement Account (HRA) administered by ConnectYourCare.	
Health Reimbursement Account (HRA) Credit	\$400 (Employee Only)/ \$650 (Employee + Child(ren))/ \$800 (Employee + Family)	
Annual Deductible	\$2,350 Individual/\$4,800 Family	\$1,300 individual/\$3,900 family
Annual Out-of-Pocket Maximum (including deductible)	\$4,850 Individual/\$9,700 Family (includes prescription drugs)	\$3,200 individual/\$9,600 family (includes prescription drugs)
Lifetime Maximum	No lifetime maximum benefit	
Services		
Preventive Care	100% coverage	100% coverage
Primary Care Provider (PCP) Visit (Generalists in Internal Medicine, Pediatrics, and Family Practice)**	70% coverage no deductible	80% coverage no deductible
All Other Visits (includes Specialists, non-preventive OB/GYN, Inpatient/Outpatient, Maternity, Physical & Occupational Therapy)	70% coverage after deductible	80% coverage after deductible
Emergency Room	70% coverage after deductible	80% coverage after deductible
Prescription Drugs • Formulary Generic • Formulary Brand Name • Mail Order—Generic • Mail Order—Brand Name • Specialty	Deductible does not apply \$10 for up to a 30-day supply \$35 for up to a 30-day supply \$20 for up to a 100-day supply \$70 for up to a 100-day supply 20% coinsurance (up to \$150 maximum out-of-pocket per prescription)	

*SFO has different plan options from the FedEx Retiree 70 Kaiser and FedEx Retiree 80 Kaiser plan options. SFO Kaiser does not include an HRA.

**Telemedicine is also available; contact Kaiser for more information.

Hawaii Medical Service Association (HMSA)—for Retirees in Hawaii

FedEx offers two medical plan options with HMSA for retirees in Hawaii. If you have questions or need assistance, call HMSA at **1.800.776.4672** or go to **www.hmsa.com**.

PPO (CompMed)

This Medical Plan option gives you access to HMSA's Preferred Provider Network. You can choose from a list of providers inside the PPO network. When you receive services from an in-network provider, you do not have to file a claim. Outside the PPO network, you are responsible for all costs.

When you receive care from your PCP or are referred to a specialist by your PCP, you usually pay only a small copayment for most office-based physician services. For most other medical services, you pay a percentage of the covered expense—your coinsurance—up to the annual out-of-pocket maximum. (Preventive services are covered at 100 percent.) When you reach this annual limit, the Plan begins to pay 100 percent of covered expenses for the rest of the calendar year.

You and your covered dependents (under age 65) can also elect FedEx Retiree Dental coverage administered by Cigna and FedEx Retiree Vision coverage administered by Davis Vision.

HMO (Health Plan Hawaii)

This Medical Plan option gives you access to Health Plan Hawaii's HMO network. You must choose a Primary Care Physician (PCP) or Health Care Facility from the Health Plan Hawaii's network of providers. Your PCP will coordinate all your care within the network. When you receive care from your PCP or are referred to a specialist by your PCP, you usually pay only a small copayment for most office-based physician services. For most other medical services you pay a percentage of the covered expense—your coinsurance—up to the annual out-of-pocket maximum. (Preventive services are covered at 100 percent.) When you reach this annual limit, the Plan begins to pay 100 percent of covered expenses for the rest of the calendar year.

If you go outside Health Plan Hawaii's network, the services are not covered and you are responsible for all medical charges.

You and your covered dependents (under age 65) can also elect Retiree Dental coverage administered by Cigna and Retiree Vision coverage administered by Davis Vision.



FedEx Retiree Dental Plan

Dental coverage is provided through Cigna Dental. If you do not wish to continue your 2020 dental coverage, you must make an active election to discontinue or change it.

Three Dental Plan Options

Cigna Dental PPO Plan

The Cigna Dental PPO Plan provides comprehensive benefits, delivered via a nationwide network of preferred provider dentists who provide dental care at negotiated (discounted) fees to those covered by the plan. You will need to stay in-network to receive a higher level of coverage. While you can still use an out-of-network dentist, you will receive less coverage and pay more. If you live in an area without enough in-network providers, your Dental PPO Plan will continue to have the same benefit in or out of network; and you will see Dental PPO Out of Area as your plan option at retirement.fedex.com.

Cigna Dental Care (DHMO) Plan (available in certain areas)

The Cigna Dental Care (DHMO) is lower in cost than the Dental PPO and offered in certain areas (check the enrollment system to see if the Cigna Dental Care (DHMO) is available to you based on your home ZIP Code). When you enroll in the Cigna Dental Care (DHMO), you are required to select a dentist in the Cigna Dental Care (DHMO) network and receive all of your dental care from the dentist you select, but you can change your selected dentist at any time by contacting Cigna. Some advantages are:

- There is no annual maximum benefit (unlike the Dental PPO, which has a maximum benefit payable in a year of \$2,000).
- Orthodontics benefits are available with no maximum benefit, for up to two years of treatment.

- There is a Cigna Dental Care (DHMO) network available in most areas. Go to mycigna.com or call Cigna Dental at **1.800.589.2332** to find providers in Cigna's Dental Care Access Plus network.
- You select a dentist to provide all of your care, and you know in advance what your cost will be.

Dental Assistance Program

The Dental Assistance Program provides a bare-bones dental benefit at a very low cost (and lowest premiums of the three options). This program provides coverage for routine cleanings, but very limited coverage for other services.

Please review the comparison chart on the next page to better understand your dental plan options.

Claims must be submitted within one year of the date the charge was incurred.

Charges for eligible services are allowed only when deemed necessary for treatment of dental disease or injuries. It is strongly recommended that you obtain a predetermination of benefits before incurring significant dental expenses.

Your dental benefits may coordinate with benefits you may be eligible for under another plan.

If you have questions, call Cigna Customer Service at **1.800.589.2332**.

FedEx Retiree Dental Plan Comparison Chart

	Cigna Dental PPO Plan*		Cigna Dental Care (DHMO)	Dental Assistance Program
Overview	Provides comprehensive benefits, delivered via a nationwide network of preferred provider dentists who provide dental care at negotiated (discounted) fees to those covered.		Provides comprehensive benefits delivered via a Dental Health Maintenance Organization in which a network of dentists offer discounted rates to those covered. You select a Cigna Dental Care Access Plus dentist to provide all of your care.	A low cost dental program that provides coverage for routine cleanings and very limited coverage for other services.
Annual Maximum	Limited (\$2,000)		Unlimited	Limited (\$1,000)
Orthodontics Lifetime Maximum	\$2,000 Lifetime Limit		Unlimited (24-month maximum treatment limit)	\$1,000 Lifetime Limit
Deductible	\$100—Individual; \$300—Family		No deductible	\$50—Individual; \$150—Family
Premiums	Higher cost		Lower cost	Lowest cost
Provider Selection	You have the freedom to select any dentist you choose, in- or out-of-network. Your out-of-pocket costs are lower, however, if you choose a dentist in the Cigna Dental Network who provides services at a discounted rate.		You must select a Cigna Dental Care Access Plus dentist to provide all of your dental care. You can select a new dentist at any time by contacting Cigna. If specialty dental care is necessary, a referral from your dentist is required.	You have the freedom to select any dentist you choose, in- or out-of-network.
What You Pay for Care	In-Network	Out-of-Network	You know your costs upfront. You pay the fixed dollar amount or copayment that is listed on your Patient Charge Schedule for covered services. This helps you avoid any surprise costs related to your dental care!	The plan pays a fixed amount for service. You pay the dentist the remaining balance.
	You pay a percentage of the Cigna-negotiated fee for covered procedures; Cigna pays the remaining balance.	Your out-of-pocket costs will be higher because the dentist will charge non-negotiated fees for procedures.		
Diagnostic and Preventive	100% coverage (no deductible)	100% coverage (after deductible)	100% coverage (no deductible)	100% coverage (no deductible)
Basic Restorative** (fillings, simple extractions, repairs to crowns/inlays/bridges, periodontic scaling)	Plan pays 80% (after deductible)	Plan pays 70% (after deductible)	You pay a copay on most services	Plan pays up to a scheduled amount after deductible. In-network: Member owes difference between scheduled amount and dentist's negotiated fee. Out-of-network: Member owes balance for any amounts over the plan's schedule. Dental implants are not covered.
Major Restorative (crowns, inlays/onlays, dentures, bridges, oral surgery, implants, general anesthesia)	Plan pays 50% (after deductible)	Plan pays 40% (after deductible)	You pay a copay on most services	
Orthodontics	Plan pays 50% (after deductible)	Plan pays 40% (after deductible)	Copays apply (24-month maximum treatment limit)	

*If you live in an area determined to have inadequate network access, you may qualify for the Dental Out-of-Area option. For more information on the Dental Out-of-Area criteria, contact Cigna Dental.

What the Cigna Dental Plan pays for fillings may vary. To learn more, contact Cigna Dental at **1.800.589.2332.

FedEx Retiree Vision Plan

FedEx offers a vision plan administered by Davis Vision. You may use in-network or out-of-network eye care providers. However, when you use in-network providers, the amount you pay may be less than if you use out-of-network providers. Also, when you use in-network providers there are no claim forms to complete. If you do not wish to continue your 2020 vision coverage, you must make an active election to discontinue or change it.

To locate an in-network provider in your area, call Davis Vision at **1.888.343.3451** or go to **www.davisvision.com**.



Feature	In-Network Provider	Out-of-Network Provider
One routine eye examination, including dilation when indicated by your provider, once every 12 months	100% coverage after \$10 copayment	Up to \$50 reimbursed
One pair of frames once every 24 months	100% coverage for selection from the Davis Vision frames available at most in-network offices and all frames at Visionworks, or 100% coverage up to \$120 retail value*	Up to \$90 reimbursed
One pair of standard glass, plastic or safety lenses once every 12 months Note: You cannot receive benefits for contact lenses and spectacle lenses during the same 12-month period.		
Lens Options: Single	100% coverage after \$10 copayment, regardless of lens type	Up to \$45 reimbursed
Bifocal		Up to \$60 reimbursed
Trifocal		Up to \$75 reimbursed
Lenticular		Up to \$90 reimbursed
One pair of contact lenses once every 12 months Note: You cannot receive benefits for contact lenses and spectacle lenses during the same 12-month period.	Choose from a special contact lens collection or 100% coverage up to \$120 for non-plan lenses and related expenses (for example, fitting fee). You must pay costs in excess of \$120. New (to the provider or first-time) contact lens wearers receive an initial supply (two multipacks) of disposable lenses. Existing contact lens wearers receive four multipacks of disposable lenses.	Up to \$120 reimbursed
Lens options for spectacle lenses: <ul style="list-style-type: none"> • Standard Progressive Lenses • Premium Progressives • Intermediate-Vision Lenses • Oversize Lenses • Tinting of Plastic Lenses • Scratch-Resistant Coating • Polycarbonate Lenses • Ultraviolet Coating • Blended Lenses 	100% coverage after \$10 copayment	Covered up to allowances noted above for lens options
Additional lens options: <ul style="list-style-type: none"> • Standard Anti-Reflective Lenses (AR) Coating (\$35 copayment) • Premium AR Coating (\$48 copayment) • Ultra AR Coating (\$60 copayment) • High-Index Lenses (\$55 copayment) • Polarized Lenses (\$75 copayment) • Plastic Photosensitive Lenses (\$65 copayment) • Ultra progressive addition multifocal lenses (\$50 copayment) 	100% coverage after additional copayment noted in 1st column	Covered up to the allowances noted above for lens options

Note: Davis Vision will repair or replace any damaged or destroyed frame or spectacle lens (totally provided by Davis) for a period of one year from the delivery date, regardless of the cause of such damage. You must return the damaged or destroyed frame and/or lens to Davis Vision in order to take advantage of this warranty.

*Davis Vision's Premier Frames have a \$25 copayment.

Vision Benefit

Davis Vision contracts with licensed optometrists nationwide to provide high-quality, comprehensive vision care services at a reduced cost. You may use in-network or out-of-network eye care providers. However, when you use in-network providers, the amount you pay may be less than if you use out-of-network providers and there are no claim forms to complete.

Buy-Up Option

We offer a buy-up option which includes an enhanced frame benefit (every 12 months compared to 24) and contact lens benefit (up to eight boxes compared to four).

Advantage Eye Care Program

You and your eligible dependents have access to the Advantage Eye Care Program through Davis Vision to purchase vision care services and eyewear at specially negotiated prices. These services must be received from an in-network provider.

To use the Advantage Eye Care Program, call Davis Vision at **1.888.343.3451** before you schedule your appointment. You will need to provide them with your Member Identification number and your dependent's Social Security Number and date of birth. You must let them know what services you expect to receive and make an advance payment to Davis Vision.

To locate an in-network provider in your area, call Davis Vision at **1.888.343.3451** or visit **www.davisvision.com**. If you receive services from an out-of-network provider, you can file a claim for reimbursement at the levels shown in the chart below. Claims must be submitted within one year of the date the charge was incurred.

Feature	Your Cost*
Eye examination	\$50-\$78 based on the area of the country
Single vision lenses and frames	\$121.70
Bifocal lenses and frames	\$134.76
Trifocal lenses and frames	\$147.82
Frames only	\$71.88
Contact lenses (new wearers)	\$142.60

**In addition to your cost above, you will pay a \$10 materials fee at the provider's office.*

Save at Visionworks!

Any frame at Visionworks is covered in full with no member out-of-pocket cost (excluding Maui Jim eyewear, which receives \$120 retail allowance only).

Resources & Contact Information

Retiree Health Benefits		
FedEx Retirement Service Center	1.855.604.6221	
FedEx Annual Benefits Enrollment Website	retirement.fedex.com	
Medical & Pharmacy		
FedEx Retiree 70 Broad & 70 Narrow FedEx Retiree 80 Broad & 80 Narrow FedEx Retiree Out-of-Area	Cigna Health Care 1.800.589.2332 mycigna.com (You will have to register the first time.) Cigna Home Delivery Pharmacy 1.800.835.3784 mycigna.com	
Telemedicine (through Cigna)	Cigna HealthCare 1.800.589.2332 mycigna.com	
FedEx Retiree 70 Kaiser FedEx Retiree 80 Kaiser	Kaiser Permanente 1.800.464.4000 my.kp.org/fedex	
Hawaii Medical Service Association (HMSA) PPO (CompMed) & HMO (Health Plan Hawaii)	PPO (CompMed) 1.808.948.6111 or 1.800.776.4672 www.hmsa.com	HMO (Health Plan Hawaii) 1.808.948.6372 or 1.800.776.4672 www.hmsa.com
Dental		
Dental Benefit	Cigna Dental 1.800.589.2332 mycigna.com	
Vision		
Vision Benefit	Davis Vision 1.888.343.3451 www.davisvision.com	
Behavioral Services		
Employee Assistance Program Mental Health and Substance Use Benefit	Cigna Behavioral Health 1.800.274.4357 mycigna.com Employer ID: fedexexpress	
Other Benefits		
ConnectYourCare (Health Reimbursement Account)	1.833.298.9044 www.connectyourcare.com/fedex	
ConsumerMedical	1.888.361.3944 www.myConsumerMedical.com	

The FedEx Retirement Service Center

It is important that you have all of the information you need to make the best choices for you and your family. Review the information in this guide carefully. If you would like to speak with someone directly about benefits, call the FedEx Retirement Service Center at **1.855.604.6221** from 7 a.m.–6 p.m., Central time, Monday through Friday.

Your Monthly Cost

Retiree Medical, Dental, Vision

Coverage Tiers							
2021 Pre-65 Plan Options	Retiree	Spouse	Child(ren)	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Spouse & Child(ren)
Medical							
FedEx Retiree 70 Broad	\$1,136	\$1,136	\$193	\$2,272	\$1,329	\$1,329	\$2,465
FedEx Retiree 70 Narrow	\$1,136	\$1,136	\$193	\$2,272	\$1,329	\$1,329	\$2,465
FedEx Retiree 80 Broad	\$1,387	\$1,387	\$236	\$2,774	\$1,623	\$1,623	\$3,010
FedEx Retiree 80 Narrow	\$1,387	\$1,387	\$236	\$2,774	\$1,623	\$1,623	\$3,010
FedEx Retiree Out-of-Area	\$1,387	\$1,387	\$236	\$2,774	\$1,623	\$1,623	\$3,010
FedEx Retiree 70 Kaiser	\$1,136	\$1,136	\$193	\$2,272	\$1,329	\$1,329	\$2,465
FedEx Retiree 80 Kaiser	\$1,387	\$1,387	\$236	\$2,774	\$1,623	\$1,623	\$3,010
HMSA PPO	\$1,387	\$1,387	\$236	\$2,774	\$1,623	\$1,623	\$3,010
HMSA HMO	\$1,387	\$1,387	\$236	\$2,774	\$1,623	\$1,623	\$3,010
Dental and Vision							
Cigna Dental PPO Plan	\$50	\$50	\$45	\$100	\$95	\$95	\$145
Cigna Dental PPO Out-of-Area Plan	\$50	\$50	\$45	\$100	\$95	\$95	\$145
Cigna Dental Care (DHMO) Plan	\$22	\$22	\$20	\$44	\$42	\$42	\$64
Dental Assistance Program	\$13	\$13	\$11	\$26	\$24	\$24	\$37
Vision Base Plan	\$13	\$13	\$12	\$26	\$25	\$25	\$38
Vision Buy-Up Plan	\$15	\$15	\$14	\$30	\$29	\$29	\$44

Legal Notices

Notice of Special Enrollment Rights

If you decline enrollment in medical coverage for you or your dependents (including your Spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in FedEx medical coverage (or “the Plan”) as long as you request enrollment no more than 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you can enroll yourself and your dependents in the Plan as long as you request enrollment by contacting the FedEx Benefits Center no more than 31 days after the marriage,

birth, adoption or placement for adoption. If you and your eligible dependents are not already enrolled in the Plan, you may be able to enroll yourself and your eligible dependents if (1) you or your dependents lose coverage under a state Medicaid or children’s health insurance program (CHIP), or (2) you or your dependents become eligible for premium assistance under state Medicaid or CHIP, as long as you request enrollment no more than 60 days from the date of the Medicaid/CHIP event. For more information, contact the FedEx Benefits Center at **1.800.888.5622**.

Women’s Health and Cancer Rights Act of 1998

The FedEx Corporation Retiree Group Health Plan provides benefits for mastectomy and mastectomy-related services including: reconstruction and surgery to achieve symmetry between breasts; prosthesis; and treatment of physical complications of all stages of mastectomy, including lymphedemas. Coverage is provided in

accordance with your plan option and subject to limitations, copayments, deductibles, coinsurance and referral requirements, if any, as outlined in the Summary Plan Description. You can contact Cigna via the toll-free number on your medical ID card for more information.

COBRA Rights

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), federal law makes it possible for certain participants, including their eligible spouses and dependents, to continue participating in health care plans if coverage would otherwise terminate. If you enroll in medical, dental, or vision coverage, you should be aware of your rights under COBRA. Among other things, COBRA mandates that an employer give the eligible spouse of a retiree participating in the

plan the ability to continue retiree health plan coverages after a divorce from the retiree, and that an employer give the eligible child of a retiree participating in the plan the ability to continue retiree health coverages after attaining age 26. You can obtain more information about your rights under COBRA in the Summary Plan Description or by calling the FedEx Retirement Service Center at **1.855.604.6221**.

HIPAA Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) notice explains your rights under HIPAA and the requirements of the Plan to protect the Protected Health Information (“PHI”) obtained about you relating to your health coverage, and how the Plan may use and disclose this information. PHI includes individually identifiable information which relates to your past, present, or future health, treatment, or payment for health care services. FedEx and the Plan strongly believe in protecting the confidentiality and security of information received about you during the course of administering the Plan.

This Notice is available in the Summary Plan Description. You may obtain a copy by contacting the FedEx Retirement Service Center at **1.855.604.6221** beginning November 1. For additional information regarding the Plan’s HIPAA Privacy Policy or general privacy policies, you may consult the Privacy Policies and Procedures maintained by FedEx Corporation. You may contact the FedEx Retirement Service Center at **1.855.604.6221** beginning November 1 or you may write directly to:

FedEx Retirement Services
30 FedEx Pkwy
2nd Floor Horizontal
Collierville, TN 38017-8711

Important Notice from FedEx About Your Prescription Drug Coverage If You Are Eligible for Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with FedEx and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. FedEx has determined that the prescription drug coverage offered by the FedEx Corporation Retiree Group Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current FedEx coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Your current medical coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. Review this guide for a summary of the prescription drug coverage included in each Medical Plan option available to you.

If you do decide to join a Medicare drug plan and drop your current FedEx coverage, be aware that you and your dependents will not be able to get this coverage back until the next annual enrollment period unless a special family status event occurs earlier.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with FedEx and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium.

You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact the FedEx Retirement Service Center at **1.855.604.6221** for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through FedEx changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the *Medicare & You* handbook for their telephone number) for personalized help.
- Call **1.800.MEDICARE (1.800.633.4227)**. TTY users should call **1.877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at **1.800.772.1213** (TTY **1.800.325.0778**).

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

FedEx Retirement Services
30 FedEx Pkwy
2nd Floor Horizontal
Collierville, TN 38017-8711

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.



If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, 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, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

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, 2020. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration

www.dol.gov/ebsa

1-866-444-EBSA (3272)

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option **4**, Ext. **61565**

<p style="text-align: center;">ALABAMA—Medicaid</p>	<p style="text-align: center;">COLORADO—Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p>
<p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442</p>
<p style="text-align: center;">ALASKA—Medicaid</p>	<p style="text-align: center;">FLORIDA—Medicaid</p>
<p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p style="text-align: center;">ARKANSAS—Medicaid</p>	<p style="text-align: center;">GEORGIA—Medicaid</p>
<p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>
<p style="text-align: center;">CALIFORNIA—Medicaid</p>	<p style="text-align: center;">INDIANA—Medicaid</p>
<p>Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>

<p align="center">IOWA—Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563</p>	<p align="center">MONTANA—Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p align="center">KANSAS—Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p align="center">NEBRASKA—Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">KENTUCKY—Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEVADA—Medicaid</p> <p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">LOUISIANA—Medicaid</p> <p>Website: www.medicare.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEW HAMPSHIRE—Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p align="center">MAINE—Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">NEW JERSEY—Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">MASSACHUSETTS—Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p align="center">NEW YORK—Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MINNESOTA—Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">NORTH CAROLINA—Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>

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: 1-844-854-4825
OKLAHOMA—Medicaid and CHIP	UTAH—Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip
OREGON—Medicaid	VERMONT—Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA—Medicaid	VIRGINIA—Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924
RHODE ISLAND—Medicaid and CHIP	WASHINGTON—Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347 , or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA—Medicaid	WEST VIRGINIA—Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)
SOUTH DAKOTA—Medicaid	WISCONSIN—Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS—Medicaid	WYOMING—Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

Definitions

A–C

Alight Solutions

Enrollment administrator of the FedEx Retiree Health Plan.

Aon

Administrator of the Aon Retiree Health Exchange™.

Coinsurance

The percentage you pay for covered medical services or brand name prescription drugs. The percentage varies by medical plan option. See “FedEx Retiree Medical Plan Options—Benefits at a Glance” in this guide for more information.

Copayment

A fixed dollar amount that you pay for certain services at the time of service, each and every time you access that service.

Coverage Tier

Coverage tier indicates whether you are covering yourself only or covering your Spouse and/or children for medical, dental, and vision. The coverage tiers are:

- Retiree Only, Spouse Only, Child(ren) Only
- Retiree & Spouse
- Retiree or Spouse & Child(ren)
- Retiree, Spouse & Child(ren)

D–G

Deductible

The amount you pay for covered services each year before the plan begins to pay benefits. See “FedEx Retiree Medical Plan Options—Benefits at a Glance” in this guide for more information.

Dependent(s)

See “Who Is Eligible?” on page 8 for a list of dependents eligible for coverage under the FedEx Retiree Health Plan.

eHealth

eHealth is the Aon Retiree Health Exchange partner for access to pre-Medicare health plans. eHealth is considered the nation’s leading online marketplace for individual and family health insurance products.

Exchange

A marketplace where consumers can review/purchase individual insurance plans offered by various commercial insurance providers. Exchanges can be public or private, and vary by state. A public exchange is run by either a state or the federal government. A private exchange is run by a private company.

Emergency

An unforeseen medical condition that, if not treated immediately, could seriously jeopardize or impair your health, such as a suspected heart attack, severe lacerations, or broken bones.

FedEx Medical Plan Options

The plans available to you to provide medical benefits for eligible pre-65 retirees and eligible dependents. Your FedEx Medical Plan options are based on your home ZIP Code and include one or more of the following:

- FedEx Retiree 70 Broad
- FedEx Retiree 70 Narrow
- FedEx Retiree 80 Broad
- FedEx Retiree 80 Narrow
- FedEx Retiree Out-of-Area

FedEx Retiree 70 Kaiser and FedEx Retiree 80 Kaiser are additional options in California only. HMSA has two plan options for retirees in Hawaii.

FedEx Retiree Health Plan

This ongoing health plan is available to eligible FedEx pre-65 retirees and offers a selection of FedEx Retiree Medical Plans administered by Cigna.

Formulary

A list of “preferred” medications that are determined to be clinically effective, in addition to being cost-effective, when compared to similar-acting drugs.

Generic Drug

A generic drug is the same as a brand name drug in dosage, safety, strength, how it is taken, quality, performance, and intended use. Before approving a generic drug product, FDA requires many rigorous tests and procedures to assure that the generic drug can be substituted for the brand name drug.

H–K

Health Reimbursement Account (HRA)

Cigna & Kaiser Only

FedEx will credit a specified dollar amount to this account for retirees and their covered, eligible dependents that will be used to help cover the cost of qualifying medical expenses. Credit amounts are based on coverage tier. See page 22 for details.

In-Network Provider

A physician, hospital, lab, pharmacy, or other health professional or facility that participates in a medical plan administrator’s provider network.

L–N

Lifetime Maximum Benefit

FedEx Medical and Dental Plan options do not have a lifetime maximum benefit.

Medically Necessary

Medically Necessary

Criteria for determining medical necessity, including but not limited to care that is:

- Commonly recognized in the health care industry by the appropriate medical specialist as a standard of good practice,
- Appropriate, effective, and consistent with the diagnosis,
- Not primarily for convenience, and
- Not primarily for medical or other research

Network

The doctors, hospitals, and other health care providers that the claims-paying administrator has contracted with to deliver health care services to its members.

O–Q

Out-of-Network Provider

A physician, hospital, lab, pharmacy, or other health professional or facility that does not participate in a medical plan administrator’s provider network.

IMPORTANT! Out-of-network services are not covered. You are 100% responsible for all out-of-network medical charges. See exceptions on page 11.

Out-of-Pocket Maximum

The most you will have to pay toward covered expenses in a calendar year. Once you meet the out-of-pocket maximum, the plan begins to pay 100 percent of covered expenses for the rest of the calendar year, with the exception of copayments and prescription drug costs—unless any annual maximums apply. Charges that exceed the amount considered appropriate for the medical service according to your medical plan administrator’s guidelines are not considered covered expenses and do not apply to the maximum out-of-pocket. See “FedEx Retiree Medical Plan Options—Benefits at a Glance” in this guide for information on each medical plan option’s out-of-pocket maximums.

Pre-Certification

A review for medical appropriateness before a medical service is rendered. When receiving in-network services in FedEx Retiree 70 Broad, FedEx Retiree 70 Narrow, FedEx Retiree 80 Broad, or FedEx Retiree 80 Narrow, your physician coordinates pre-certification if Cigna is your medical plan administrator. Otherwise, it is your responsibility. See “FedEx Retiree Medical Plan Options—Benefits at a Glance” in this guide for more information.

Predetermination of Benefits

A written determination from your medical plan administrator that you and your health care provider can request before treatment begins and expenses are incurred. It explains whether a planned course of treatment is a covered medical service and if charges are appropriate for the medical service provided in your geographic area according to your medical plan administrator’s guidelines.

Preventive Care

Health care services intended to prevent illness or injury or to detect problems early. Preventive care includes routine physical exams or checkups, well-person exams, well-baby care, and immunizations.

Primary Care Physician

A doctor who typically serves as your personal physician and provides or coordinates your overall medical care. Although not required, you and each of your covered dependents are encouraged to select a primary care physician from your medical plan administrator’s network. Physicians may include physicians in the areas of Family Practice, General Practice, Internal Medicine, Pediatrics, OB/GYN, and GYN.

Primary Care Provider (PCP)

PCPs include all primary care physicians, as described above, as well as Mental Health/Substance Use providers, Convenience Care Clinics, Urgent Care Facilities, and Virtual Care. When you use an in-network PCP, charges are not subject to the deductible and you pay only your coinsurance.

Provider

A PCP, specialist, hospital, lab, pharmacy, or other health professional or facility that provides health care services or supplies. All charges are subject to the deductible unless provided by a PCP as stated above.

R–T**Self-Insured Medical Plan Options**

The following FedEx Medical Plan options are self-insured. This means that claims are paid by FedEx out of its general assets and contributions made by retirees for Medical coverage. HMSA and FedEx Retiree Kaiser Plans are not self-funded.

- FedEx Retiree 70 Broad
- FedEx Retiree 70 Narrow
- FedEx Retiree 80 Broad
- FedEx Retiree 80 Narrow
- FedEx Retiree Out-of-Area

U–Z**Urgent Care**

Prompt treatment for an acute, unforeseen illness or injury that requires prompt treatment, such as sprains and strains, vomiting, fever, cramps, small lacerations, rashes, or earaches.

The FedEx Corporation Retiree Group Health Plan (into which the FedEx Custom Critical, Inc., Early Retiree Medical, Dental and Vision Care Plan has merged) is governed by a formal Plan document and in the event of any conflict between this guide and the Plan document, the formal Plan document will control. This guide does not alter any terms of the Plan or related agreements. FedEx reserves the right to amend or terminate any of its employee benefit plans, in whole or in part, at any time and for any reason.

Aon Retiree Health Exchange is a trademark of Aon Corporation. Your Spending Account is a trademark of Alight Solutions LLC. eHealth is a trademark of eHealthInsuranceServices, Inc.

Aon Retiree Health Exchange is available through Aon Hewitt Health Market Insurance Solutions Inc., an Aon company.



This guide contains benefits information specific to eligible retirees of Federal Express Corporation (excluding retirees residing in Puerto Rico); FedEx Corporate Services, Inc.; FedEx Corporation; FedEx Cross Border Holdings, Inc.; FedEx Cross Border Technologies, Inc.; FedEx Custom Critical, Inc.; FedEx Forward Depots, Inc.; FedEx Freight Corporation; FedEx Logistics, Inc.; FedEx Trade Networks Trade Services, Inc.; FedEx Trade Networks Transport & Brokerage, Inc.; and World Tariff, Limited.