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# Your Airgas Benefits

## Welcome!

This guide provides an overview of your Airgas benefits. At Airgas, our expertise is in distributing the products and services that our customers need and trust. For this reason, when it comes to delivering our employee benefit programs, we partner with vendors that have the systems and expertise in administering health care, 401(k) and stock plans. This allows Airgas to provide you with an array of tools and resources to choose and manage your benefits.

This guide focuses primarily on your health and group insurance benefits, administered through Your Benefits Resources™ (YBR). Brief summaries about the Airgas 401(k) Plan, Employee Stock Purchase Plan and other benefits can be found at the end of this guide.

You're in the driver's seat when choosing and using your Airgas benefits. Through YBR, Airgas provides flexible options and robust tools to help you select the coverage that fits both your needs and your budget.

## Choosing Your Benefits

You're in control of important decisions regarding the benefits choices that work best for you and the eligible dependents you want to cover in Airgas plans. Your cost for medical, dental and vision coverage is based on the number of dependents you decide to enroll. Instead of choosing a coverage "tier," such as You + Children or You + Family, you'll select the actual number of children you wish to enroll, and your cost will be calculated per dependent.

Another key feature of the Airgas benefits program is the ability to "build your own" medical plan. You'll choose the coverage combination (such as annual deductible, coinsurance, and copays) that work for you medically and financially. Airgas provides similar flexibility in the choices available in other benefits programs, as well as tools to help you choose your coverage levels. There are two ways to enroll:

- Online at [www.ybr.com/airgas](http://www.ybr.com/airgas)
- By telephone at **1-877-4AG-BENEFITS** or **1-877-424-2363**

If you need help enrolling or using the Web site, or have a question, Customer Service Representatives are available between 8:00 a.m. and 9:00 p.m. Eastern time, Monday through Friday.

## Accessing Your Benefits Information

YBR security procedures and technology ensure that only you have access to your personalized information. Here's how your data is protected:

- When you log on to the Web site or call the Customer Service Center for the first time, you'll be asked certain information to authenticate your identity.
- Then, you'll choose a user ID and password.
- You'll need to enter your user ID and password each time you log on to the site. Your user ID is more secure than your Social Security number because you create it yourself and can change it whenever you wish.
- The combination of your user ID and password will provide access to your personal benefits information.
- To help you remember your password, you can select a hint on the site.
- You'll use the same password for the Web site and with Customer Service Representatives.

For your protection, don't share your user ID or password with anyone.

This guide summarizes Airgas benefit programs and the terms and conditions that apply to them. More detailed information is available from the plan documents and administrative and insurance contracts. If there is a discrepancy between this guide and the official plan documents and/or contracts, the official plan documents and contracts will govern. Airgas, Inc. reserves the right to change the plans at any time for any reason. This right includes, but is not limited to, requiring or increasing employee contributions to any and all plans described in this guide. The plans and policies stated in this guide are not a contract of any kind.

## YBR Resources

### Availability

The YBR Web site is available 24 hours a day, seven days a week. Customer Service Representatives are available from 8:00 a.m. to 9:00 p.m. Eastern time, Monday through Friday.

### Simplicity

The YBR Web site provides step-by-step instructions to help you enroll. Look for the “Completed Successfully” message to be sure your enrollment is complete. If you need help, Customer Service Representatives can answer your questions or help you enroll.

### Help Making Your Decisions

YBR provides information, tools and calculators to help you:

- Learn how your benefit plans work.
- Understand the expenses and services that your options cover.
- Build your own medical plan, selecting from various coverage options.
- Compare health care and insurance options.
- Estimate your out-of-pocket costs for your medical options.
- Search for doctors, dentists, and eye doctors online, using the criteria you enter.
- Choose or change your beneficiary(ies).
- Estimate your need for:
  - Life and long-term disability insurance coverage; and
  - A health care and/or dependent care spending account.
- Get answers to questions about your benefits. Use the “Contact Us” link on the site to send a secure question to a Customer Service Representative and receive a response within 24 hours.

## Annual Enrollment Communication—What to Expect

Airgas alerts you to your annual enrollment period each fall and provides information about any changes you can expect for the coming year. In addition, you will receive one of the following:

- If you don't have an email address on file with YBR, you will receive printed enrollment materials at your home address. Review your kit and then enroll online or by telephone.
- If you have an email address on file with YBR, you'll receive an email inviting you to visit the Web site to enroll. The site contains all the information you'll need, including your benefit options and price tags, a summary of changes, and many tools to help you make your decisions.

Be sure to review and confirm your benefits choices before you log off the Web site. You'll have the opportunity to review changes that you make on the site, and you will see a confirmation on the screen if you've completed your activity successfully. Any time you make an online transaction, it's a good idea to print a confirmation for your records.

If you enroll or make a change to your benefits, whether online or by telephone, you will receive a printed confirmation statement at your home address.



## Tips for Enrolling

<input checked="" type="checkbox"/> <b>Read this guide and other enrollment communications.</b> Review any changes to your benefits and think about the effects on your current coverage. When you're ready to enroll, go to <a href="http://www.ybr.com/airgas">www.ybr.com/airgas</a> .	<input checked="" type="checkbox"/> <b>Confirm your spouse's access to other health care options.</b> If you're covering your spouse, you'll need to confirm whether or not your spouse has access to other health care options including employer coverage.
<input checked="" type="checkbox"/> <b>Know your password.</b> To enroll or make changes, you'll need your user ID and password. If you've forgotten it, click the link on the login screen to reset your password. If you've established answers to your security questions online, your correct responses will allow you to access your account. If you're using the YBR site for the first time, see Accessing Your Benefits Information on page 2.	<input checked="" type="checkbox"/> <b>Make sure your dependents are eligible for coverage.</b> During annual enrollment, Airgas audits a percentage of dependents enrolled in our medical, dental and vision plans to ensure they're eligible under the plan rules. It's your responsibility to know these rules and manage your dependent information.
<input checked="" type="checkbox"/> <b>Review your choices carefully.</b> Everyone's needs change from time to time. Use the YBR Web site to compare your options, learn about your benefits, make your choices, or build your own preferred level of coverage.	<input checked="" type="checkbox"/> <b>Confirm your elections.</b> When enrolling online, look for the "Completed Successfully" message. Be sure to print a confirmation of your enrollment for your records. If you enroll online or contact the Customer Service Center to enroll or make a change, you will receive a confirmation statement by mail at your home address.

## After You Enroll—Using Your Benefits

Because enrollment is only the first step in managing your benefits, YBR is available year-round whenever you have a question about your benefits. It's your one-stop resource for tools and information to help you manage your benefits:

- Online at [www.ybr.com/airgas](http://www.ybr.com/airgas)
- By telephone at **1-877-4AG-BENEFITS** or **1-877-424-2363**

If you need help using the Web site, or have a question about your benefits, Customer Service Representatives are available between 8:00 a.m. and 9:00 p.m. Eastern time, Monday through Friday.

### Airgas Benefits Directory— [www.airgasbenefitsdirectory.com](http://www.airgasbenefitsdirectory.com)

YBR continues to be the first source of information about your health and group benefits. At times, though, you may need to contact a carrier directly. Plus, some of our benefits—such as the 401(k) Plan, Employee Stock Purchase Plan, and Employee Assistance Program—are administered by separate vendors. Visit the Airgas Benefits Directory at [www.airgasbenefitsdirectory.com](http://www.airgasbenefitsdirectory.com) for contact information (such as Web site links and telephone numbers), answers to frequent questions, and copies of many benefits communication materials.

# Who's Eligible for Benefits?

You are eligible for the Airgas benefits described in this guide if you are a full-time or part-time employee regularly scheduled to work at least 30 hours per week. A part-time employee who switches to full-time employment is typically eligible to enroll in benefits immediately.

**Note:** *If you are a member of a collective bargaining unit, you may not be eligible for some or all of the benefits described in this benefits guide. Please contact your Human Resources Representative for more information.*

## Dependent Eligibility

You may enroll your eligible dependents in medical, vision, dental, dependent life insurance and/or accidental death and dismemberment coverage. You are responsible for ensuring that any covered dependents are eligible for Airgas benefits before you enroll them. Eligible dependents include:

- Your spouse provided he or she qualifies as a “spouse” under federal law. A same-sex spouse is not a “spouse” under federal law. Legally separated or former spouses are also not eligible dependents, even if you have a court order requiring you to provide health insurance to your ex-spouse. (Common-law spouses are only eligible if covered under the Airgas plans prior to April 1, 2009.)
- Your children up to the last day of the month in which they turn 26. For Airgas plans, the term “children” or “child” means (1) your natural child, (2) your legally adopted child or child placed with you for adoption, (3) your stepchild, (4) your eligible foster child, defined as an individual who is placed in your care by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction, or (5) a child for which a court has granted you legal custody.\*
- Your unmarried disabled child age 26 or older who is unable to earn a living due to a physical or mental handicap and who either (1) was covered as a dependent under the Airgas benefit plans prior to reaching age 26, or (2) if you were not eligible to participate in the Airgas benefit plans before the child reached age 26, was disabled before reaching age 26 and remained continually disabled thereafter.

\* Children may be covered in the Dependent Life and Optional Accidental Death and Dismemberment (“AD&D”) programs only if full-time students and age 19 through 22. Adult children ages 23 and older are not eligible for coverage in the Dependent Life and Optional AD&D programs.

## State Laws Affecting Dependent Coverage in Regional HMOs

Insurance laws in some states permit fully insured HMOs based in that state to require dependent coverage up to a specific age. Two Airgas HMOs in the state of New York have age requirements that differ from our overall medical plan rules. MVP Healthcare HMO (formerly Preferred Care HMO) and Capital Health Plan HMO permit coverage through age 29. No full-time student status or financial dependency is required.

State law permits charging a higher employee contribution for the extended dependent coverage. Employees who enroll dependents age 26 or older in these HMOs will pay an additional fee that is equal to the full premium cost.

- Your natural or adopted children for whom you are required by a Qualified Medical Child Support Order (“QMCSO”) to provide health insurance coverage up to the end date of the coverage period stipulated by the QMCSO or age 26, whichever comes first.

**Note:** *To obtain health plan coverage for a newborn child, you must enroll that child within 31 days of birth, even if you have other children already covered in the Airgas plans.*

## Domestic Partners

Airgas employees living or working in California, Washington and Oregon are eligible to enroll registered domestic partners in all benefits that extend to eligible dependents. Domestic partners include both same-sex and opposite-sex domestic partners. Employees and their covered domestic partners **must be registered** with the government entity (e.g., city, county or state) responsible for identifying and complying with the registration requirements. Employee paycheck contributions for domestic partner coverage are the same as employee plus spouse coverage. Children of domestic partners are treated as the children of the eligible employee and are therefore eligible for coverage under the Airgas plan rules.

## Exclusions

Any person not described as eligible in a category listed above is not a dependent for purposes of the plan. Grandchildren, your parents, and your other relatives or extended family members are not eligible for coverage.

## Dependent Information

If you choose to cover dependents, you'll need to enter Social Security numbers, birth dates, and other information on YBR. To comply with federal law, the Airgas plan requires a Social Security number for every dependent. It's your responsibility to maintain your dependents' information and keep it current.

## Dependent Certification Procedures

There are two ways that Airgas verifies dependents meet the eligibility requirements for coverage in our medical, dental and vision plans:

### ***When Adding Dependents for the First Time—Proof of Eligibility Required***

New employees enrolling dependents or current employees adding dependents to Airgas plans will be asked to provide proof of dependent eligibility before coverage takes effect. If you provide acceptable proof of eligibility within 31 days of the request, coverage is retroactive to the date of enrollment or the beginning of the new plan year, whichever is applicable to your situation.

### ***During Annual Enrollment—Random Audits of Dependents on File***

Each year during annual enrollment, YBR will randomly select a percentage of dependents on file and request proof of eligibility. Individuals who are not eligible for benefits will be dropped from coverage immediately.

### ***You Must Respond to Dependent Audit Requests by the Deadline***

If you are contacted for the random audit during annual enrollment, you must respond within 31 days of the request. If you do not respond to the certification request, your dependents will not have coverage for the upcoming year.

Using 2012 as an example, here's how the audit process works:

- When you log on to YBR during enrollment, your record on the site will show "No Coverage" for you and your dependents. To have coverage for 2012, you must enroll. If you don't, you and your dependents will not have coverage in 2012. (For employees not part of the audit group, 2011 coverage other than flexible spending account elections will be carried over to 2012, even if you don't enroll.)
- After you enroll, YBR will send a notice (titled Dependent Certification Notice Request for Information) and a bar-coded Dependent Certification Form to your home address.
- You must respond with proof that your dependents meet the eligibility requirements by the date shown on your notice. For tracking purposes, you also must include your bar-coded form with the documentation you submit to YBR.
- YBR will notify you if your dependent is approved or denied, or if the documentation you provided was insufficient. You must contact YBR if you do not agree with the determination you receive.
- If you don't respond with the required documentation by the deadline, your dependent(s) will not have coverage for 2012. You will not be able to enroll them until the next annual enrollment period for 2013 unless you experience a qualified life event.
- There are NO extensions to the deadline for returning dependent documentation.

If you miss the deadline, you will not be eligible to re-enroll the individual until the next annual enrollment period, even if proof of dependent status is provided.

## Spousal Surcharge

Like many other employers, Airgas is concerned about the cost of health care, including the cost of subsidies for spouses who have medical coverage available through employers or other means. Company subsidies are intended for employees and eligible dependents who do not have coverage options elsewhere. Airgas provides a larger subsidy for spouses who do not have coverage available elsewhere and a smaller subsidy for spouses who have other health care choices.

Here's how the surcharge works:

- Employees who choose to cover a spouse with other coverage options available will be assessed a surcharge of \$100 per month (or \$1,200 per year), in addition to the regular payroll contributions.
- This surcharge applies regardless of the benefit level of your spouse's health care plan or the subsidy amount provided by his or her employer.
- Employees are responsible for reporting a change in employment status or benefits eligibility that affects the application of the surcharge.

**If you've previously recorded whether or not your spouse has access to coverage elsewhere**, your prior election will carry over to the new plan year.

**If you are adding your spouse to your Airgas benefits for the first time**, you'll be asked to verify whether or not your spouse has other coverage options available.

## When Coverage Begins

As a new employee, you are eligible to participate in the Airgas plans on the 31st day of your continuous employment with Airgas. This date is based on your date of hire as an eligible employee. For example:

- If your date of hire as an eligible employee was April 15, you become eligible for benefits on May 16, assuming that you remain an Airgas employee and you have enrolled by the deadline printed on your enrollment worksheet or specified in the enrollment email sent to your work address.
- If you enroll by the enrollment deadline, your eligibility begins May 16. If you enroll in the health care or dependent care spending account, deductions begin with the first paycheck that includes your other benefit deductions, typically within a few weeks of your enrollment.

**If you miss your enrollment deadline**, you must wait until the next annual enrollment period to enroll for benefits that will be effective the following January 1.

## Paying for Your Benefits

Airgas offers both company-provided and optional benefits. Company-provided benefits are available at no cost to you. Optional benefits are the benefits you have the "option" to purchase—you pay part or all of the cost. Your company-provided and optional benefits include:

### Company-Provided Benefits—No Cost to You

Basic Life Insurance

Basic Accidental Death and Dismemberment (AD&D) Insurance

Basic Short-Term Disability Benefits

Basic Long-Term Disability Benefits

Employee Assistance Program

### Optional Benefits—You Pay Part or All of the Cost

Medical

Dental

Vision Care

Spending Accounts

Optional Life Insurance

Optional AD&D Insurance

Optional Long-Term Disability Buy-Up

Other benefits, such as the 401(k) Plan and Employee Stock Purchase Plan

Employee contributions for medical, dental and vision coverage and the health care and dependent care flexible spending accounts are made on a before-tax basis through automatic payroll deductions. These contributions are deducted from your paycheck before federal and Social Security taxes are taken. This reduces your taxable income and saves you money. You also pay no state (except New Jersey residents) taxes on these contributions.

Your cost for medical, dental and vision coverage is based on the actual number of dependents you enroll. There is a unit price for your spouse and for each dependent child you choose to enroll in these plans. Your cost also depends on your salary band and the plan that you select.

## When You Can Change Your Benefits

The choices you make during annual enrollment are generally effective for the full calendar year. Certain qualifying events, such as getting married or having a child, allow you to make changes to some benefits. The rules for making changes to your benefits are determined by the federal government for tax-advantaged employer plans. Depending on the event you may:

- Enroll for coverage, if you previously declined coverage;
- Drop coverage;
- Add eligible dependents or drop previously covered dependents; and/or
- Change your level of coverage (e.g., from “You Only” coverage to “You and Spouse”).

The changes you make must be consistent with your change in eligibility status. You have 31 days after the event to change your benefit elections with YBR using the Web site or by speaking with a Customer Service Representative. It’s your responsibility to contact YBR no later than 31 days following the event to change your benefits.

## What Are Qualifying Events and Status Changes?

Events that qualify for a mid-year change in benefits enrollment include:

- Change in legal marital status (including the marriage, divorce or death of a spouse)
- Change in the number of dependents (including birth, adoption, placement for adoption, or death of a dependent)
- Change in the eligibility status of a dependent
- Change in your own place of residence
- Change in the employment status, work site, or work schedule of an employee, spouse, or dependent that results in gaining or losing eligibility for coverage

- Significant increase in contributions or a significant reduction in coverage under your or your spouse’s health care plan
- Change to comply with a Qualified Medical Child Support Order
- Change in dependent care providers or costs if the providers are not your relatives (applies only for dependent care spending accounts)
- Change in your spouse’s or child’s coverage during another employer’s annual enrollment period when the other plan has a different period of coverage
- Entitlement to Medicare or Medicaid (applies only to the eligible person)
- Addition, elimination, or significant curtailment of a coverage option

## If You Don’t Enroll

If you’re a new hire and you don’t enroll in your benefits, you’ll receive basic company-provided coverages. Depending on the plan, you may not receive any elected or optional coverage. You must wait until the next annual enrollment period to enroll for optional benefits that will be effective the following January 1. See “Notice of Special Enrollment Rights” on page 9 for more information about declining Airgas health care coverage.

For details about your benefits and coverage levels, go to [www.ybr.com/airgas](http://www.ybr.com/airgas) or contact a Customer Service Representative toll free at **1-877-4AG-BENEFITS** or **1-877-424-2363**.



# Enrollment Notices

## Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Airgas plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if you or your dependent is eligible, but not enrolled, for coverage under the Airgas health care plan, you are eligible to enroll for coverage if you meet either of the following conditions and you request enrollment with the Airgas health care plan no later than 60 days after the date of the event:

- You or your dependent loses eligibility for Medicaid or CHIP coverage; or
- You or your dependent becomes eligible for premium assistance, with respect to coverage under the Airgas health care plan, due to coverage with Medicaid or a state child health care plan.

To request special enrollment or obtain more information, contact YBR.

## Genetic Information Nondiscrimination Act

The Genetic Information Nondiscrimination Act (GINA) was effective January 1, 2010. Airgas is in compliance with GINA. GINA prohibits using genetic information to discriminate with respect to health benefits. Employer-sponsored group health plans and insurers are prohibited from:

- Restricting enrollment or adjusting premiums based on genetic information; and
- Requiring or requesting genetic information or genetic testing prior to, or in connection with, enrollment.

## Notice Concerning Women's Health and Cancer Rights

The Airgas Medical Plans provide legally required benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

## Notice Concerning Benefits for Childbirth and Newborns

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



## Your Privacy Rights

The Health Insurance Portability and Accountability Act (HIPAA) required the federal government to issue national standards to protect the privacy of personal health information. These standards allow Airgas to use and disclose your personal health information for purposes of treatment, payment, and health care operations.

Protected health information (PHI) is the information that the Airgas health plan creates and obtains in providing benefits to you. This may include information regarding your health status (including diagnosis, treatment, and claims payment) or the fact that you are enrolled in or have participated in the Airgas health plan.

All Airgas employees receive a copy of the Airgas privacy notice. This notice explains Airgas compliance procedures and responsibilities, as well as your rights to view your PHI and make any corrections. If you have any questions, please do one of the following:

- Call your health plan or your health care provider (e.g., hospital, physician) for questions about your medical history or claims;
- Contact the Airgas Privacy Officer with questions or concerns about the use of your protected health information; or
- Call YBR to request an additional copy of the privacy rights notice or to ask questions about your enrollment or eligibility for the Airgas benefits plan.

## COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives you and your dependents the right to temporarily continue health care coverage for a period of time if your Airgas coverage ends due to a qualifying event.

# Medical Plan

*Few people can afford to pay health care expenses or purchase insurance coverage on their own. That's why the comprehensive benefits offered through the Airgas medical options are so valuable. Because you can "build your own" medical option, you can also find the right balance between your paycheck contributions and out-of-pocket expenses.*

What follows is a general description of the medical plan. Your specific options and prices are available through YBR. For details, go to [www.ybr.com/airgas](http://www.ybr.com/airgas) or speak with a Customer Service Representative at **1-877-4AG-BENEFITS** or **1-877-424-2363**.

## Coverage Levels

You can choose coverage for yourself, your spouse, and/or your children. Your cost is based on the number of dependents you choose to enroll, plus your salary band and the plan that you select.

## Your Medical Options

All employees have access to medical coverage through either Aetna or UnitedHealthcare (UHC), but the number of options available to you will depend on the carrier that is considered "best-in-market" in your state. The best-in-market carrier provides the best medical provider discounts to you and Airgas. In addition, depending on where you live, a regional HMO or PPO also may be available to you.

YBR will show the following medical options:

- No coverage;
- A regional HMO or PPO, if available in your area;
- Aetna or UHC Core Plan (for the best-in-market carrier);
- "Buy-up" Core Plan (for the carrier that is not best-in-market);
- A link to "build your own" medical option.

You can choose the coverage that you prefer in a few ways:

- 1.** You can enroll in the best-in-market Core Plan—or you can choose the "buy-up" Core Plan, if you prefer the other carrier. Keep in mind, most employees find that the Core Plan provides an adequate level of coverage.
- 2.** You can also follow the "build your own" steps to select other coverage through the best-in-market carrier in your state. Your paycheck contributions will vary with the amount of coverage that you choose.
- 3.** You can enroll in a regional HMO or PPO, if one is available where you live.
- 4.** Finally, you can decline coverage.

Remember, once you choose or default to a medical plan, you'll remain in that option throughout the year and may not change until the next annual enrollment (unless you experience a qualifying life status change, as described on page 8 of this guide).



# Medical Plan (continued)

## Plan Terms and Features

It's important to be familiar with some of the terms used to describe each benefit option. Review these definitions before you begin.

Term	What It Means
<b>Annual Deductible</b>	The amount that you pay each year out of your own pocket before the plan begins paying part of your medical bills. The deductible must be met before the plan begins paying the coinsurance amount. Expenses paid toward the deductible count toward your annual out-of-pocket maximum.
<b>Coinsurance</b>	Percentage of the total medical bill that you pay. For example, if the plan pays 80% coinsurance, you pay 20%.
<b>Copay</b>	Flat dollar amount that you pay per office visit or hospitalization. Copays are not counted toward meeting your deductible or out-of-pocket maximum.
<b>Generic Drug</b>	A drug approved by the FDA for the same effectiveness, quality, safety, and strength as a brand-name drug. However, a generic drug costs much less for you and Airgas.
<b>Non-Preferred Drug</b>	A drug that is neither generic nor on your prescription drug plan's preferred list.
<b>Out-of-Pocket Maximum</b>	The maximum amount you could pay each year in deductibles and coinsurance. If you reach the maximum, the plan pays 100% of your medical bills. Copays are not counted toward meeting your deductible or out-of-pocket maximum.
<b>Per-Prescription Maximum</b>	The maximum amount you pay toward the total cost of each prescription/mail-order fill.
<b>Preferred Drug</b>	A preferred drug is FDA-approved and selected by your prescription drug plan for safety and cost-effectiveness.

## Coverage Notes

The following apply to all available medical options:

- Emergency room—Copay waived if admitted to the hospital; no coverage for non-emergency use
- Inpatient hospitalization—\$100 copay per day, up to a maximum of \$300 per stay, before the deductible and coinsurance
- Outpatient surgery—Paid at your coinsurance level after the deductible is met

## Building Your Medical Option

When building your own option, the site will prompt you to answer each of the three questions shown on page 13. Because each question has several possible choices, you can compare several coverage combinations. Your answers to these questions determine your coverage, out-of-pocket costs, and paycheck contributions.

You may want to build and compare several medical options using the YBR Web site. You can compare up to three medical options at a time, estimate your likely out-of-pocket costs, check on health care providers available in your area, and estimate your need for a health care spending account.

### Question 1: Which coinsurance level and office visit copay best meet your needs?

	Option 1		Option 2		Option 3 (Core Plan)		Option 4	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Coinsurance</b>	90%	70%	80%	60%	80%	60%	70%	50%
<b>Office Visit Copay</b>								
• Primary Care	\$10	70% after deductible	\$20	60% after deductible	\$25	60% after deductible	\$40	50% after deductible
• Specialist	\$15		\$25		\$35		\$40	

### Question 2: Which annual deductible and out-of-pocket maximum best meet your needs?

	Option 1		Option 2 (Core Plan)		Option 3		Option 4	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Annual Deductible</b>								
• Single	\$300	\$750	\$500	\$1,000	\$1,000	\$2,000	\$1,500	\$3,000
• Family	\$600	\$1,500	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000
<b>Out-of-Pocket Maximum</b>								
• Single	\$1,800	\$3,750	\$2,500	\$5,000	\$3,500	\$7,000	\$4,500	\$9,000
• Family	\$3,600	\$7,500	\$5,000	\$10,000	\$7,000	\$14,000	\$9,000	\$18,000

### Question 3: Which prescription drug coverage level best meets your needs?

	Option 1		Option 2 (Core Plan)		Option 3	
	Retail Copay	Mail-Order Copay	Retail Coinsurance	Mail-Order Coinsurance	Retail Coinsurance	Mail-Order Coinsurance
<b>Generic</b>	\$8	\$16	30%	30%	50%	50%
<b>Preferred</b> (Brand-Name Formulary)	\$25	\$50	30%; \$100 per Rx maximum	30%; \$200 per Rx maximum	50%; \$150 per Rx maximum	50%; \$300 per Rx maximum
<b>Non-Preferred</b> (Brand-Name Non-Formulary)	\$50	\$100	30%; \$200 per Rx maximum	30%; \$400 per Rx maximum	50%; \$300 per Rx maximum	50%; \$600 per Rx maximum

# Prescription Drug Coverage

When you enroll for medical benefits through Aetna, UnitedHealthcare, Aetna QPOS, or an Aetna HMO, you receive prescription drug coverage through Caremark. (If you're eligible for and enroll in a regional HMO or PPO, you'll receive prescription drug coverage from your plan.)

Your cost for prescription drugs will vary, depending on whether you obtain a generic, preferred (name-brand formulary) or a non-preferred (name-brand non-formulary) drug. To manage the cost and effectiveness of Airgas prescription drug benefits, Caremark works directly with physicians to ensure:

- Generics are prescribed whenever possible.
- Preferred drugs are used when no generic is available.
- Drug dosages are consistent with medical standards and guidelines.
- Negative drug interactions are minimized.

Prescription drug management programs in place include:

## Mandatory Generic

If a direct generic drug is available, but you request a brand-name drug instead, you'll pay the difference between the retail cost of the brand-name drug and the generic drug, plus the copayment for the brand-name drug. (A direct generic has the same chemical composition as the brand-name drug.)

Here's an example:

Retail cost of Fosamax® (30-day supply)	\$642.58
Retail cost of generic equivalent	\$226.78
Your copay	30% of the retail cost (\$192.77)
In this case, you would pay the difference between the retail cost of the brand-name and generic drugs	\$415.80
Plus the brand-name copay	\$192.77
Your total copay	\$608.57

## Step Therapy

When a generic is available in the same drug class as the medication prescribed by your doctor, the program requires you to try the generic for 30 days. If the generic drug isn't effective in treating your condition, the plan will cover the brand-name drug.

## Ongoing or Maintenance Medications

Medications taken on an ongoing basis (sometimes called "maintenance medications") must be purchased through Caremark's mail-order service or picked up at a CVS pharmacy under the Maintenance Choice

program. If you don't use one of these options, the copay will be doubled, beginning with the third fill of a prescription at a non-CVS retail pharmacy. (**Note:** Each fill is a 34-day supply of the drug.)

## Example—Retail Charges for a Maintenance Medication

Here's an example that shows how the additional charge for purchasing a maintenance medication through a non-CVS retail pharmacy would apply. The example assumes that a preferred drug is prescribed.

	Copay
First Fill	\$25
Second Fill	\$25
Third and Subsequent Fills	\$50

## Other Efforts to Ensure Quality and Safety

Caremark works with patients and their doctors in a variety of other ways to ensure quality, safety and cost-effectiveness. For example:

- If a doctor prescribes a brand-name drug, and the drug or dosage is inconsistent with standard practice, Caremark confirms the appropriate drug or dosage with the doctor.
- If a prescribed drug could interfere with another medication you may be taking, Caremark alerts your doctor to the potential for a problem.
- In cases involving the use of biotech, difficult-to-obtain or extremely costly drugs, Caremark's specialty drug program provides additional pharmacist support and specialized delivery services.

In addition to these programs, prior authorization requirements and coverage limits may apply to certain drugs. Caremark's management programs are designed to ensure that all prescriptions are based on medical necessity and comply with U.S. Food and Drug Administration guidelines.

For additional details about prescription drug coverage, go to the YBR Web site at [www.ybr.com/airgas](http://www.ybr.com/airgas) or speak with a Customer Service Representative at **1-877-4AG-BENEFITS** or **1-877-424-2363**.

# Dental Plan

Airgas dental coverage is provided through Aetna. You may enroll yourself and your eligible dependents in the Basic Option or Premium Option, or you may choose no dental coverage. You don't have to be enrolled in medical coverage to enroll in dental coverage. What follows is a general description of the dental plan. Your specific prices are on the Web site.

## Coverage Levels

You can choose coverage for yourself, your spouse, and/or your children. Your cost is based on the number of dependents you choose to enroll.

You do not have to cover the same dependents under medical and dental. You may choose to cover some of them under medical but not dental, or vice versa.

## Your Options

- Basic Option
- Premium Option

## Dental Plan Highlights

	Basic Option	Premium Option
Deductible		
• You Only	\$50	\$50
• You and Dependents	\$150	\$150
Coinsurance		
• Preventive/Diagnostic	100%	100%
• Basic	50%	80%
• Major	50%	50%
• Orthodontia	0%	50%
Annual Maximum	\$1,500	\$1,500
Orthodontia Lifetime Maximum	N/A	\$1,500

For information about dentists in the Aetna network, go to [www.ybr.com/airgas](http://www.ybr.com/airgas) or speak with a Customer Service Representative at **1-877-4AG-BENEFITS** or **1-877-424-2363**.

## Choosing Your Dental Option

There are minimal differences between the Basic and Premium dental options. The Premium Option pays a higher benefit level (80%) for basic services and offers an orthodontia benefit.

If you or your covered dependents do not frequently use the basic services or have already reached the lifetime maximum allowed for orthodontia, you may want to consider selecting the Basic Option, which has a lower-cost premium.

## Coverage for Oral Surgery

The Airgas Dental Plan covers certain, but not all, surgical procedures. In some cases, oral surgery may be covered instead by the Airgas Medical Plan. If you're enrolled in an HMO that doesn't cover oral surgery, the dental plan will cover it. See your HMO for details.

## Keep in mind...

- Good oral care promotes overall wellness.
- Most periodic exams are covered at 100% if you go to an in-network dentist.

# Vision Care Plan

You can enroll in vision care through EyeMed Access Plan. You don't have to be enrolled in the medical plan to receive vision coverage. You pay the full cost for vision care coverage for yourself and any dependents you choose to cover. Like the medical and dental plans, your cost is based on the number of dependents you choose to enroll. The company does not pay any portion of the cost. What follows is a general description of vision care.

## Vision Care Plan Highlights

In Network	Frequency
Exams	12 months
Lenses	12 months (one set of lenses/year, may be eyeglasses or contact lenses)
Frames	24 months
Contacts	12 months
Cost	
Exams	\$10 copay
Laser Vision Correction	15% retail price discount or 5% promotional price discount (whichever is better)
Lenses	\$20 copay
Frames	\$20 copay; plan pays 100% up to \$130 retail and 20% discount off balance over \$130
Contacts (elective, in lieu of eyeglasses)	\$20 copay; plan pays 100% up to \$130 retail; 15% discount off balance over \$130; applies toward materials only

Out of Network	Cost
Exams	Plan pays up to \$35
Materials	
Lenses:	Plan pays up to:
• Single	• \$25
• Bifocal	• \$40
• Trifocal	• \$55
• Lenticular	• 20%
Frames	Plan pays up to \$65
Contacts (elective, in lieu of eyeglasses)	Plan pays up to \$104

Log on to [www.ybr.com/airgas](http://www.ybr.com/airgas) for a list of EyeMed providers near you or speak with a Customer Service Representative at **1-877-4AG-BENEFITS** or **1-877-424-2363**.



# Life Insurance Plan

While everyone needs some life insurance, the amount that's right for you will depend on a number of factors, including your age, family status, and personal savings. Airgas life insurance coverage is provided through Aetna.

## Features of the Life Insurance Plan

- Airgas provides basic life and accidental death and dismemberment (AD&D) insurance coverage at no cost to you.
- You may buy optional life and AD&D insurance for yourself, your spouse, and/or your children.

**Note:** For life and AD&D insurance coverage, dependent children include unmarried adopted, natural or stepchildren up to age 19 (or 23 if full-time students) or disabled children who you may claim as dependents on income tax filings.

- Aetna also provides estate guidance and will preparation services through its plans.
- Basic life, optional life, and AD&D insurance plans pay a benefit to your beneficiary if you die.
- Basic and optional AD&D insurance can provide income for you if you have an accidental loss of limb or sight, or for your family if you die.
- You may enroll in “You Only” or “You and Family” AD&D coverage.
- Rates for life insurance are based on your age and whether or not you smoke. Smoking includes the use of tobacco in any form, such as cigarettes, pipes, snuff, or chewing tobacco. To qualify for nonsmoker rates, you cannot have used tobacco in any form in the last 12 months.

The chart on page 18 provides a general description of the life insurance plan. Your specific options and prices are available on the YBR Web site.

## Additional Services

Aetna offers a number of programs for the convenience of those covered under the life and AD&D plans they administer. These include estate guidance (e.g., will preparation) and travel assistance. Unlike the other benefits included in the Airgas program, these services are administered by Aetna. For more information about the travel assistance program, call **1-877-935-3704** or send an email to [aetnatravelassistance@axa-assistance.com](mailto:aetnatravelassistance@axa-assistance.com). For travel assistance when overseas, call **1-312-935-3704**; collect calls are accepted. For more information about the Legal Reference Program, go to [www.ichooselegal.com](http://www.ichooselegal.com). More information about these added services is also available on the YBR site by clicking on “Plan Information.”



# Life Insurance Plan (continued)

## Life Insurance Plan Highlights

	Coverage Amounts	Coverage Maximums	Who Pays	Evidence of Insurability (EOI)/Proof of Good Health Requirements*
Basic Life and AD&D Insurance	1x annual earnings (base salary plus commission) for basic life and 1x annual earnings (base salary plus commission) for AD&D	\$50,000 for each type	Company pays	None
Optional Life Insurance	In addition to basic life, buy coverage in multiples, from 1x to 4x annual earnings	Combined basic and optional life and AD&D for employees maximum is \$1,250,000	You pay group rates	Required if you enroll later than your initial deadline or move up one or more coverage levels during subsequent enrollments, and for combined basic and optional amounts above \$500,000
Optional AD&D Insurance	In addition to basic life, buy coverage in multiples, from 1x to 4x annual earnings	Combined basic and optional life and AD&D for employees maximum is \$1,250,000	You pay group rates	None
Optional Spouse Life Insurance	\$10,000, \$25,000, \$50,000, \$75,000, or \$100,000	Up to 50% of total employee amount to a maximum of \$100,000	You pay group rates	<ul style="list-style-type: none"> <li>• None, up to \$50,000, if you enroll when you are first offered the benefit</li> <li>• Required if you move up more than one coverage level</li> </ul>
Optional Child Life Insurance	\$5,000, \$10,000, \$15,000, \$20,000, or \$25,000 per child	Up to \$25,000 per child	You pay group rates	None
Optional Family AD&D Insurance	Buy coverage in multiples from 1x to 4x annual earnings  <i>This plan pays benefits for a loss affecting your spouse and/or immediate family members in percentages based on your elected coverage.</i>	Combined employee basic, optional and family AD&D is \$1,250,000	You pay group rates	None

\* Increases in one or more coverage levels in optional life and spouse and child life insurance during enrollments are allowed but require proof of good health. Any increase in coverage level from no coverage to coverage or any combined election above \$500,000 also requires EOI or proof of good health.

# Disability Plan

Disability benefits provide financial protection against the loss of your income. Your benefits program includes two types of company-paid disability coverage—short-term disability (STD) and long-term disability (LTD). You also have the option to enroll for the optional long-term disability buy-up benefits. This coverage is provided by The Hartford. You can also purchase additional STD income protection through Total Package Partners.

## Disability Plan Highlights

Feature	Short-Term Disability	Long-Term Disability
When Benefits May Begin	If a non-work-related injury or illness prevents you from working, STD benefits may be payable when you have been disabled for more than seven calendar days. To receive benefits, you must apply and submit medical evidence that your illness or injury makes you unable to perform your regular job.	LTD benefits begin when you have been disabled for six months (180 days) provided you are totally disabled as determined by the insurance company and the terms of the plan. Benefits are payable for both non-work-related and work-related illness or injury.
How Long Benefits May Continue	You may receive STD benefits for up to 26 weeks. Of course, benefits stop if you recover, even if you have not received STD benefits for the full period.	LTD benefits are paid until you recover or reach age 65 (benefits may extend beyond age 65 in certain situations). Unless you are hospitalized, benefits for disabilities related to mental illness are limited to 24 months.
Benefit Amount	Benefit equals \$300 per week, up to 26 weeks. (During the first week of disability, you may use your sick, personal or vacation days.) Your benefit is based on length of service with the company: <ul style="list-style-type: none"> <li>• Less than one year of service: Eight weeks at \$300 per week</li> <li>• One or more years: \$300 per week, up to 26 weeks</li> </ul> Benefits are reduced by income you receive from a state disability plan or other benefits. <b>Voluntary (Short-Term) Income Protection:</b> You may purchase additional STD protection. See page 23 or call Total Package Partners at <b>1-877-236-2667</b> for details.	<b>Company-Paid Long-Term Disability:</b> Replaces 50% of your basic monthly earnings (maximum benefit of \$2,500 per month), minus disability income you receive from other sources such as Social Security, Workers' Compensation, a state disability plan, or other company benefit plans. Disability income is also available if the disability is work-related. <b>Long-Term Disability Buy-Up:</b> You may "buy up" to a 60% replacement of your basic monthly earnings (maximum benefit of \$10,000) per month.
When Benefits Are Not Paid	You cannot receive an STD benefit if your injury or illness is work-related and covered by Workers' Compensation or if you are disabled as the result of an act of war, while participating in a felony or misdemeanor, while on military duty, or for a self-inflicted injury; other limitations may apply.	For newly hired employees and employees who enroll in buy-up coverage during their second or subsequent enrollment period: If you become disabled during the first 12 months of coverage, LTD benefits will not be paid if your disability results from an illness or injury for which you received medical treatment, advice, or medications during the three-month period before coverage took effect. Certain disabilities, such as a disability that results from committing a crime, are not covered.
Evidence of Insurability/Proof of Good Health Requirements	Required	None

This chart is a general description of the disability plan. Specific long-term disability options and prices are available from YBR. For details, go to [www.ybr.com/airgas](http://www.ybr.com/airgas) or speak with a Customer Service Representative at **1-877-4AG-BENEFITS** or **1-877-424-2363**.

# Spending Accounts

*Looking to save money on your out-of-pocket costs? Flexible spending accounts allow you to set aside before-tax dollars to pay for certain health care and dependent day care expenses. Each dollar you contribute is a dollar not taxed.*

There are two accounts that operate separately—a health care spending account and a dependent care spending account. You may enroll in one, both, or neither of these accounts. You can't use money in the health care account for dependent care expenses, or vice versa.

Both accounts are administered by Your Spending Account and can be accessed through the YBR Web site at [www.ybr.com/airgas](http://www.ybr.com/airgas). The debit card program offered by Your Spending Account allows you to pay for eligible medical expenses with a debit card that is issued to you. When you use the debit card, your eligible expense will be automatically deducted. You may use the debit card at an eligible provider such as a pharmacy, hospital, doctor or dentist office, or vision center. **Dependent care spending account expenses can't be paid for with the debit card.**

## Spending Account Highlights

Here are some additional points to consider:

- To participate, you must enroll on an annual basis. You aren't re-enrolled in this plan automatically from year to year.
- If you enroll, the annual amount you elect is deducted from your paychecks and spread throughout the year on a before-tax basis. This means it is not subject to federal and Social Security taxes.
- For both accounts, the minimum contribution is \$50 per year, the maximum is \$5,000. **Note:** 2012 is the last year that the maximum will be \$5,000 for health care accounts. Starting in 2013, the maximum contribution for health care accounts will be \$2,500.
- When you have an eligible expense, such as day care for your child or medical copays, you're paid back from the tax-free money you set aside.
- IRS rules say that you must forfeit any money left in your accounts at the end of the year—so estimate your expenses carefully.
- Although it's a good idea to submit your claims as you incur expenses, you have until next March 31 to claim reimbursement for eligible expenses from the current plan year.
- Any account balances remaining at the end of the year will not be returned and will be taxed as income.

## Important Information About Receipts and Documentation

When using the debit card from Your Spending Account, you may not be required to submit receipts in all cases. However, be sure to save your receipts, in case there's ever a question or problem. Your debit card may be suspended for failure to provide requested receipts. In addition, keep the following in mind:

- Your Spending Account will not accept handwritten or verbal information directly from you.
  - If a claim is submitted without itemized documentation, you will be required to provide alternate information that supplies the missing information. This alternate information may include a copy of the package from an over-the-counter item, but it cannot include anything handwritten by participants or dependents.
  - If a claim is submitted with illegible documentation, you will have to resubmit the claim with clear supporting documentation. Information cannot be accepted over the phone.
- A statement of medical necessity will be required for items that serve more than one purpose (e.g., vitamins, herbal remedies, nutritional supplements, and massage therapy).
- Your Spending Account will only reimburse dependent care claims incurred through the date the claim is being processed. For the claim to be approved in full, all service dates must have been completed already. If a claim includes future dates of service, the claim will be denied—unless the claim documentation is itemized, in which case the claim will be partially approved up to the date it is being processed.
- Your Spending Account does not accept canceled checks or online bank statements. You will need to provide an itemized bill that includes the date of service, description of service (product purchased), provider of service, amount paid, and the recipient of the service.
- **You cannot use your debit card to pay for over-the-counter drugs.**

Log on to [www.ybr.com/airgas](http://www.ybr.com/airgas) to estimate how much you should set aside annually in the spending accounts. See Your Enrollment Decision Toolkit on the Web site's main enrollment page for help in estimating how much to contribute to a spending account and your likely tax savings.

## What's Eligible for Reimbursement? What's Not?

Health Care Spending Account	Dependent Care Spending Account
<b>Eligible Expenses</b>	
<ul style="list-style-type: none"> <li>• Medical or dental plan deductibles</li> <li>• Copays and coinsurance amounts</li> <li>• Nonprescription smoking cessation gum or patches</li> <li>• Expenses that are not covered or are only partially covered by your medical, dental or vision benefits</li> <li>• Orthodontia</li> <li>• Laser vision surgery</li> <li>• Expenses beyond maximum medical and/or dental benefit limits, and/or usual and customary charges or plan limits</li> <li>• Smoking cessation programs</li> </ul>	<ul style="list-style-type: none"> <li>• Eligible dependents must be younger than age 13 or incapable of self-care</li> <li>• Licensed preschool or kindergarten (only the cost of care is an eligible expense if it can be separated from the cost of schooling)</li> <li>• Before- and after-school programs</li> <li>• Summer day camp</li> <li>• Household services related to the care of a dependent and necessary for well-being and protection</li> <li>• Qualified day care or family care center that requires a fee for service; it also must meet state or federal regulations if it cares for more than six nonresident people at a time</li> <li>• Care in your home (the care provider cannot be your dependent or one of your children under age 19)</li> </ul>
<b>Ineligible Expenses</b>	
<ul style="list-style-type: none"> <li>• Expenses fully reimbursed by medical, dental, or vision plans</li> <li>• Over-the-counter (nonprescription) drugs (except insulin) are only eligible for reimbursement if prescribed; a note from your health care provider must be submitted with your claim</li> <li>• Cosmetics, toothpastes, soaps, lotions, shampoos</li> <li>• Health club, spa, or exercise class fees</li> <li>• Weight loss programs without a doctor's prescription</li> <li>• Cosmetic surgery (in most cases)</li> <li>• Contributions, or premiums, for health care coverage for you, your spouse, and/or your children</li> </ul>	<ul style="list-style-type: none"> <li>• Care not related to employment (such as a baby-sitter during your non-working hours)</li> <li>• Overnight portion associated with camp fees</li> <li>• Nursing homes</li> <li>• Expenses paid by another policy or plan (including health insurance, Medicare, or other federal or state programs)</li> </ul>

You can find a complete listing of eligible expenses for the health care and dependent care spending accounts by visiting the IRS Web site at [www.irs.gov](http://www.irs.gov) and reading publications 502 and 503.

# Other Programs and Benefits

*This guide highlights the health and insurance benefits you can enroll in for the upcoming year. However, Airgas provides a number of other programs. Some require separate enrollment and/or contributions, while other benefits are provided automatically.*

## Employee Assistance Program

You are enrolled automatically in the Employee Assistance Program (EAP), a professional, confidential telephone counseling service available to help you and your household members resolve personal issues and problems before they affect health, relationships, and performance. This program is administered by LifeWorks, an independent, nationally respected provider of EAP and related services. The EAP provides confidential counseling, referral, and follow-up services to help resolve personal problems, such as:

- Marital issues
- Financial issues
- Child or elder issues
- Problems with coworkers
- Balancing work and family responsibilities
- Stress management
- Alcohol and drug abuse
- Family/relationship concerns
- Anxiety or depression

The EAP counselors also may provide referrals to legal, financial, or other services as necessary. You can call the EAP anytime for help 24 hours a day, 365 days a year, at **1-888-267-8126**.

Your confidential conversations with an EAP counselor are paid for by Airgas. Sometimes additional counseling or specialized treatment can require payment; it depends on your medical plan. Your EAP counselor can help you determine if extended services are covered under your plan and the approximate cost of such services.

## 401(k) Plan

Through the 401(k) Plan (administered by Vanguard), you can save from 1% to 50% of your base salary in the plan. You can contribute:

- Your before-tax contributions to the Airgas 401(k); or
- Your after-tax contributions to the Airgas Roth 401(k).

After one year of service, Airgas will match up to 50% of the first 4% of your savings in the plan.

## Employee Stock Purchase Plan

Through this plan, you can buy Airgas, Inc. stock at a 15% discount, regardless of your earnings. The plan is administered by **E\*Trade**.

## Other Company-Provided Benefits

Check with your Human Resources Representative with questions about the following:

- **Tuition Refund Program**—If eligible you may be reimbursed up to 100% of the cost of tuition, registration fees, books, and supplies.
- **Airgas Scholarship Program for Dependent Children.**
- **Paid Time Off**—Includes vacation, holidays, jury duty, and funeral leave.

# Voluntary Benefits

## Auto, Home, and Personal Property Insurance

You may find appropriate and affordable auto, home, and/or personal property insurance coverage with MetLife. You may be eligible for special group rates and discounts as an Airgas employee. Depending on your individual factors, having insurance coverage through MetLife may provide significant savings.

The MetLife Web site can be accessed from [www.ybr.com/airgas](http://www.ybr.com/airgas). To get a quote, call MetLife through the YBR automated telephone system at **1-877-4AG-BENEFITS** or **1-877-424-2363**. MetLife's Customer Service Representatives are available to help you with your concerns about premium quotes, claims, and other questions.

## Additional Short-Term Disability Coverage

Airgas short-term disability (STD) coverage provides a basic level of income replacement (see page 19 for details) when you're unable to work. Depending on your financial situation, you may need additional income to bridge the gap until you can return to work. The Voluntary Income Protection (VIP) Plan pays a disability benefit in addition to your Airgas STD coverage.

Employees can choose a seven- or 14-day waiting period for benefits to begin. The 14-day option has a lower cost than the seven-day option since benefits will begin later. Benefits begin on the eighth or 15th calendar day of the disability. Plan features include:

- Coverage for eligible employees ages 17–68 who are actively at work. Employees who are already enrolled in the plan do not need to re-enroll unless they are making a change.
- Up to 75% of income (benefits base salary) replacement (40% for state disability plans), from \$400 to \$5,000 of additional disability coverage. It does not offset your Airgas or state disability benefits.

- A discounted rate starting at \$2.83 per week for employees under age 50 and \$3.77 per week for ages 50–69 provides \$400 of additional monthly coverage. Customize the amount you need to protect your income.
- After-tax payroll deduction, which means benefits are tax-free when received as disability income.
- Premiums that don't increase each year with age. If you currently carry supplemental STD through another vendor, such as AFLAC, you may not have this feature.
- Coverage that begins the first of the month when your payroll deductions begin.
- Portability. You can take it with you if you leave the company. The premiums remain the same.

### To learn more about the plan:

- Review the Frequently Asked Questions flyer included with this guide.
- Call Total Package Partners (TPP) at **1-877-236-2667**.
- Send an email to [info@totalpackagepartners.com](mailto:info@totalpackagepartners.com).

### To enroll in the plan:

- Call TPP at **1-877-236-2667** to apply over the phone. No paperwork is typically necessary.
- Be sure to have your PIN code ready when you call. Watch for an email or postcard with your PIN coming to your home in early November.



