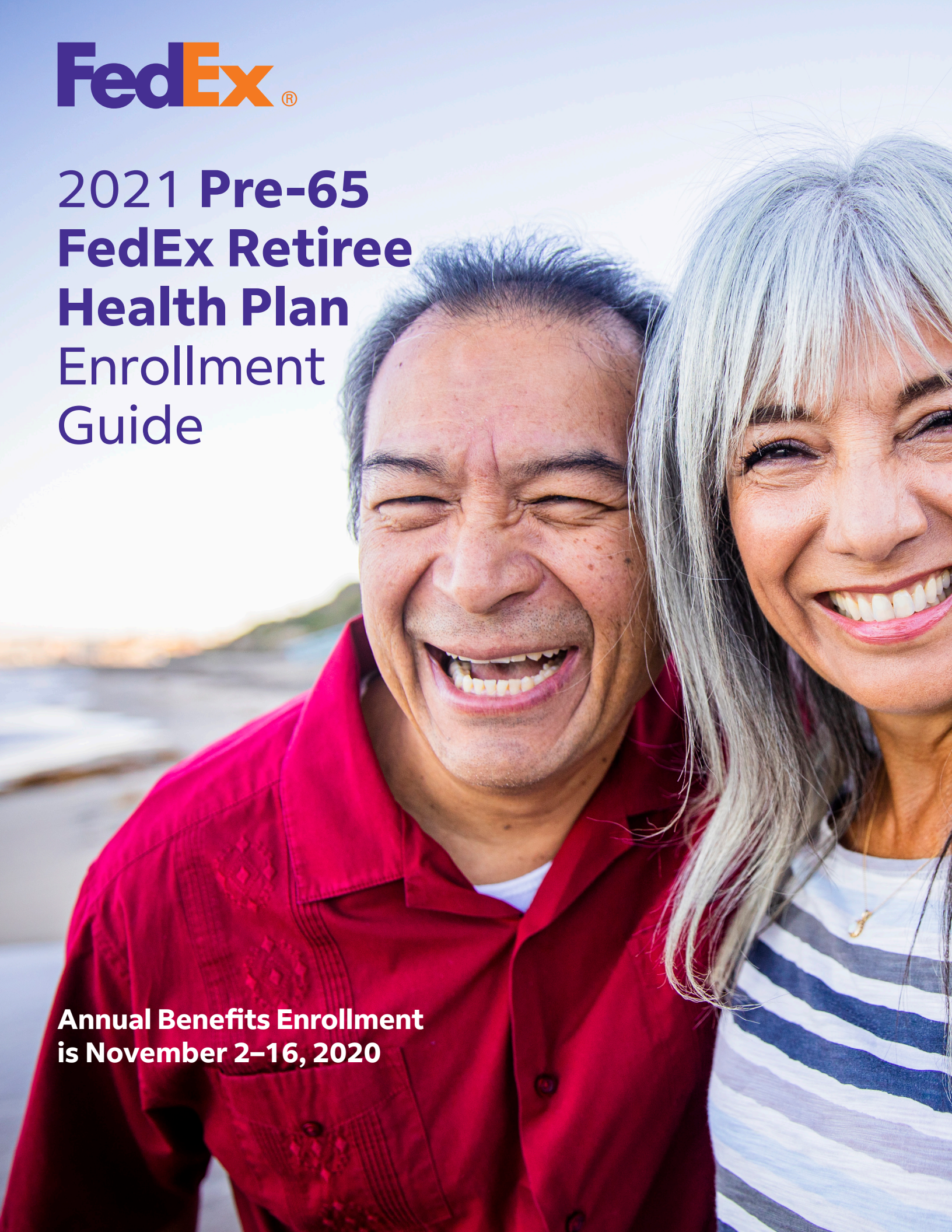




2021 Pre-65 FedEx Retiree Health Plan Enrollment Guide

**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.

Retirees eligible for the benefits described in this guide include any Puerto Rico-based retiree of Federal Express Corporation. Retirees domiciled in Guam 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 any of the Plans 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?

Every year, it's important to review changes to your health benefits.

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.
- 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.



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 provides information about the FedEx medical, dental, and vision options available to eligible pre-65 retirees, eligible pre-65 Spouses and eligible children. Your coverage options are based on where you live.

- Review the information in this guide about your benefit options and coverage tier choices.



- Read the following sections carefully:
 - Compare FedEx Retiree Medical Plan Options
 - FedEx Medical Plan Options—Benefits at a Glance
 - A Look at Dental Coverage
 - A Look at Vision Coverage
- Read through the checklist on page 5 to see if any of these situations apply to you.
- Share your enrollment information with any family member who will be involved in making the enrollment decision.
- Call to get any additional information you may need to help with your decision. See page 21 of this guide for phone numbers.



Get Ready to Enroll—a Checklist

Before you enroll, be sure to read through this checklist. If any of these situations apply to you, read through that information carefully to be sure you make the enrollment decision that's right for you and your family.

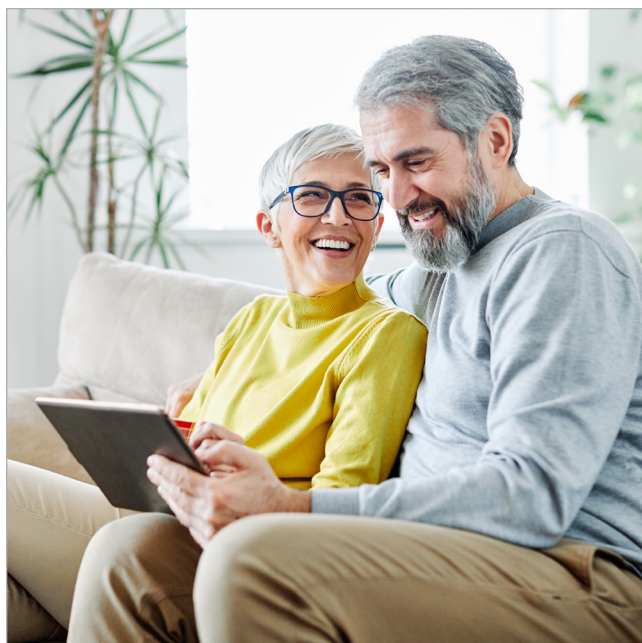
- **Do you have dependents away at school or who permanently live at a different address?** Read “FedEx Medical Coverage for Dependents Who Are Away From Home” on page 15.
- **Do you need to add or drop dependent coverage?** Read “Changing Your Coverage Tier (Adding or Dropping Dependent Coverage)” on page 7.
- **Will you have treatment in progress when your new coverage takes effect?** Read “If You Have Treatment in Progress” on page 15.
- **Do you or one of your dependents have a pre-existing condition?** Read “If You Have a Pre-Existing Condition” on page 15.

Making Your FedEx Medical, Dental, and/or Vision Annual Benefits Enrollment Elections

It's easy to enroll! Annual Benefits Enrollment is November 2 through 16, 2020, for 2021 coverage. Go to **retirement.fedex.com** and enter your password to log in. While at **retirement.fedex.com**, you can explore your new individual plan options through the Aon Retiree Health Exchange partner eHealth.

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 1** through **December 15, 2019**.
- An individual health insurance plan through the public exchange administered by your state or the Federal Health Insurance Marketplace (if available*) at **healthcare.gov**.
- 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.*

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 (refer to “Who Is Eligible?” on the following page). To add an eligible dependent to your FedEx Retiree Health Coverage 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 (November 2–16, 2020)

Adding Dependent Coverage: You must contact the FedEx Retirement Service Center at **1.855.604.6221** to add your eligible dependent to your coverage. If the dependent meets all 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 Coverage: If you drop your covered dependent’s 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 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 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.

Suspending Retiree Health Coverage

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.

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/or 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.

Provided your child meets the eligibility requirements, you can cover him/her up to midnight on the last day of the month of the child's 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.)

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.

*Legal documents must be provided.

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 on the previous page. 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.



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 indicate that the dependent is not eligible during the online dependent validation process. 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.

Your dependents are **NOT ELIGIBLE** if they are:

- A Spouse or child who is a covered employee under the FedEx Corporation Group Health Plan (for active employees)
- A Spouse or child who is actively employed at any FedEx company, whether they participate in that company's active health plan or not

Under Age 65 and Eligible for Medicare Due to Disability

If you or one of your covered dependents is under age 65 but eligible for Medicare due to disability, it is important that you contact Cigna at **1.800.483.3970** to ensure your medical claims are appropriately coordinated with Medicare. See "Important Information About Medicare Eligibility" on page 15 for additional information.

Compare FedEx Retiree Medical Plan Options

The Plan options provide comprehensive medical benefits. However, the plans vary in the amount you contribute to participate, your out-of-pocket expenses (for example, annual deductible, copayments, and coinsurance), and the level of covered services.

The FedEx Retiree Basic and FedEx Retiree Low Options are offered in Puerto Rico only. Your eligibility for Retiree Medical Plan options is based

on your home address. See your personalized letter for your available Retiree Medical Plan options. Review your options carefully before making your elections.

If you relocate to the United States, these Retiree Medical Plan options are not available. The Retiree Medical Plan options offered to you in the United States will be based on your new home address.

FedEx Retiree Basic

With FedEx Retiree Basic, a traditional indemnity plan administered by Cigna, 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. Before any benefits are paid, you must meet an annual deductible. After the \$300 individual deductible is met, you pay 20 percent of covered expenses—your coinsurance—up to a \$3,000 individual annual out-of-pocket maximum. (Preventive services are covered at 100 percent and are not subject to the deductible.)

When you reach the individual annual out-of-pocket 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 reasonable and customary charge—the amount considered appropriate for the service provided in your geographic area according to Cigna’s guidelines. Amounts over the reasonable and customary limit are not considered covered charges and do not count toward your annual deductible or out-of-pocket maximum.

FedEx Retiree Low Option

The FedEx Retiree Low Option, a traditional indemnity plan administered by Cigna, has a higher deductible and out-of-pocket maximum. It is designed for eligible retirees who primarily want protection for more costly medical expenses.

With the FedEx Retiree Low Option, you see the health care provider of your choice. In most cases, you pay for the medical care at the time of service and then file a claim for reimbursement. Before any medical benefits are paid, you must meet an annual \$500 individual deductible. After the deductible is met, you pay 30 percent of covered expenses—your coinsurance—up to an individual annual out-of-pocket maximum of \$5,500.

(Preventive services are covered at 100 percent and are not subject to the deductible.) When you reach the individual annual out-of-pocket 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 reasonable and customary charge—the amount considered appropriate for the service provided in your geographic area according to Cigna’s guidelines. Amounts over the reasonable and customary limit are not considered covered charges and do not count toward your annual deductible or out-of-pocket maximum.

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 Medical Plan 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

When You Need Care Right Away—Emergency and Urgent Care

Your FedEx Retiree Medical Plan options are designed to provide you with important financial protection for health care you receive. This includes providing coverage for emergency treatment. An emergency is defined as “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.” In the event of an emergency, you should get help immediately. Go to the nearest emergency room, the nearest hospital, or call or ask someone to call your local emergency service, police, or fire department for help.

Emergency care is different from urgent care. Urgent care is an acute, unforeseen illness or injury that requires prompt—but not immediate—treatment. Sprains and strains, vomiting, fever, cramps, small lacerations, rashes, or earaches, for example, fall under urgent care. You should seek treatment for these types of illnesses or injuries at a doctor’s office or Urgent Care Facility—not an emergency room.

The FedEx Retiree Medical Plan options have guidelines for covering emergency and urgent care. Refer to “FedEx Medical Plan Options—Benefits at a Glance,” beginning on page 13, for Plan details.

24-hour Health Information Line
Cigna healthcare: 1.800.438.3970

If you are enrolled in FedEx Retiree Basic or FedEx Retiree Low Option, you also have access to a 24-hour Health Information Line that offers support 24 hours a day, 7 days a week. If you need urgent care, a nurse will direct you to the nearest provider. If your condition does not require immediate care, a nurse will give you self-care tips to use until you see your doctor.



FedEx Retiree Medical Plan Options—Benefits at a Glance

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

	FedEx Retiree Basic Option	FedEx Retiree Low Option
Lifetime Maximum	No lifetime maximum	
Annual Deductible	\$300 individual \$900 family	\$500 individual \$1,500 family
Out-of-Pocket Maximum (including deductible)	\$3,000 individual \$9,000 family All coinsurance, excluding prescription drug, apply to the out-of-pocket maximum	\$5,500 individual \$16,500 family All coinsurance, excluding prescription drug, apply to the out-of-pocket maximum
Preventive Care and Telemedicine (through Cigna)	100% coverage for routine physicals, well-baby care, immunizations, screening, or well-person exams (not subject to deductible)	100% coverage for routine physicals, well-baby care, immunizations, screening, or well-person exams (not subject to deductible)
Office Visits	80% coverage after deductible 80% coverage after deductible for allergy shots	70% coverage after deductible 70% coverage after deductible for allergy shots
Inpatient Hospital Services (Semi-private Room)	80% coverage after deductible Member responsible for pre-certification	70% coverage after deductible Member responsible for pre-certification
Outpatient Lab, X-Ray, Diagnostic and Pre-Admission Testing	80% coverage after deductible	70% coverage after deductible
Outpatient Advanced Radiological Imaging (such as MRIs, MRAs, Cat Scans, Pet Scans)	80% coverage after deductible	70% coverage after deductible
Maternity	80% coverage after deductible Inpatient (Hospital or Birthing Center): 80% coverage after deductible	70% coverage after deductible Inpatient (Hospital or Birthing Center): 70% coverage after deductible
Emergency Services	80% coverage after deductible	70% coverage after deductible
Urgent Care Facilities	80% coverage after deductible	70% coverage after deductible
Virtual Care	80% coverage after deductible	70% coverage after deductible
Outpatient Surgery	80% coverage after deductible Member responsible for pre-certification of certain surgeries	70% coverage after deductible Member responsible for pre-certification of certain surgeries
Chiropractic Care (subject to a medical necessity review)	80% coverage after deductible 25-day annual maximum	70% coverage after deductible 25-day annual maximum
Outpatient Short-Term Rehabilitative Therapy (physical, speech and occupational therapy, cardiac, pulmonary, cognitive)	80% coverage after deductible 60-day annual maximum	70% coverage after deductible 60-day annual maximum

For pre-certification, call Cigna at **1.800.438.3970**. Failure to pre-certify will result in denial of benefits determined not medically necessary.

	FedEx Retiree Basic Option	FedEx Retiree Low Option
Skilled Nursing Facility	80% coverage after deductible. 120-day annual maximum. Member responsible for pre-certification	70% coverage after deductible. 120-day annual maximum. Member responsible for pre-certification
Inpatient Rehabilitation Facility Stays	80% coverage after deductible Member responsible for pre-certification	70% coverage after deductible Member responsible for pre-certification
Home Health Care	80% coverage after deductible Member responsible for pre-certification Unlimited days based on medical necessity	70% coverage after deductible Member responsible for pre-certification 60-day annual maximum
Hospice	80% coverage after deductible Member responsible for pre-certification	70% coverage after deductible Member responsible for pre-certification
Durable Medical Equipment (DME)	80% coverage after deductible	70% coverage after deductible
External Prosthetic Appliances (including cranial prosthesis [medically necessary wigs])	80% coverage after deductible	70% coverage after deductible
Prescription Drugs (Retail) for 30-Day Supply Prescription Drug Coverage Is Through Cigna	Generic, Preferred Brand, or Non-Preferred Brand: \$3 copayment	Generic, Preferred Brand, or Non-Preferred Brand: \$3 copayment
Hearing Aid Benefit	80% coverage after deductible	70% 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 eight sessions). All services must be pre-certified through Cigna Behavioral Health at 1.800.274.4357 . There are in-network benefits only.	
Mental Health/Substance Use	80% coverage after deductible Member responsible for pre-certification	70% coverage after deductible Member responsible for pre-certification
	Mental Health/Substance Use deductibles and out-of-pocket maximums are combined with Medical.	
	<i>Pre-certification is required for all higher levels of care: Acute Inpatient, Residential, Partial, Halfway House. The member is responsible for obtaining pre-certification. 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.</i>	
	<i>For outpatient services: Routine services do not require pre-certification, including Intensive Outpatient (IOP). The following services are considered non-routine and do require pre-certification:</i>	
	<ul style="list-style-type: none"> • Transition Authorizations • In-Home Treatment/Therapy • Extended Treatment Sessions (90808) • Crisis Assessment Appointments 	<ul style="list-style-type: none"> • Interpreter Services • Test Interpretation • Vagal Nerve Stimulation (VNS)

For pre-certification, call Cigna at **1.800.438.3970**. Failure to pre-certify will result in denial of benefits determined not medically necessary.

Important Information to Consider

FedEx Medical Coverage for Dependents Who Are Away From Home

Your covered dependents who have a different home address are covered under the same FedEx Retiree Medical Plan option you select for yourself and other eligible family members.

If you enroll in FedEx Retiree Basic or FedEx Retiree Low Option, your covered dependents receive the same benefits as you. These benefits are paid through Cigna and it is necessary to file claims directly with Cigna.



Important Information About Medicare Eligibility

Retirees eligible for Medicare due to age (65 and older) or disability and Spouses eligible for Medicare due to age (65 and older) are not eligible to participate in the FedEx Retiree Medical Plan options. Pre-65 Spouses and other dependents eligible for Medicare due to disability may continue participation in the FedEx Retiree Medical Plan but, generally, Medicare will be the primary payer and the FedEx Retiree Medical Plan option is secondary, with claims processed accordingly even if the individual has not enrolled in Medicare.

For more information on how coordination of benefits is handled between Medicare and your FedEx Retiree Medical Plan option, see the Summary Plan Description.

If You Have Treatment in Progress

New Retirees and Retiree Annual Benefits Enrollment

If you enroll in FedEx Retiree Basic or the FedEx Retiree Low Option, you are not required to use a specific network of providers. See pages 13–14 for special pre-certification requirements.

If You Have a Pre-Existing Condition

You can enroll in FedEx Retiree Basic or the FedEx Retiree Low Option, even if you or an eligible dependent has a pre-existing condition. There are no limits or exclusions for pre-existing conditions.

Your Lifetime Maximum Benefit

The self-funded FedEx Retiree Medical Plan options do not have a lifetime maximum.

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.

FedEx Retiree Dental Plan

The FedEx Retiree Puerto Rico PPO Dental coverage provides you and your family with valuable help in paying for preventive dental services and treatment for dental problems. Cigna is the claims-paying administrator for this benefit. Dental benefits are self-funded, meaning all claims are paid by FedEx. The monthly cost for each Dental coverage tier is shown on page 22.

Benefits	In-Network
Lifetime maximum for Dental coverage (Class I, II, III, V expenses) In- and out-of-network combined	Unlimited
Calendar-year maximum (Class I, II, III, V expenses)	\$2,000 per person
Calendar-year deductible	\$50 per individual
Class I expenses—preventive and diagnostic care <ul style="list-style-type: none"> • Oral exams (2 per calendar year) • Cleanings (2 per calendar year) • Full mouth/Panoramic X-rays (1 complete set per 36 months) • Bitewing X-rays (2 per calendar year) • Fluoride application (1 per calendar year for persons under 19 years old) • Sealants (limited to posterior tooth for a person less than 15 years old; 1 treatment per tooth per 36 months) • Space maintainers (limited to non-orthodontic treatment under 19 years old) • Emergency care to relieve pain 	100% no deductible
Class II expenses—basic restorative care <ul style="list-style-type: none"> • Fillings • Root canal therapy • Osseous surgery • Periodontal scaling and root planing • Relines, rebases, and adjustments • Extractions • Anesthetics • Oral surgery • Repairs to bridges, crowns, and inlays 	80% subject to \$50 deductible

Benefits	In-Network
Class III expenses—major restorative care <ul style="list-style-type: none"> • Crowns • Dentures • Bridges • Prosthesis Over Implant • Inlays/Onlays 	50% subject to \$50 deductible
Class IV—Orthodontia (Retiree and All Dependents) Lifetime maximum: \$1,500 Separate Lifetime Deductible: \$50	50% after \$50 deductible for orthodontia (separate from calendar-year deductible)
Class V—TMJ Subject to the \$2,000 Calendar Year Maximum	50% subject to \$50 deductible

Cigna Total PPO Network

You'll always save the most when you use a dentist who participates in the Cigna Total PPO Network. Participating dentists and specialists in the Cigna Total PPO Network have agreed to provide dental services at a lower negotiated rate, which lowers your out-of-pocket cost. To locate a participating dentist or specialist visit mycigna.com. Through mycigna.com you can search for a Total PPO Network dentist by name, specialty or location (registration at mycigna.com required). Your home ZIP Code will be entered automatically, but you can change the ZIP Code if you are looking for a dentist in another area of town.

You can also contact Cigna at **1.800.589.2332** to speak with a customer service representative for help locating a Total PPO Network dentist or specialist.

Predetermination of Benefits

A predetermination for dental coverage is not required; however, it is recommended when the proposed services you will be receiving totals more than \$200. You should allow up to 10–15 business days for the predetermination review. Once the review is completed, Cigna will send the results to the dentist.

For services performed on a tooth missing prior to being on the plan, the missing tooth limitation payable is 50 percent of the amount otherwise payable until insured for 24 months.

FedEx Retiree Vision Plan

FedEx Retiree Vision coverage provides benefits for vision examinations and eyewear. In addition, retirees and dependents are eligible to receive discounts provided under the Advantage Eye Care Program. Davis Vision is the claims-paying administrator for this benefit, which is designed to encourage you to have your vision checked regularly and to help you with vision care expenses. Vision care benefits are self-funded, meaning that all claims are paid by FedEx. The monthly cost for each Vision coverage tier is shown on page 22.

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 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

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

Feature	In-Network Provider	Out-of-Network Provider
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 \$12 copayment	Covered up to allowances noted above for lens options
Additional lens options: <ul style="list-style-type: none"> • Standard Anti-Reflective (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

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.

To locate an in-network provider in your area, call Davis Vision at **1.888.603.3339** 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 charts above and on the previous page.

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

Save at Visionworks!

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

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.

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).

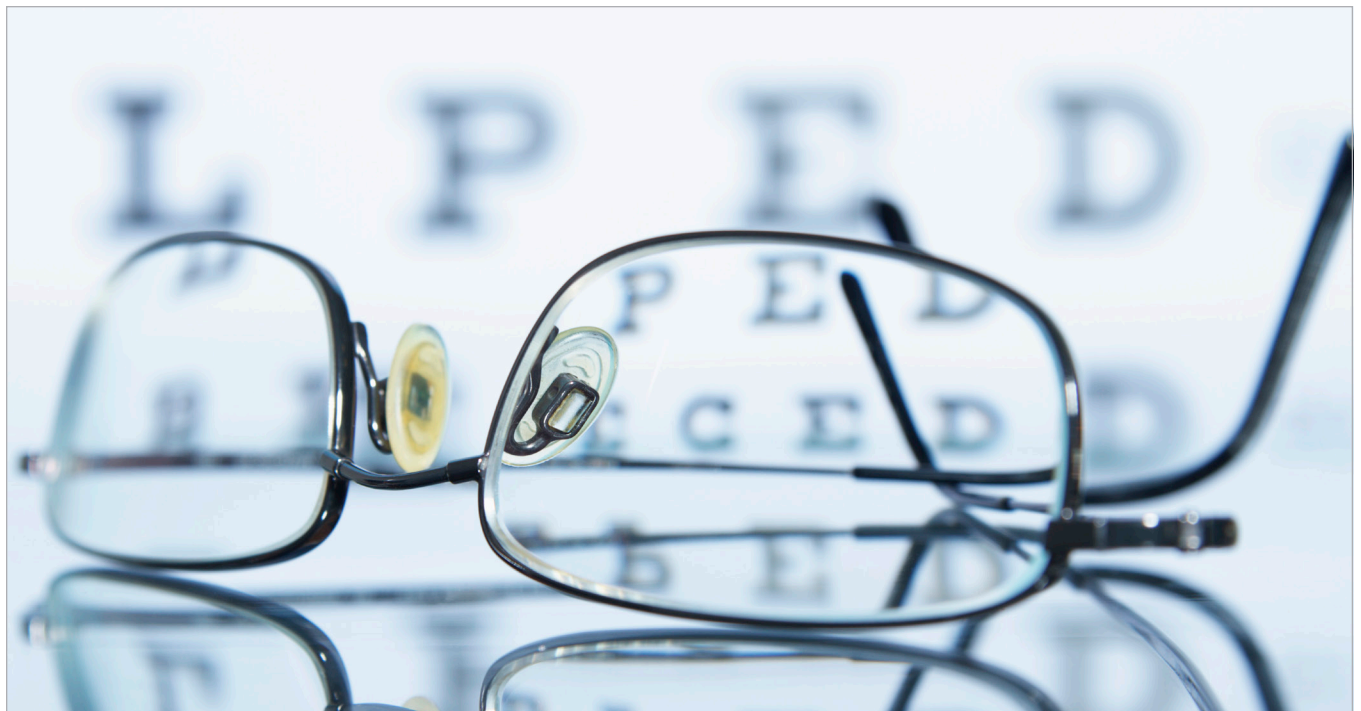
Advantage Eye Care Program

FedEx has made arrangements for all eligible retirees and eligible dependents to have access to the Advantage Eye Care Program to purchase vision care services and eyewear at specially negotiated prices. These services must be received from an in-network provider.

All eligible retirees and eligible dependents are eligible for the Advantage Eye Care Program, even if not enrolled for Vision coverage. However, you must have your eligible dependents listed on FedEx Benefits Online.

Call Davis Vision at **1.888.603.3339** for authorization prior to making an appointment. You must select the type of services you expect to need and make advance payment to Davis Vision.

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.

Resources & Contact Information

Retiree Health Benefits	
FedEx Retirement Service Center	1.855.604.6221 Monday–Friday from 7 a.m.–6 p.m., CT
FedEx Annual Benefits Enrollment Website	retirement.fedex.com
Medical & Pharmacy	
Cigna Medical Customer Service (for a list of providers)	1.800.438.3970
Telemedicine (through Cigna)	Cigna Health Care 1.800.589.2332 mycigna.com
Prescription Drug Formulary	Cigna 1.800.438.3970 mycigna.com
Dental	
Dental Benefit	Cigna Dental PPO Providers (Total PPO Network) 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	Cigna Behavioral Health 1.800.274.4357 mycigna.com (Employer ID: fedex)
Other Benefits	
Health Reimbursement Account (HRA)	ConnectYourCare 1.833.298.9044 www.connectyourcare.com/fedex

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 Benefit Options	Retiree	Spouse	Child(ren)	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	
Medical								
A	FedEx Retiree Basic Option	\$1,387	\$1,387	\$236	\$2,774	\$1,623	\$1,623	\$3,010
	FedEx Retiree Low Option	\$1,136	\$1,136	\$193	\$2,272	\$1,329	\$1,329	\$2,465
B	Dental	\$50	\$50	\$45	\$100	\$95	\$95	\$145
C	Vision Base Plan	\$13	\$13	\$12	\$26	\$25	\$25	\$38
D	Vision Buy-Up Plan	\$15	\$15	\$14	\$30	\$29	\$29	\$44

A **box** in the table indicates a cost used in the example calculation below.

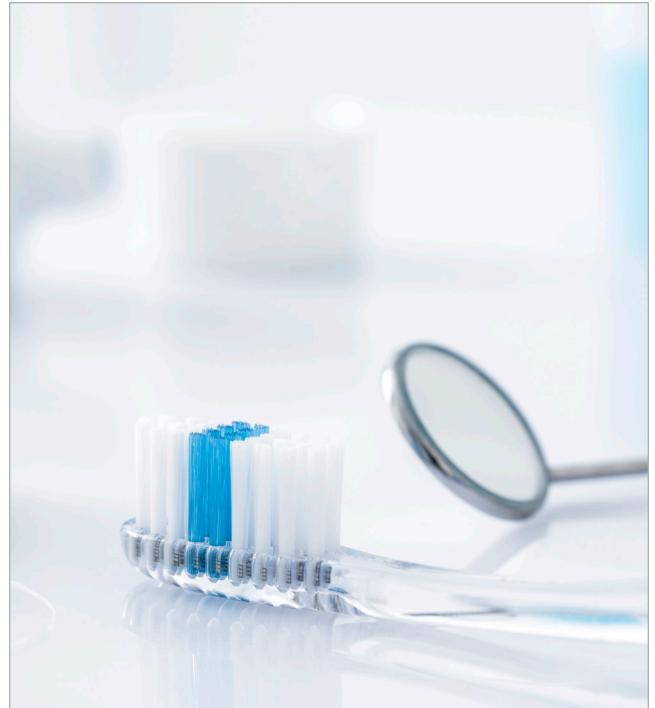
If you wish to elect Dental and/or Vision coverage in addition to your Medical coverage, add the appropriate Medical coverage tier cost to the tier cost for the Dental and/or Vision coverage you wish to elect.

Example: You wish to elect the following for 2021:

A	FedEx Retiree Basic with Retiree & Spouse coverage	\$2,774
B	Dental with Retiree & Spouse coverage	\$100
C	Vision with Retiree & Spouse coverage	\$26

Total Monthly Cost **\$2,900**

Reminder! You can use the one-time Retiree Health Credit in your RHPA to help cover your premiums.



Legal Notices

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.

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@MyAKHIPP.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: KIHIPPPROGRAM@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 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.

Coverage Tier

Coverage tier indicates whether you are covering yourself only or covering your spouse/children. There are four Medical, Dental, and Vision coverage tiers:

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

D–K

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 of this guide 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.

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.

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.

FedEx Medical Plan Option(s)

The plan(s) available to you to provide medical benefits for eligible retirees and eligible dependents.

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. See “How to Get More Information.”

L–N

Medically Necessary

Criteria for determining medical necessity includes 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.

O–Q

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—unless any annual maximums apply. Charges that exceed the amount considered appropriate for the 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.

Participating Employer

A FedEx company that participates in FedEx benefit plans and programs. Participating employers include Federal Express Corporation; FedEx Corporate Services; FedEx Corporation; FedEx Cross Border Holdings, Inc.; FedEx Cross Border Technologies, Inc.; FedEx Custom Critical, Inc.; FedEx Forward Depots, Inc.; FedEx Freight Corporation; FedEx Trade Networks, Inc.; FedEx Trade Networks Trade Services, Inc.; FedEx Trade Networks Transport & Brokerage, Inc.; World Tariff, Limited.

Pre-Certification

A review for medical appropriateness before a medical service is rendered. A utilization management program (see definition) must be called to get pre-certification for certain services. See “FedEx Retiree Medical Plan Options—Benefits at a Glance” in this guide for more information. If you are enrolled in FedEx Retiree Basic or FedEx Retiree Low Option, you are responsible for obtaining pre-certification.

Predetermination of Benefits

A written determination from your claims-paying administrator that you and your health care professional 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 within reasonable and customary limits.

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.

Provider

A PCP, specialist, hospital, lab, pharmacy, or other health professional or facility that provides health care services or supplies.

R–T

U–Z

Urgent Care

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

Utilization Management Program

A medical review program that pre-certifies hospital admissions, inpatient surgeries, certain outpatient surgeries, certain diagnostic tests, and Skilled Nursing Facilities to ensure that the most appropriate care is given in the most appropriate setting.

Notes

The FedEx Corporation Retiree Group Health Plan (Plan) 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 residing in Puerto Rico.