



2022 Pre-65 FedEx Retiree Health Plan Enrollment Guide

**Annual Benefits Enrollment
is Nov. 1-15, 2021**

This communication is applicable to eligible retirees of
Federal Express Corporation residing in Puerto Rico.

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This enrollment guide is intended to be a summary of the retiree medical, dental and vision benefits effective Jan. 1, 2022, 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” or “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 may include any former U.S.-based or domestic employee of Federal Express Corporation residing in Puerto Rico. 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.

This booklet serves as a summary of material modifications to the FedEx Retiree Health Plan, but is not the Summary Plan Description. It must be understood that information contained in this booklet cannot alter, modify, or otherwise change conflicting information in 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.

Annual Benefits Enrollment is **Nov. 1–15, 2021.**

Enrollment Checklist

- ☐ Mark your calendar: **Annual Enrollment starts Nov. 1 and ends Nov. 15, 2021.** You must make your elections within this time frame.
- ☐ Read the “What’s New or Different This Year?” section for changes that might impact you.
- ☐ Review your Enrollment Notice. (**Important:** If you were enrolled in the FedEx Retiree Health Plan in 2021, the Enrollment Notice that was recently mailed to you will show your **default enrollment for 2022**. If you do not make changes during Annual Enrollment, these are the coverage options you will have for plan year 2022, which begins Jan. 1, 2022, and ends Dec. 31, 2022.)
- ☐ Share enrollment information with any family member who will be involved in helping you make enrollment decisions.
- ☐ Confirm that your doctors, dentists, hospitals, labs and other providers will be participating in the plan you have chosen for the 2022 plan year.
- ☐ Enroll in 2022 medical, dental and vision coverage by the deadline. If you’re a new retiree enrolling outside the Annual Enrollment period, refer to your enrollment kit for your deadline.



To Enroll Online:

Go to **retirement.fedex.com/enroll** and enter your ID and password to log in. Then, select the **Annual Enrollment for the FedEx Retiree Health Plan** tile.



To Enroll by Phone:

Call the FedEx RSC at **1.855.604.6221** Monday–Friday from 7 a.m.–6 p.m., Central time, to make your elections with a benefits expert.



Did You Know? You can start the Annual Enrollment process online and, if you need help, you can call the FedEx RSC and speak with a benefits expert to answer your questions or walk you through the online process.



Turning 65 This Year? Beware of Potential Coverage Lapse! At age 65, you’re no longer eligible for the pre-65 options described in this guide. You should contact Medicare (**medicare.gov**) at least three months before your 65th birthday and check enrollment dates to make sure you have no lapse in coverage as you age out of the FedEx Retiree Health Plan and into Medicare. (Refer to “Information for Retirees Approaching Age 65” in the Appendix for important information.)

Additional Enrollment Options

If you choose not to enroll in coverage through the FedEx Retiree Health Plan—or if you need coverage for a Spouse or dependent who is not eligible for the Plan—you may have additional enrollment options, including:

- An individual health insurance plan through a private exchange (if available*).
- Coverage through a new employer or your Spouse’s employer (if you’re married).

Contact the provider directly for benefits information, enrollment materials and enrollment assistance. Also, check with your territory’s government offices to learn about Medicaid, CHIP and other health care options.

Important Action Item: Review your Enrollment Notice!

If you’re enrolled in the FedEx Retiree Basic or Low Option for 2021 and don’t make an election for 2022, you and your covered, eligible pre-65 dependent(s) will be enrolled in the **Triple-S Salud Retiree Medical PPO Plan** option, and the same dental and vision options you had in 2021.

If you don’t want to be enrolled in the Triple-S Salud Retiree Medical PPO Plan for 2022—or the dental and vision options you had in 2021—you must notify the FedEx RSC at **1.855.604.6221** before Nov. 15, 2021 to discontinue coverage. Representatives are available from 7 a.m.–6 p.m., Central time, Monday through Friday.

* The number of plan choices available to you through the private exchange is determined by the insurance carriers that do business in your area. Not all carriers participate in the exchange 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.

What's New or Different This Year?

Good news! Effective Jan. 1, 2022, Triple-S Salud is the new retiree health administrator for retirees in Puerto Rico. Triple-S Salud offers the broadest network in Puerto Rico, making access to health care easier for retirees. See page 12 for more information.

The FedEx Retiree Basic Option and FedEx Retiree Low Option are no longer available, effective Jan. 1, 2022. Review the details of the new Triple-S Salud Retiree Medical PPO Plan option carefully and enroll before the deadline if you want medical coverage for 2022. See page 12 for more information.



Who's Eligible?

Those eligible for the pre-65 FedEx retiree health benefits described in this guide include:

FedEx Retirees under age 65 (pre-65 Retiree) who meet retiree health eligibility requirements for the FedEx Corporation Retiree Group Health Plan **and** are not Medicare disabled.

Legally married Spouse under age 65 (pre-65 Spouse), **unless** on active duty in the armed forces of any country. For Medicare-disabled spouses, the FedEx Retiree Health Plan will cover secondary to Medicare.

Child(ren) dependent(s) up to age 26, **unless** Medicare disabled.

- 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 over age 26 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 (up to midnight on the last day of the month of the eligible child's 26th birthday)

For more information about child(ren) dependent(s), see “More About Child(ren) Dependent(s)” in the Appendix.

Proof of eligibility required. If not currently covered under the Plan, you will be required to provide proof of eligibility, such as a birth certificate or marriage license, for any dependent.

Important: If you are currently covering an individual who does not meet the definition of an eligible dependent, you should contact the FedEx RSC. 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.

For more information about eligibility, refer to “Who's Not Eligible & How Does Medicare Eligibility Affect Retiree Health Benefits?” in the Appendix.

**Legal documents must be provided.*

Change in Eligibility Status & Impact to Coverage

Coverage ends **automatically** when:

- **Retiree and/or Spouse** turn age 65 and become eligible for Medicare. (Refer to “Information for Retirees Approaching Age 65” in the Appendix for important information.)
- **Child(ren) dependent(s)** reach age 26 (specifically, at midnight on the last day of the month of the child’s 26th birthday).

You must **suspend coverage immediately** if/when **Retiree or Spouse** becomes:

- Eligible for Medicare for any reason (other than turning age 65, at which time eligibility ends automatically, or if your Spouse becomes Medicare eligible due to a disability and wishes to maintain Plan coverage that is secondary to Medicare).
- Covered by any active FedEx Health Plan for any reason.
- Employed by any FedEx company as an active employee.

If you fail to suspend coverage, you will be responsible for reimbursing the Plan for any benefits the Plan paid that it would not have paid had your status been known to the Plan.

To suspend FedEx Retiree Health Coverage, call the FedEx RSC.



Return to Active-Employment Status & Impact to Coverage Eligibility

As stated in “Change in Eligibility Status & Impact to Coverage,” if you return to active status or become covered by any active FedEx group health plan and fail to notify the FedEx RSC, you will still be responsible for reimbursing the Plan for any benefits the Plan paid that it would not have paid had your active status been known to the Plan.

You must notify the FedEx RSC within 31 days of termination of employment with FedEx to resume FedEx Retiree Health Coverage.

Medicare Eligibility & Impact to Coverage

You must notify the FedEx RSC if you or any of your covered dependents become eligible for Medicare due to disability. If you don’t notify the FedEx RSC of your Medicare eligibility status, you will still be responsible for reimbursing the Plan for any benefits the Plan paid that it 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.



Questions?

Call the FedEx Retirement Service Center at 1.855.604.6221
Monday–Friday 7 a.m.–6 p.m., CT

Overview of Your Pre-65 Retiree Health Benefits

This enrollment guide provides information about your 2022 retiree medical, dental and vision coverage choices. As outlined in the table of contents, you can find information about your enrollment options, when and how to enroll, where to find additional information and more.

Talk to a Benefits Expert

For help enrolling in the FedEx Retiree Health Plan, talk to a benefits expert by phone. Schedule an appointment today by going to retirement.fedex.com/enroll, selecting **Need Help with Annual Enrollment?** and choosing a convenient date and time before Nov. 14 for a benefits expert to call you.

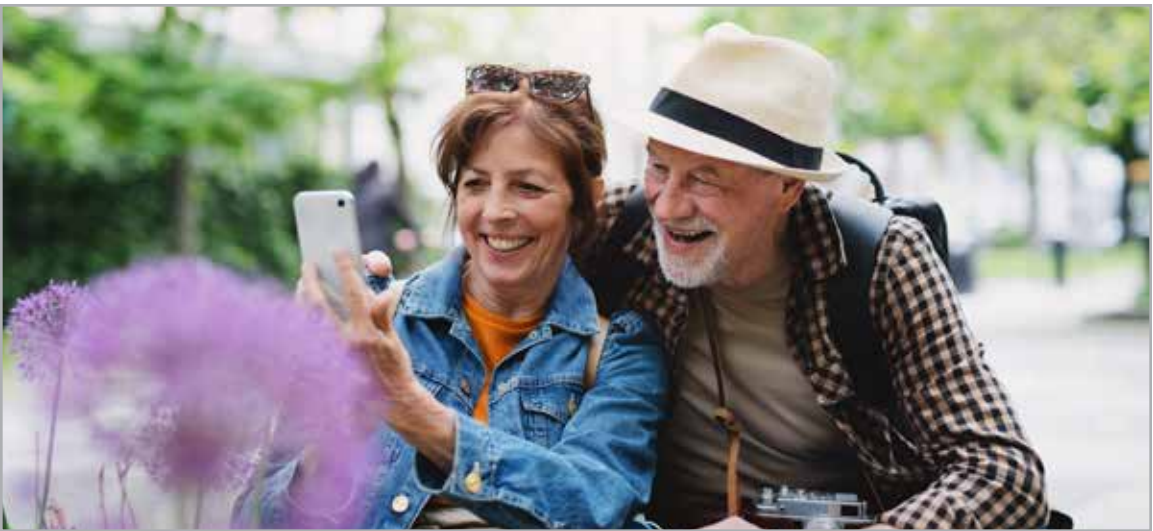
Quick Summary of Your FedEx Retiree Medical, Dental and Vision Coverage Options

Below is a summary of your coverage choices. Review the information in this enrollment guide to understand the coverage choices summarized here—**especially if you’re new to the FedEx Retiree Health Plan.**

Your **FedEx pre-65 retiree medical coverage is administered by Triple-S Salud, effective Jan. 1, 2022.** Refer to the “Your FedEx Retiree Medical Plan” section for details.

Your **FedEx retiree dental coverage is administered by Cigna.** Refer to the “Your FedEx Retiree Dental Plan” section for details.


Your **FedEx retiree vision coverage is administered by Davis Vision.** Refer to the “Your FedEx Retiree Vision Plan” section for details.




How to Enroll

There are two ways to enroll in the FedEx Retiree Health Plan’s pre-65 medical, dental and vision options:

- **Online:** Go to retirement.fedex.com/enroll, enter your ID and password to log in, then select the **Annual Enrollment for the FedEx Retiree Health Plan** tile.
- **Phone:** Speak with a benefits expert by calling the FedEx RSC at **1.855.604.6221** Monday–Friday from 7 a.m.–6 p.m., Central time.



You can do more online. Review your current coverage, search for providers in your area, review plan options and conduct side-by-side comparisons of vision plans at retirement.fedex.com/enroll.



Important Action Item:

Confirm that your providers are in your Plan option!

Confirm that your doctors, dentists, hospitals, labs and other providers are included in the Plan option you choose, because participating providers can change from year to year; and you won’t be able to change Plan options after the date indicated on your Confirmation Notice.

How Much It Costs

Refer to the “Your FedEx Retiree Medical Plan,” “Your FedEx Retiree Dental Plan” and “Your FedEx Retiree Vision Plan” sections for benefit costs. Also see “Your Total Monthly Benefits (Medical, Dental & Vision) Costs At-A-Glance” on page 25.

How to Pay for It

If you elect coverage, premiums may be deducted from your monthly pension benefit. You also can be billed directly, in which case you’ll be responsible for making a monthly premium payment. You also may set up a direct debit to have your premium paid automatically from your bank account. Failure to make your monthly premium payment will result in termination of coverage for you and, if applicable, your dependents. Contact the FedEx RSC for assistance.

Don’t forget about the RHPA—an account funded by FedEx to help you pay for eligible health care expenses.

If you have a Retiree Health Premium Account (RHPA), you can use it to help pay some or all of your eligible premium costs. Refer to the “FedEx Retiree Health Premium Account” section for more information.

What Happens If You Don't Enroll During Annual Enrollment?

	If you maintained coverage in 2021 in the FedEx Retiree Health Plan, this is what happens if you don't enroll during Annual Enrollment:	If you did not have or maintain retiree health coverage in 2021, this is what happens if you don't enroll during Annual Enrollment:
Medical Coverage	You will be enrolled in the Triple-S Salud Retiree Medical PPO Plan. To learn more about the plan, refer to page 12. If you do not want to be enrolled in the Triple-S Salud Retiree Medical PPO Plan, you must contact the FedEx RSC by Nov. 15, 2021.	You will not have coverage in 2022, and you will not have another opportunity to enroll until next year's Annual Enrollment.
Dental & Vision Coverage	You'll have the same coverage election you had in 2021. Refer to the "Dental" and "Vision" sections of this guide.	You will not have coverage in 2022, and you will not have another opportunity to enroll until next year's Annual Enrollment.

Enroll (and make enrollment changes, too!) by Nov. 15, 2021, to ensure you'll have the benefits you need in the new year.

Important Action Item:

Review your Confirmation Notice upon receipt!

After Annual Enrollment closes, a Confirmation Notice of your elections will be mailed to your home address. When you receive it, review it carefully to confirm that your retiree health elections have been processed correctly, as **corrections are not allowed after the date indicated on your Confirmation Notice.**



Need Help Enrolling?

Call the FedEx Retirement Service Center at 1.855.604.6221

Monday–Friday 7 a.m.–6 p.m., CT

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 RSC at **1.855.604.6221**.

Changing Your Coverage Tier* During Annual Enrollment for 2022

Adding Dependent Coverage: You must contact the FedEx RSC to add your eligible dependent to your coverage. If the dependent meets the eligibility requirements and is added during Annual Enrollment, coverage will be effective Jan. 1, 2022.

Each year during Annual Enrollment, you will have an opportunity to add eligible dependents to your coverage. You may also be able to add coverage for them during the plan year if you experience a qualifying event, such as adopting a child or a Spouse losing their job.

Dropping Dependent Coverage: If you drop medical, dental or vision coverage during the Annual Enrollment period, the coverage change is effective Jan. 1, 2022 (assuming you continue to make premium payments through Dec. 31, 2021).

Changing Your Coverage Tier* After Annual Enrollment for 2022

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 Enrollment (assuming your dependents meet the eligibility requirements). You must contact the FedEx RSC 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 RSC.

IMPORTANT: You must notify the FedEx RSC within 31 days following an event that results in your dependent(s) no longer being eligible for FedEx Retiree Health Coverage (for example, their acceptance of employment with a FedEx Operating Company, divorce or death of a covered dependent). The dependent's coverage will end effective the date of the event.



*Refer to "Definitions" in the Appendix for a full description of coverage tiers.

Your FedEx Retiree Medical Plan

Effective Jan. 1, 2022, **Triple-S Salud** is the **new Retiree Medical Plan provider** for Puerto Rico retirees. This section provides information about your new Retiree Medical Plan option—the Triple-S Salud Retiree Medical PPO Plan—and other programs and services available through Triple-S Salud. For more detailed information, go to **www.ssspr.com**.

Introducing Triple-S Salud— Your New FedEx Retiree Medical Plan Provider

Key Features:

- Prescription drug benefit
- TeleConsulta/Telemedicine
- Preventive care program
- Triple-S Natural
- Access to the Salus Network
- EAP services

Triple-S Salud Retiree Medical PPO Plan

The Triple-S Salud Retiree Medical PPO Plan (Triple-S PPO), administered by Triple-S Salud, provides comprehensive medical benefits and includes coverage for prescription drugs, mental health and substance abuse. Triple-S PPO offers referral-free access to the Triple-S network of participating physicians, hospitals and ancillary providers on the Island.

	Triple-S PPO (In-Network)	Triple-S PPO (Out-of-Network)
Annual Deductible	None	\$300 individual/\$900 family
Coverage Level	100%	80%
Office Visits	\$10 Primary Care/Generalist; \$12 Specialist; \$15 Sub-Specialist	80% coverage after deductible
Diagnostic Tests/Imaging	75% coinsurance	80% coinsurance
Annual Out-of-Pocket Maximum	\$2,500 individual/\$7,500 family	\$3,300 individual/\$9,900 family
Pre-Certification	Provider handles	Member responsible

Triple-S Salud Medical Plan Costs

2022 FedEx Retiree Medical Plan Monthly Costs							
Plan Option	Retiree	Spouse	Child(ren)	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Spouse & Child(ren)
Triple-S PPO	\$420	\$420	\$336	\$840	\$756	\$756	\$1,302

Triple-S Salud: Accessibility to Care & Services

Triple-S Salud offers the broadest network on the Island, making access to health care easier with services like:

TeleConsulta	Telemedicine	Triple-S at Home App
 Nurse Line available 24/7 at 1.800.255.4375 .	 Appointment by phone or virtual with your participating network doctor with \$0 copay.	 Send your prescription and receive your prescribed medicines in your preferred place with the new app Triple-S at Home. Delivery at no additional cost.

Triple-S Salud Service Centers

Visit Triple-S Salud’s service centers around the whole Island to receive:

- ✓ Reimbursement application
- ✓ Coverage orientation
- ✓ Pharmacy coverage information
- ✓ Provider directory
- ✓ Pre-authorization
- ✓ Coverage certification



Self-Service

Call Telexpreso or use Triple-S Salud’s online tools for self-service. The online tools allow you to manage your plan at any time and without waiting.



Telexpreso	Online	App Triple-S Salud
1.787.774.6060 1.800.981.3241	www.ssspr.com	 

- ✓ Check your eligibility and your dependents
 - ✓ Check the status of a reimbursement
 - ✓ Get a Coverage & Student Certificate
- ✓ Get information on some of our processes, such as asking for a reimbursement, copies of your ID cards and certifications, among others

Triple-S Salud: Programs

Preventive Care Program—
\$0 Copay for an Annual Medical Exam in Just One Visit

With Triple-S’s preventive care program, members 21 years of age and older can get their yearly checkup in one visit—without copayments, in most cases. The program includes:

- ✓ Preliminary evaluation
 - ✓ Appointment coordination
 - ✓ Preventive tests
- ✓ Evaluation and recommendations
 - ✓ Follow-up with your primary care doctor

It might be necessary to pay for non-preventive services. Ask your provider if the services needed are preventive. Then check what your plan will pay for prior to receiving services.

Visit one of Triple-S’s Preventive Care Centers around the Island for primary medical services and simplified access to preventive checkups for better quality of health. For center locations, go to **www.ssspr.com**.

Triple-S Natural—Limited to Six Sessions

Get medical services using an integrated model of medicine, in which complementary techniques and treatments validated by the National Institutes of Health in the United States and agencies recognized at the international level are used. The program integrates:

- ✓ Primary conventional medicine
 - ✓ Holistic health
 - ✓ Medical acupuncture
 - ✓ Therapeutic massage
 - ✓ Naturopathic medicine
 - ✓ Bioenergetic medicine (Pranic Healing)
 - ✓ Hypnotherapy
- ✓ Reflexology
 - ✓ Clinical nutrition
 - ✓ Traditional Chinese medicine
 - ✓ Botanical medicine
 - ✓ Aromatherapy
 - ✓ Music therapy
 - ✓ Chiropractic

The Salus Network—Services May Vary Depending on Clinic or Location

Access to health care is simplified with a network of clinics that specialize in senior health care and provide multiple services all in one place—maximizing time and coordinating appointments all in the same day. Here’s a list of services, but please be aware that services may vary depending on the clinic or location.

- ✓ One medical record
 - ✓ Primary providers and specialists
 - ✓ Imaging center
 - ✓ Women’s health and breast
 - ✓ Mammograms, sonograms and biopsy
- ✓ Chronic conditions
 - ✓ Clinic programs
 - ✓ Laboratory
 - ✓ Dental
 - ✓ Pharmacy

Salus Network

Phone: **1.787.789.1996**
Email: **info@saluspr.com**
Online: **www.saluspr.com**



Questions?

Call the FedEx Retirement Service Center at 1.855.604.6221
Monday–Friday 7 a.m.–6 p.m., CT

Triple-S Employee Assistance Program (EAP)—
10 Visits per Retiree & per Dependent

Obtain counseling and other services through the Triple-S EAP. You can get immediate access to direct clinical services 24 hours a day, seven days a week. Emergencies are attended the same day without an appointment.

Through the EAP, you can get professional help for you and your family in these areas:

- ✓ Emotional, financial and legal
- ✓ Poor motivation and anguish
- ✓ Interpersonal and marital relationships
- ✓ Work-related stress and management counseling, among others
- ✓ Drug and alcohol dependency

Note: You also may continue to use Cigna’s EAP, which offers eight (8) visits per Retiree and per Dependent.

Triple-S EAP

Phone: Teleinspira 1.800.284.9515

Email: imental@inspirapr.com

Online: www.inspirapr.com

FedEx Medical Coverage Away from Home

In the United States: When traveling to the United States for business or vacation, the BlueCard Program provides access to the Blue Cross Blue Shield nationwide network of physicians, hospitals and ancillary providers. Services in the United States require pre-authorization, except in certain cases of emergency.

For assistance, call **1.800.810.BLUE**. Go to **www.ssspr.com** to locate participating providers on the Island; go to **www.bluecares.com** to locate participating providers in the United States.

Abroad: When traveling abroad, you might have access to care through Blue Cross Blue Shield’s Global Core Program, which includes participating hospitals in more than 131 countries. Go to **www.bcbs.com** to learn more.

Questions? Call **1.787.774.6060** or go to **www.ssspr.com**.

Triple-S Salud Prescription Drug Benefit

The Triple-S pharmacy benefit program provides retail and mail-order prescriptions; a specialty medication management program; and coverage for certain over-the-counter (OTC) drugs (prescription required).

The Pharmacy Program Express is the mail order pharmacy program that provides up to a 90-day supply for maintenance drugs delivered to your home or another location of your preference. The Flex 90 Program is a retail pharmacy program that allows you to obtain up to a 90-day supply for certain maintenance drugs with the same copayment as mail order.

For more information and to locate participating pharmacies, go to **www.ssspr.com**.

Prescription Benefit	In-Network		Out-of-Network	Important Information
	Retail (30-day supply)	Mail Order & Flex Program (90-day supply)		
Generic	\$5	\$10	Covered in the United States or its territories by reimbursement to member up to 75% of Triple-S Salud established fees, less the applicable drug copayment or coinsurance.	The following rules apply: <ul style="list-style-type: none">• Generic drugs as first option.• Up to 30-day (retail) supply and 90-day supply or mail order for certain maintenance drugs.• Mail order is not available for specialty drugs or drugs for chemotherapy.• Some medications require pre-certification from the plan
Brand Name/ New Drugs	\$8	\$16		
Drugs for Chemotherapy	\$0	N/A		
Specialty Drugs*	25% (\$100 maximum)	N/A		



**Specialty drug products can only be dispensed through the Exclusive Specialty Product Network (ESPN) and are not available for 90-day supplies. To learn more, contact Triple-S at 1.787.774.6060.*

The FedEx Retiree Health Premium Account (RHPA)

FedEx provides a one-time retiree health credit in a Retiree Health Premium Account (RHPA credit*) to help eligible retiree health plan participants reimburse eligible health care premiums (including Medicare supplement premiums, if age 65 or older). The amount of the RHPA credit depends on your operating company and your age on the date of your retirement. You can use the account until it is depleted.

If you have a qualified Spouse at the time of your retirement, your Spouse will receive a separate RHPA credit. The amount is based on your operating company and his/her age on the date of your retirement. If you have dependent children, they will not receive their own RHPA credit, but your RHPA credit can be used to pay for their eligible health care premiums.

Key Features:

- It’s a one-time allocation.
- It doesn’t earn interest.
- It isn’t taxable if applied to eligible expenses.
- It can’t be taken as a lump sum.
- It might impact your eligibility for government subsidies. (Consult your tax professional; you can contact the RSC for information about irrevocably suspending your RHPA access for a calendar year.)

For more information about the RHPA, refer to “Frequently Asked Questions” in the Appendix.



Need Help Enrolling?

Call the FedEx Retirement Service Center at 1.855.604.6221
Monday–Friday 7 a.m.–6 p.m., CT

**The RHPA credit can be used only to pay for eligible health care premiums, such as medical, prescription drug, dental and vision premiums.*

Your FedEx Retiree Dental Plan

The FedEx Retiree Dental Plan provides you and your family with coverage to help pay for preventive dental services and treatment for dental problems. Dental benefits are self-funded, meaning all claims are paid by FedEx. However, Cigna is the administrator for this benefit, which means they handle the claims process.

Cigna Dental PPO Plan

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’ll 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 Cigna 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/enroll.

To locate a participating dentist or specialist, go to 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 Cigna Total PPO Network dentist or specialist.



Pre-Determination of Benefits

A pre-determination for dental coverage is not required; however, it is recommended when the proposed services you will be receiving total more than \$200. You should allow 10–15 business days for the pre-determination 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.

If you have questions or need assistance with your dental coverage, call Cigna at **1.800.589.2332**.

Cigna Dental PPO Plan—At-A-Glance		
Overview	Provides comprehensive benefits, delivered via a nationwide network of preferred provider dentists who provide dental care at negotiated (discounted) fees to those covered.	
Annual Maximum	Limited (\$2,000)	
Orthodontics Lifetime Maximum	\$2,000 Lifetime Limit	
Deductible	\$50 per person	
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.	
What You Pay for Care	In-Network	Non-Network
	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)
Basic Restorative* (fillings, simple extractions, repairs to crowns/inlays/bridges, periodontic scaling)	Plan pays 80% (after deductible)	Plan pays 80% (after deductible)
Major Restorative (crowns, inlays/onlays, dentures, bridges, oral surgery, implants, general anesthesia)	Plan pays 50% (after deductible)	Plan pays 50% (after deductible)
Orthodontics	Plan pays 50% (after deductible)	Plan pays 50% (after deductible)

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

Claims

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 pre-determination of benefits before incurring significant dental expenses.

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

If you have questions or need more information, call Cigna at **1.800.589.2332**.

2022 FedEx Retiree Dental Plan Monthly Costs							
Plan Option	Retiree	Spouse	Child(ren)	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree, Spouse & Child(ren)
Dental PPO Plan	\$50	\$50	\$45	\$100	\$95	\$95	\$145



Your FedEx Retiree Vision Plan

FedEx offers a vision plan administered by Davis Vision, which contracts with licensed optometrists nationwide to provide high-quality, comprehensive vision care services at a reduced cost. If you do not wish to continue your 2021 vision coverage, you must make an active election to discontinue or change it.

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 **1.888.343.3451** or go to **www.davisvision.com**.



FedEx Retiree Vision Plan At-A-Glance		
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:		Covered up to allowances noted above for lens options
<div><div>• Standard Progressive Lenses</div><div>• Premium Progressives</div><div>• Intermediate-Vision Lenses</div><div>• Oversize Lenses</div></div> <div><div>• Tinting of Plastic Lenses</div><div>• Scratch-Resistant Coating</div><div>• Polycarbonate Lenses</div><div>• Ultraviolet Coating</div><div>• Blended Lenses</div></div>	100% coverage after \$10 copayment	

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.

Buy-Up Option

The buy-up option 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 go to **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

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).

2022 FedEx Retiree Vision Plan Monthly Costs							
Plan Options	Retiree	Spouse	Child(ren)	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree, Spouse & Child(ren)
Vision Base Plan	\$13	\$13	\$12	\$26	\$25	\$25	\$38
Vision Buy-Up Plan	\$15	\$15	\$14	\$30	\$29	\$29	\$44

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

Your Total Monthly Benefits
(Medical, Dental & Vision)
Costs—At-A-Glance

Coverage Tiers							
2022 Benefit Options	Retiree	Spouse	Child(ren)	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree, Spouse & Child(ren)
Triple-S Salud Retiree Medical PPO Plan	\$420	\$420	\$336	\$840	\$756	\$756	\$1,302
Cigna Dental PPO Plan	\$50	\$50	\$45	\$100	\$95	\$95	\$145
Vision Base Plan	\$13	\$13	\$12	\$26	\$25	\$25	\$38
Vision Buy-Up Plan	\$15	\$15	\$14	\$30	\$29	\$29	\$44

If you wish to elect Dental and Vision coverage in addition to your Medical coverage, add the appropriate Medical coverage tier cost to the tier cost for the Dental and Vision coverage you wish to elect. Below is an example of total benefit costs, using the Retiree & Spouse tier:

A.	Triple-S Salud Retiree Medical PPO Plan with Retiree & Spouse coverage	\$840
B.	Cigna Dental PPO Plan with Retiree & Spouse coverage	\$100
C.	Vision Base Plan with Retiree & Spouse coverage	\$ 26
Total Monthly Cost		\$966

Remember! You can use your RHPA to help cover your premiums.

Resources & Contact Information

FedEx Retiree Health Benefits	
FedEx Retirement Service Center (RSC)	1.855.604.6221
FedEx Annual Enrollment Website	retirement.fedex.com/enroll
Medical, Pharmacy & Employee Assistance Program (EAP)	
Triple-S Salud	1.787.774.6060 1.800.981.3241 www.ssspr.com
Triple-S Salud EAP	1.787.704.0705
TeleConsulta Nurse Line Available 24/7	1.800.255.4375
BlueCard Program	1.800.810.BLUE (2583)
Blue Cross Blue Shield (BCBS) Global Core Program	www.bcbs.com
Dental	
Cigna	1.800.589.2332 mycigna.com
Vision	
Davis Vision	1.888.343.3451 www.davisvision.com
Other Benefits	
Cigna EAP	1.800.274.4357 mycigna.com (Employer ID: fedex)

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 Triple-S Salud 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 RSC 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 RSC at **1.855.604.6221** beginning Nov. 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 RSC at **1.855.604.6221** beginning Nov. 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 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.



Questions?

Call the FedEx Retirement Service Center at **1.855.604.6221**
Monday–Friday 7 a.m.–6 p.m., CT

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

	<div>1</div> <p>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.</p>	<div>2</div> <p>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.</p>

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 Oct. 15–Dec. 7.

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 your Spouse or Dependent decides to join a Medicare drug plan, their current FedEx coverage will coordinate benefits with Medicare, with FedEx coverage as secondary. 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.

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 RSC 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

- Go to **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, go to 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 you have maintained creditable coverage and, therefore, whether 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, go to 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 go to 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 U.S. 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, 2021. Contact your state for more information on eligibility.

ALABAMA—Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA—Medicaid
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
ARKANSAS—Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA—Medicaid
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
COLORADO—Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
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

FLORIDA—Medicaid
Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA—Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, ext 2131
INDIANA—Medicaid
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
IOWA—Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone:
KANSAS—Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884

KENTUCKY—Medicaid
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: KIHIP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
LOUISIANA—Medicaid
Website: https://www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE—Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS—Medicaid and CHIP
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840
MINNESOTA—Medicaid
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

MISSOURI—Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 1-573-751-2005
MONTANA—Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA—Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178
NEVADA—Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE—Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 1-603-271-5218 Toll free number for the HIPP program: 1-800-852-3345 , ext 5218
NEW JERSEY—Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK—Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA—Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 1-919-855-4100

NORTH DAKOTA—Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA—Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON—Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA—Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462
RHODE ISLAND—Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347 , or 1-401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA—Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA—Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS—Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493

UTAH—Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT—Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA—Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
WASHINGTON—Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA—Medicaid
Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN—Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING—Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, 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)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option **4**, Ext. **61565**

Frequently Asked Questions

FedEx Corporation Retiree Group Health Plan (FedEx Retiree Health Plan)

1. Once I retire, will I have a gap in health coverage before I sign up for Retiree Health?

If you enroll in the FedEx Retiree Health Plan within 30 days of receiving your retiree health enrollment packet and pay your first month’s premium, you will be covered retroactive to your first day of retirement.

2. What happens if I do not enroll in the FedEx Retiree Health Plan when I retire?

You will be able to enroll in the FedEx Retiree Health Plan each plan year during Annual Enrollment, until you turn age 65.

3. When I become eligible for Medicare (age 65), will my Spouse and children be able to remain in the FedEx Corporation Retiree Group Health Plan?

If your eligible covered Spouse is younger than age 65, s/he can continue coverage in the FedEx Corporation Retiree Group Health Plan when you become eligible for Medicare. Eligible children may remain on the plan until age 26.



FedEx Corporation Retiree Health Reimbursement Arrangement and the Retiree Health Premium Account (RHPA) (administered by Alight)

1. How can I check my RHPA balance?

You can view your RHPA balance and transactions and manage your reimbursement requests at yourspendingaccount.com/fedex.

2. What can I pay for with the RHPA?

You can use the RHPA to pay for premiums for medical, prescription drug (pharmacy), dental and vision on an after-tax basis. You also can use the RHPA to pay for Medicare premiums and Income Related Monthly Adjustment Amount (IRMAA) fees.

3. What happens to the balance of my RHPA when I die?

If you have an eligible Spouse who survives you, they will become the account holder of the RHPA in which your Retiree Health Credit was credited. The balance in the account at the time of your death will be available to your covered dependents as long as they qualify for continued coverage after your death. If you don’t have any dependents, the credits will be forfeited and won’t be paid out as part of your estate.

4. Can I use pension deductions to cover my health care premiums and use the RHPA to be reimbursed for them?

If you are enrolling in the FedEx Retiree Health Plan and want to have your health care premiums/contributions deducted from your pension check, you will have to elect pension deductions as your method of payment by calling the FedEx RSC at **1.855.604.6221**. You are also able to reimburse yourself from the RHPA for your health care premiums/contributions regardless of how you pay for them.

5. I’m a FedEx retiree who’s married to an active FedEx employee. Will my spouse also get an RHPA?

If you meet eligibility requirements for the RHPA, when your RHPA is established, an RHPA will be established for your eligible Spouse based on his/her age on your retirement date. Neither you nor your Spouse will receive additional funding on your Spouse’s retirement date.

Appendix

Who’s Not Eligible and How Does Medicare Eligibility Affect Retiree Health Benefits?

The following persons are **not eligible** for the pre-65 retiree medical, dental and vision plan options summarized in this guide:

Retiree and Spouse at Age 65 and Older

At age 65, you become eligible for Medicare. The Aon Retiree Health Exchange offers dental and vision coverage. Also, you may elect COBRA continuation of dental and vision coverage.

Retiree and/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 RSC 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.

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.

IMPORTANT: If you do not notify the FedEx RSC of your Medicare eligibility status, you will still be responsible for reimbursing the Plan for any benefits the Plan paid that it 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.

Child(ren) Dependent(s) Who Turn 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 in the “Who’s Eligible?” section. Following the date of coverage termination, medical, dental and vision coverage may be continued for up to 36 months under COBRA by paying the full cost of the coverage.

Retiree or Spouse or Child(ren) Dependent(s) Who Become 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.

If you fail to suspend coverage, you will still be liable for any benefits the Plan paid but would not have paid had your active status been known to the Plan. To suspend FedEx Retiree Health Coverage, call the FedEx RSC. To resume FedEx Retiree Health Coverage, you must notify the FedEx RSC within 31 days of the loss of coverage.



Need Help Enrolling?

Call the FedEx Retirement Service Center at 1.855.604.6221
Monday–Friday 7 a.m.–6 p.m., CT

More About Child(ren) Dependent(s)

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 or your Spouse.
- **Other employer-sponsored coverage:** You can cover the child even if he/she is eligible for other coverage.

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 in this section under “Child(ren) Dependent(s) Who Turn Age 26.” Following the date of coverage termination, medical, dental and 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.

Information for Retirees Approaching Age 65

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.

Following are resources you might use to secure new individual Medicare coverage:

- If you have access to a Spouse’s group health plan—contact the plan administrator and find out if you are eligible to join as a dependent.
- Check your local listings to find insurance agencies that offer Medicare plans.
- Use the Internet to find Medicare providers that offer plans in Puerto Rico—and contact them directly. Go to **medicare.gov** and select the **Find Plans** tile. Enter your ZIP Code and answer a few brief questions to find medical and prescription drug plans in your area.

Definitions

A–C

Align Solutions

Enrollment administrator of the FedEx Retiree Health Plan.

Coinsurance

The percentage you pay for covered medical services or brand name prescription drugs. The percentage varies by medical plan option.

Copayment

A fixed dollar amount 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.

Dependent(s)

Refer to the “Who’s Eligible?” section for a list of dependents eligible for coverage under the FedEx Retiree Health Plan.

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

Plan options available to provide medical benefits for eligible pre-65 retirees and their eligible dependents.

FedEx Retiree Health Plan

FedEx health plan available to eligible FedEx pre-65 retirees and their eligible dependents, featuring a medical plan option administered by Triple-S Salud.

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 equivalent to 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 the generic drug can be substituted for the brand name drug.

H-K

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—the maximum dollar amount a health plan will pay in benefits to an insured individual during that individual’s lifetime.

Maximum Reimbursable Charge (MRC)

When you receive out-of-network medical care from a non-participating doctor or other health care professional, there’s a limit to the amount of money that will be reimbursed. These charges are typical of the fee doctors in your geographic area charge for the same service. When determining a Maximum Reimbursable Charge, the provider considers the service fees charged by doctors and other health care professionals in your area.

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 with which the claims-paying administrator has contracted 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. You will pay the most for care received Out-of-Network.

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.

Pre-Certification

A review for medical appropriateness before a medical service is rendered.

Pre-Determination 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 herein, 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 herein.

R-T

Retiree Health Premium Account (RHPA)

An account funded by FedEx that can be used to help pay retiree health care coverage premiums, such as premiums for medical, prescription drug, dental and vision plans. See “The FedEx Retiree Health Premium Account” or “Frequently Asked Questions” section for more information.

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.



Notes

The FedEx Corporation Retiree Group Health Plan and the FedEx Corporation Retiree Health Reimbursement Arrangement and the Retiree Health Premium Account (“Plans”) are governed by formal Plan documents and, in the event of any conflict between this guide and the Plan documents, the formal Plan documents will control. This guide does not alter any terms of the Plans 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.

