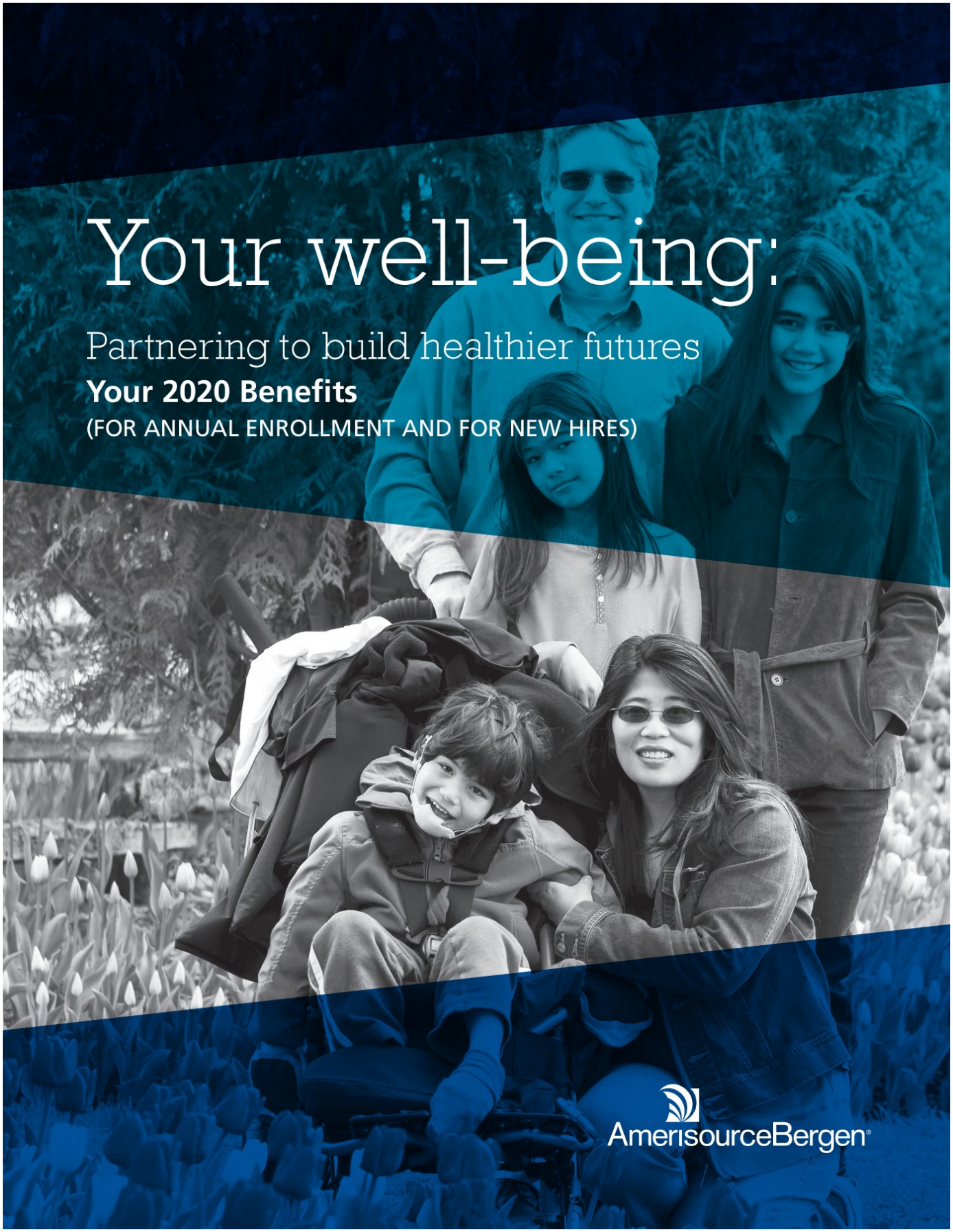

Your well-being:
Partnering to build healthier futures
Your 2020 Benefits
(FOR ANNUAL ENROLLMENT AND FOR NEW HIRES)
AmerisourceBergen®

Table of Contents

Using this Guide

This guide will help you understand your benefit options so you can start thinking about the plans that best support your overall health and well-being.

IMPORTANT!
If you want to be covered during 2020 in medical and/or flexible spending accounts, you must enroll within the allowed enrollment period. If you do not take action, you will be defaulted to "no medical coverage".

Top 6 Things to do to Enroll in Benefits

1. **Certify your tobacco use status** – and have your spouse/domestic partner do the same.*
2. **Make your medical plan election** – You must take action during the enrollment period, if you want to have medical coverage through AmerisourceBergen.**
3. **For your medical coverage, consider enrolling in the $1,500 Deductible Plan or $2,850 Deductible Plan** – you could end up paying less for healthcare than in other plans.
4. **Verify your dependents are enrolled** in the coverage(s) you want them to be in.***
5. **Make your Health Savings Account, Flexible Spending Account and Commuter Account elections** – if you are currently enrolled in these, your current elections will not roll over.
6. **Review your confirmation** and print a copy for your records.

*Applies to Open Enrollment period only.

**If you are hired or have an IRS Qualifying Life Event (such as birth or marriage) or status change (such as a rehire) late in the year, you may need to enroll for both 2020 and 2021 benefits. Contact the Mercer Marketplace Benefits Center for guidance.

***You must submit dependent verification documentation to the Mercer Marketplace Benefits Center within 60 days of the date you make your benefit election. Verification documentation is required for all newly added dependents to prove their eligibility.

If supporting documentation is not received or the documentation is not sufficient, your dependents will NOT have benefit coverage. Locate the Dependent Verification Documentation Form and Instructions in the Mercer Marketplace Document Center.

Eligibility

Associate Eligibility

You are eligible for most AmerisourceBergen Health and Welfare benefit programs as follows:

- The first day of the month following completion of 30 days of continuous, full-time, active employment (regularly scheduled to work 30 hours or more weekly), or
- The date you transfer from part-time to full-time employment, assuming you have already completed 30 days of service. Otherwise, the date following the completion of the service requirement, or
- Immediately upon your rehire date, if recalled from layoff within one year, or if rehired within 13 weeks of your termination date or
- If as a part-time associate, you have worked an average of 30 hours or more during a set 12-month measurement period, as determined by the Affordable Care Act (ACA). Part-time associates who are eligible for benefits based on ACA regulations will be notified by Mercer Marketplace.

Please note: If you move from full-time to part-time employment status you may continue to be eligible for medical/Rx coverage due to ACA rules. You may elect to drop medical coverage within 31 days of your change to part-time employment. Contact the myHR service center to obtain the required authorization form to complete.

Newly eligible associates must enroll in or waive benefits within the first 31 calendar days of employment or a status change. Eligibility and benefits may differ for associates covered under collective bargaining agreements.

Eligible Dependents

You may cover the following dependents under your AmerisourceBergen Health and Welfare benefit programs:

- Your legally recognized spouse, including your same-gender spouse married to you under the laws of any state or foreign jurisdiction. Common law spouse, where allowable, requires notarized affidavit.
- Your qualified same-gender or opposite-gender domestic partner. Requires notarized affidavit.
- Your child(ren) up to age 26 as defined herein.

Your dependents can only be enrolled in the same plans you choose for yourself. Verification of dependent eligibility is required. Review the listing of "Acceptable Dependent Documentation" on the **myHR Portal** or the Document Center on Mercer Marketplace for details.

Your dependents' eligibility must be verified. Acceptable verification documentation must be submitted to Mercer Marketplace using the Dependent Verification Form found in the Mercer Document Center. Dependents who are not **verified within the time allowed, will not have coverage.**

- Dependents, newly added or re-added during the Open Enrollment period, must be verified by November 27, 2019 to receive their medical ID card in December. The final deadline to verify dependents added during open enrollment is December 15, 2019.
- Dependents of newly eligible employees and those experiencing an IRS Qualifying Life Event during the plan year, must be verified within 60 days of the election date.

Domestic partner is defined as a person who meets all of the following requirements:
(Please note — special federal tax rules apply to benefits provided to domestic partners and dependent children of domestic partners that will be reported on your paystub as imputed income.)

- Is 18 years of age or older and is competent to consent to a contract.
- Is not married and is not the domestic partner of anyone other than the associate.
- Is not related by blood to the associate in any way that would prohibit marriage in their state of residence.
- Shares a principal place of residence with the associate for at least six months and intends to do so indefinitely.
- Has mutually agreed with the associate to be jointly responsible for each other's common welfare and basic living expenses.
- Is registered together with the associate as a domestic partner in those municipalities and/or states where domestic partner registries exist.

Child(ren) is (are) defined as:

- "Child" under Internal Revenue Code 152(f), including a son, daughter, stepson, stepdaughter, legally adopted individual, or one who is lawfully placed with you under your legal guardianship or for legal adoption, or any eligible foster child up to age 26. Please note exclusions detailed below.
- Children or stepchildren of your covered domestic partner up to age 26.
- A dependent child age 26 or over who is mentally or physically handicapped (and whose disability occurred prior to age 26), as determined by the Social Security Administration, and who is incapable of engaging in self-sustaining employment due to his or her incapacity. Approval of incapacitated status is required from the medical or life insurance carrier. Incapacitated dependent applications are located in the Document Center on Mercer Marketplace.
- Any child who is the subject of a Qualified Medical Child Support Order (QMCSO), as verified by AmerisourceBergen.

Excluded From Dependent Eligibility

No person may be covered as both an associate and a dependent. No person may be covered as a dependent of more than one associate. Former spouses, parents, step-parents, grandparents, siblings and other relatives are not eligible for coverage.

- Any person who is in full-time military service cannot be a dependent under the plan.
- No spouse, domestic partner, or child, who reside outside of the United States, may be covered.
- A dependent, who is not verified with Mercer Marketplace within the allotted timeframe, will not be eligible for coverage.

New Dependent?

Congratulations! You must access the Mercer Marketplace Benefits enrollment system during the 31-day period commencing on the birth, adoption or surrogacy placement of a child, to initiate the Life Event to add the child to benefits coverage. Failure to do so will result in no benefits coverage for that child. This applies even if you already have family medical coverage. Supporting documentation for the birth or adoption must be submitted to Mercer Marketplace within 60 days of the date you make your election. We cannot grant exceptions to this IRS rule. You do not need the Social Security number to add your dependent to coverage; however, you should add it to your benefits record as soon as it is issued.

It is your responsibility to monitor your dependents' eligibility. When anyone you are including on your benefits no longer qualifies as a dependent as defined above, you must access the enrollment system within 31 days of the event date and adjust your benefits accordingly. Payroll contributions are adjusted in the first pay cycle following the approval of the Life Event. Refunds are not issued due to delays in submission of approval documents. Periodic audits are performed to confirm dependent eligibility.

Dual Coverage

If you are married to another AmerisourceBergen associate, both you and your spouse should consider enrolling in the "associate only" coverage level as it is typically less expensive.

Important: Both of you cannot enroll and claim the other as a dependent. Either, but not both, of you can cover your eligible children under medical, dental, vision, Supplemental AD&D and Child Life. Payroll contributions will not be refunded if adjustments are needed to correct any dual enrollment elections.

Eligible children covered under both parents' coverage (AmerisourceBergen and non-AmerisourceBergen) must follow the birthday rule. The health plan of the parent whose birthday comes first in the calendar year is designated as the primary plan. If both parents happen to have the same birthday, the plan that has covered a parent longer pays first.

If you are enrolled in AmerisourceBergen's medical coverage, as well as Medicare, the AmerisourceBergen plan is your primary insurance only while you are actively employed. Make sure you sign up for Medicare as soon as you are eligible.

The AmerisourceBergen plans follow the maintenance of benefits approach. The maintenance of benefits is a cooperative claim payment between two or more insurance carriers that applies when a member is covered under more than one plan. Under the maintenance of benefits approach, there will not be any reimbursement from the secondary plan if the primary plan pays more for the same service. However, if the primary plan pays less than the secondary plan for the same service, the secondary plan will reimburse up to what the secondary plan would have paid, if primary. After the primary carrier provides benefits, a copy of the Explanation of Benefits form showing the benefits provided by the primary should be filed with a claim form to the secondary carrier. If the Explanation of Benefits form from the primary carrier is not included, a delay in claims processing will occur.

Spousal Surcharge

Associates may cover a spouse or qualified same-gender or opposite-gender domestic partner in any of the AmerisourceBergen plans, either at the "associate + spouse" or "family" coverage level. However, if your covered spouse or domestic partner is employed and is eligible for coverage through his or her own employer, you will be required to pay an additional $100 per month surcharge to cover him or her under the AmerisourceBergen medical plan. The surcharge applies regardless of the cost or coverage that is offered under your spouse or domestic partner's plan. The surcharge does not apply if your spouse or domestic partner is also an ABC associate.

Shopping for Your Benefits

Being a smart healthcare consumer means making sure you know what you're getting and what it's going to cost you. That's why our enrollment website is set up like an online benefits store. You can easily view the coverage details and costs for each plan before deciding what to put in your shopping cart. When you check out, you'll have a chance to review your selections and see your total cost. It's that simple. Your selection of benefit options includes:

Medical Plans — Choose from a range of coverage levels, costs and insurance carriers, plus save on healthcare expenses by contributing to one or more tax-free accounts such as a Health Savings Account (HSA) or Flexible Spending Accounts (FSAs). Check out page 12 to learn about our medical plan lineup for 2020.

Supplemental medical insurance — Protect you and your eligible dependents from the cost of an accident, hospital stay, or critical illness.

Health Savings Account (HSA) — Enrolling in an HSA-eligible medical plan allows you to make tax-free contributions into an account that you can use to pay your healthcare expenses now or in the future. You own the HSA, so it's yours to keep when you retire or leave the company. Elect to contribute $75 or more annually and receive the ABC Company contribution as well! Refer to page 22 to learn about the ABC HSA contributions.

Flexible Spending Accounts (FSAs) — Save on taxes by contributing to an account to cover eligible, out of pocket healthcare and/or dependent care expenses.

Dental and Vision Plans — Select dental and vision coverage to meet your individual or family needs.

Life Insurance — Life is unpredictable. Protect your family's finances with a range of life/AD&D coverage options.

Disability Insurance — Protects your paycheck with salary continuation for qualifying illnesses and injuries. Also consider electing Supplemental Long-Term Disability for additional coverage.

More Benefits — Find additional benefits, including auto and home owner's insurance, a legal plan, identity theft protection and pet insurance.

Well-being Resources

An important component of our approach to benefits is our commitment to supporting your wellness. To help you live a healthy life, we offer a wellness initiative with an emphasis on taking personal accountability for the decisions you make about your health and your healthcare.

Tobacco Cessation Program

As part of our wellbeing initiative, we offer covered associates and spouses/domestic partners a tobacco cessation program. During Open Enrollment **each year**, you and your covered spouse/domestic partner will be asked to declare your tobacco-user status:

- Tobacco usage is defined as the use of cigarettes, cigars, pipes, snuff, vaporizers (vape), e-cigarettes, and chewing tobacco and any other type of smokeless tobacco.
- A non-tobacco user is defined as someone who has not used the above products within three months prior to the Open Enrollment start date.

Associates who participate in the 2020 Open Enrollment (Oct 31-Nov 14, 2019) will be asked to complete the tobacco-use survey questions.

Those who do not participate in the 2020 Open Enrollment period will not have the option of participating in the tobacco cessation program in 2020; however, they may utilize tobacco cessation resources available through Carebridge and/or their medical carriers.

If you and/or your spouse/domestic partner attest to being a tobacco user during Open Enrollment, either or both of you will have the opportunity to enroll in the tobacco cessation program. You will be contacted after the start of the plan year with enrollment instructions. Complete the program by May 31 of the following year to maintain the non-tobacco-user rate. If you choose not to participate or do not complete the program by May 31, an additional tobacco premium will apply to your medical coverage from July 1 through December 31, equal to:

- $75 per month for you*
- $50 per month for your spouse/domestic partner
- $125 per month if you both use tobacco and neither of you complete the tobacco cessation program

*Hawaii associates may utilize the tobacco cessation program but are not subject to the tobacco user charge. HI spouses/domestic partners that attest to being a tobacco user and who do not complete the program are subject to the tobacco-user premium.

myWellbeing and Sharecare

AmerisourceBergen is partnering with Sharecare to offer myWellbeing, a program focused on the physical, emotional, financial and social aspects of wellness. The Sharecare platform features The RealAge program, green days and a customized newsfeed. All associates are eligible to participate in myWellbeing but only associates enrolled in Blue Cross Blue Shield or Aetna medical plans can earn a premium reduction on their future medical contributions. Associates earn points by completing a required number of activities which include monthly challenges and getting preventive exams and screenings.

Livongo

Livongo is a diabetes management partner. Associates and their dependents over age 13, who are enrolled in Blue Cross Blue Shield or Aetna, can register with Livongo to receive a free wireless enabled blood glucometer, free test strips and lancets to help manage their diabetes. Associates will also have 24/7 access to medical professionals to contact for support.

Wellbeing Resources – Fitness Discounts, Health Coaching and More

All our medical vendors offer programs designed to help you and your covered dependents attain a healthier lifestyle. Some of the programs include discounts on gym memberships and fitness equipment, tips on healthy eating and maternity programs.

Log in to your medical carrier's online account to view all programs and resources available to you.

Wellbeing Resources – Active & Fit Direct

The Active&Fit Direct program allows associates to choose from more than 10,000 participating fitness centers nationwide for $25 a month (plus a $25 enrollment fee and applicable taxes).

Life Resources Partner – Carebridge

AmerisourceBergen partners with Carebridge Corporation to provide Life Resources at no cost to associates. Carebridge's Life Resources offer associates and their dependents confidential guidance, resources and referrals leading to real life solutions.

You and your eligible dependents are entitled to six free counseling visits per occurrence, per year. This service is available for up to 90-days following retirement/termination of employment.

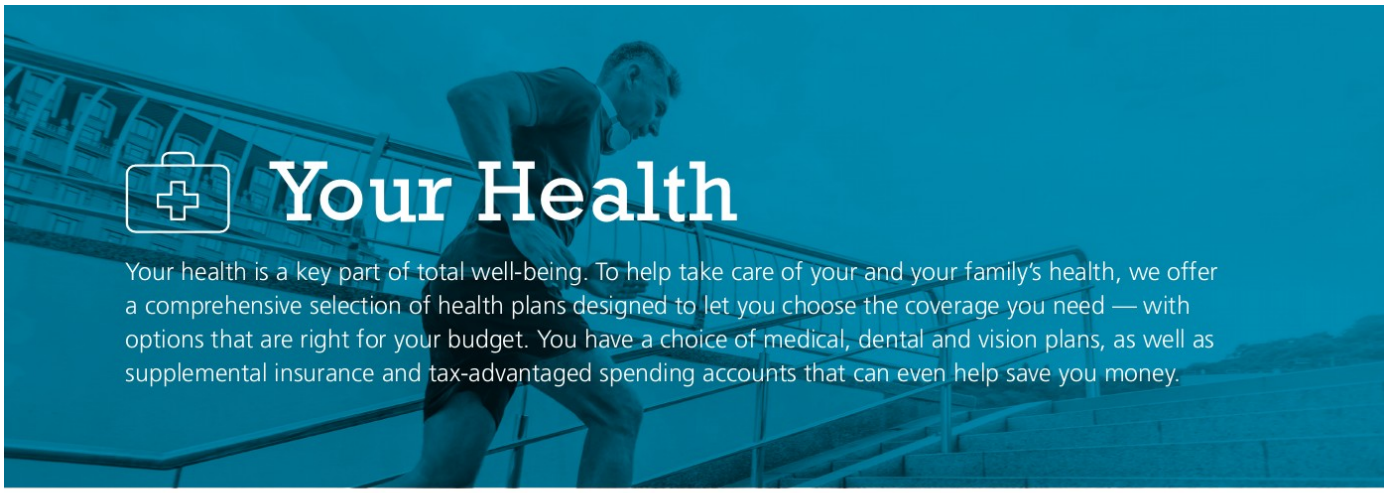
Other available resources include:

Stress management	**Anxiety & depression**	**Child care**
Financial pressures	**Substance abuse support**	**Education planning**
Pet services	**Relocation**	**Online shopper's discount program**

To contact Carebridge, call 800.437.0911 or visit www.myliferesource.com (code C86TT).

Financial Resources

Finances are an essential part of well-being and worries about money are a key stress factor for many people. Employees are working longer, living longer and should be sure to contribute to the ABC 401(k) plan to help save for a secure retirement. See details about our 401(k) plan on page 37. You may also take advantage of Fidelity's resource center at **www.401k.com** for retirement tools & savings calculators, assistance in budgeting & handling debt, suggestions on how to choose investment options, and a Library of Resources to get you on your way to Financial Well-being.



Your Health

Your health is a key part of total well-being. To help take care of your and your family's health, we offer a comprehensive selection of health plans designed to let you choose the coverage you need — with options that are right for your budget. You have a choice of medical, dental and vision plans, as well as supplemental insurance and tax-advantaged spending accounts that can even help save you money.

Medical

Medical coverage offers valuable benefits to help you stay healthy and pay for care if you or your covered family members become sick or injured. The medical plans available to you include a range of coverage levels and costs, giving you the flexibility to select the plan that is right for you.

Start with traditional coverage:	Then, you may choose to add:
Medical plans Select coverage that meets your needs. When enrolling in one of these plans, you'll also have a choice of insurance carriers.	**Supplemental medical plans** These plans supplement your medical plan to protect you from significant or unexpected out-of-pocket expenses. On their own, they don't provide the level of medical coverage needed to meet healthcare reform requirements.
Choose from: • Two PPO Plans – $400 or $900 Deductible • Two HSA High Deductible Plans – $1,500 or $2,850 Deductible	**Choose from:** • Accident Insurance • Critical Illness Insurance • Hospital Indemnity Insurance

Make Sure You Get the Coverage You Want

Remember, if you do not actively enroll in medical coverage during Open Enrollment or within 31 days of your hire date or qualifying life event, you will **NOT** receive medical coverage and your dependents (if applicable) will not be covered either. Make sure to take appropriate action within the timeframe that applies to your situation.

Your Medical Plan Options

You will have a choice of Aetna or Blue Cross Blue Shield (BCBS) for your medical plan. When you select a plan, you must also select which insurance company you want to administer your plan.

Associates in California are also eligible to enroll in an HMO plan and an HSA compatible high-deductible plan, offered through Kaiser. Hawaii associate(s) will be offered coverage through HMSA.

$400 Deductible Plan | $900 Deductible Plan

These options are traditional Preferred Provider Organization (PPO) plans. You pay for the cost of your care until you reach the individual or family plan deductible, then the plan begins sharing the cost of covered services. The out-of-pocket maximum limits the amount you'll have to pay in a single year.

Compatible with: Healthcare Flexible Spending Account (FSA)

$1,500 Deductible Plan | $2,850 Deductible Plan

The $1,500 and $2,850 Deductible Plans are designed to encourage you to learn about your treatment options and the cost implications of your choices. These plans offer you the ability to open a tax-free Health Savings Account (HSA) so you can budget for and manage your out-of-pocket costs, while saving on income taxes. Money in your HSA can be carried forward from year to year and is always yours to keep.

The $1,500 Deductible and $2,850 Deductible Plans differ in the following way if you have family coverage:

- With the $1,500 Deductible Plan, the entire family deductible must be met, by one or more family members, before benefits will be paid.
- With the $2,850 Deductible Plan, individuals must meet the individual deductible; however, once the family deductible is met, all family members will be considered as having met the deductible for the remainder of the calendar year.

Compatible with: Health Savings Account (HSA) and Limited Purpose FSA

Consider: If you enroll in the $1,500 Deductible or $2,850 Deductible Plans and contribute $75 or more to the HSA, you'll receive a company contribution to your HSA. See page 22 to learn more.

Plan Features

All ABC medical plans include:

1. **Free in-network preventive care.** Services like annual physicals, immunizations and routine cancer screenings are fully covered at 100%.
2. **Annual deductible.** You pay your initial medical and prescription drug costs until you meet your annual deductible.
3. **Coinsurance.** Once the deductible is met, you and the plan share a percentage of further health expenses until you meet your out-of-pocket maximum.
4. **Out-of-pocket maximum.** The plan protects you by capping the total amount you'll pay each year for medical care. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible healthcare expenses for the rest of the year.

Transition of Care

If you are undergoing treatment for a diagnosed medical condition, such as pregnancy or chemotherapy, and your medical care providers are not part of the network you choose for your new medical coverage, you may want to apply for Transition of Care coverage (ToC). Complete Blue Cross Blue Shield's or Aetna's Transition of Care application. ToC forms are available on myHR or in the forms section of the Mercer Marketplace.

Which Carrier is Right for You?

When choosing an insurance carrier for your medical plan, consider things like:

- Is there a Favored Medical Vendor for your state?
- Are your current providers in network?
- Which carrier offers the best pricing for services you know you will need?
- What additional resources and programs do the carriers offer?

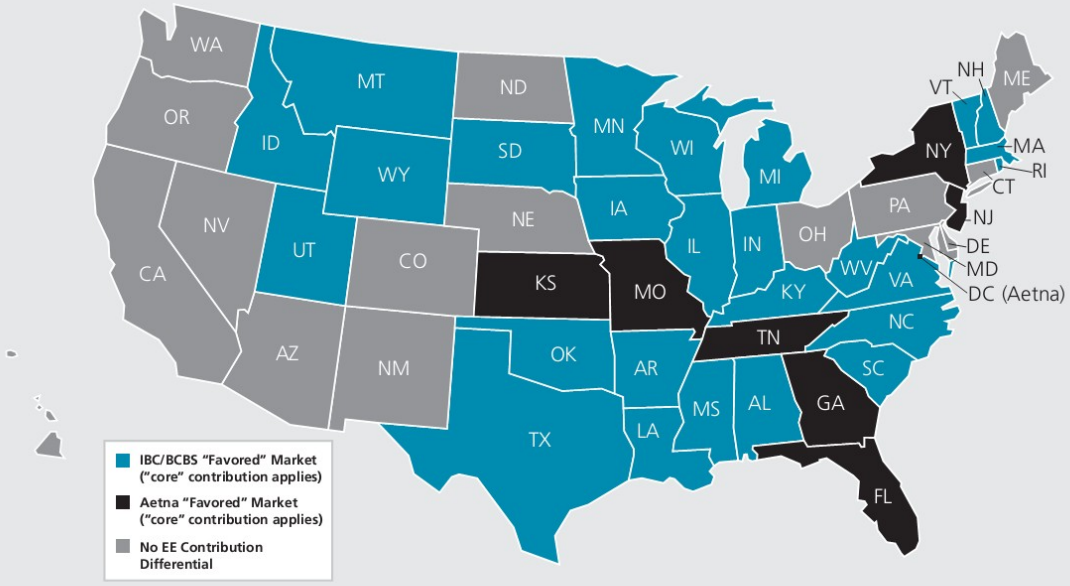
Researching Providers and Hospitals Is Easy

- For Aetna, use the DocFind® search tool at **www.aetna.com/docfind** to check and see if your provider participates in Aetna's Choice POS II network.
- For BCBS, go to **www.mybenefitshome.com** to check if your provider participates in the Blue Cross Blue Shield PPO plan.

Or, call a licensed benefits specialist for help at 844.344.8831 between 8 am and 10 pm ET, Monday through Friday. During Open Enrollment, the Benefits Center will also be open Saturdays 9 am to 1 pm ET.

Change of favored medical carrier in Florida and New York

Effective January 1, 2020, Aetna will be the new favored medical plan carrier for associates living in Florida and New York. If you reside in FL or NY and were covered under BCBS in 2019, you may want to consider the cost savings of switching to Aetna as your medical carrier during Open Enrollment. Be sure to check whether your medical provider is in Aetna's Choice POS II network. If you are in the middle of a treatment regimen and your doctor or facility is not part of Aetna's network, you may complete a Transition of Care (ToC) application that, when approved, allows you to complete your current treatment at in-network coverage levels.



What Will You Pay?

AmerisourceBergen provides coverage options that are affordable for associates. Your contribution is based on the value of the plan and coverage level you select. Coverage levels include the following:

- Associate only
- Associate plus spouse/domestic partner
- Associate plus child or children
- Associate plus family (including spouse/domestic partner)

Important Information to Know About Your Premiums

- The "associate plus child or children" tier reflects the reduced costs of covering children vs. an adult.
- AmerisourceBergen has four salary-based medical premiums as outlined below:

Under $60,000	$60,000 to $99,999	$100,000 to $149,999	Over $150,000

- You can see what your paycheck deductions will be for each medical plan option using the interactive calculator **(https://www.mercerhrs.com/amerisource_payroll_calculator_2020)**
- Commissioned employees' medical premiums are based on an Annual Benefits Base Rate (ABBR). As a new hire, ABBR is your base pay however in subsequent years, ABBR is your base pay and commission earnings from October 1 of a given year to September 30 of the following year. This amount is used to determine the threshold for medical contributions (across the four salary tiers) as well as the coverage for life insurance, AD&D and disability.
- Non-commissioned employees' salary tier (and corresponding premiums) for 2020 are based on base pay as of September 30.
- Benefit contributions are deducted on a bi-weekly basis. Unlike time worked, which is paid in arrears, deductions are taken for the current time period. For example, if you are hired on 4/1/2020, your benefits become effective 5/1/2020. The first pay date of May is 5/1/20, therefore your health and welfare premiums will begin in your 5/1/20 pay.

There are instances where your premium may be higher. Those instances include:

- If you and/or your covered spouse/domestic partner attest to using tobacco and don't complete the tobacco cessation program requirements by May 31, (additional $75 per month for you/$50 per month for your spouse/domestic partner).
- If your covered spouse/domestic partner has access to coverage through another employer (additional $100 per month). This does not apply if both spouses/partners are AmerisourceBergen associates.
- You choose not to take advantage of the favored medical vendor in your state.

In compliance with Section 125 of the Internal Revenue Service (IRS) Code, the benefit elections you make can only be changed during the calendar year if you have an IRS Qualifying Life Event. Qualifying Life Events include, but are not limited to, the following:

- Employee or eligible dependent(s) gain or loss of other coverage
- A significant change in the cost of benefit premium (20% or more) for you or your eligible dependent(s)
- A change in your marital status through marriage, divorce, death of a spouse/domestic partner, legal separation or annulment
- The birth, adoption, placement for adoption or attainment of legal guardianship of an eligible dependent child(ren)

Newly Eligible Dependent and Life Events: Proper verification documentation is required. See details under the Eligible Dependents section of this guide.

If you or your eligible dependent(s) experience a Qualifying Life Event:

- Visit **www.mercermarketplace.com/ABCBenefits** OR call **844.344.8831** within 31 days of the Qualifying Life Event to make the applicable change elections.
- If you are adding dependents for the first time, proof of eligibility documentation is required for any dependents that you wish to cover.
- You have 60 days from the date you entered the life event to provide supporting documentation to Mercer Marketplace. Contact a representative at **844.344.8831** if you need assistance. If sufficient documentation is not received, the Life Event changes will be cancelled and/or the dependents will be removed from coverage.
- Payroll contributions are adjusted in the first pay cycle following the approval of the Life Event. Refunds are not issued due to delays in submission of appropriate documentation.

Medical ID Cards: You will only receive new medical ID cards if you change your carrier, coverage level or dependents.

Compare the Medical Plans

Aetna and Blue Cross Blue Shield Medical Plans

	$400 Deductible Plan	$900 Deductible Plan	$1,500 Deductible Plan	$2,850 Deductible Plan
HSA Eligible	No	No	Yes	Yes
Annual Company HSA Contribution Individual/ Family (Requires an associate contribution of $75 or more annually.)	N/A	N/A	$480/$960*	$960/$1,920*
Preventive Doctor's Visit	Covered at 100% in-network**			
In-Network				
Individual/Family Deductible	$400/$800	$900/$1,800	$1,500/$3,000***	$2,850/$5,700
Individual/Family Out-of-Pocket Max	$2,200/$4,400	$4,400/$8,800	$5,200/$6,850***	$6,550/$13,100
Plan Coinsurance	Plan pays 80%	Plan pays 80%	Plan pays 80%	Plan pays 70%
Office Visit (Primary care/Specialist)	$20/$40 copay****	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
ER Visit	Plan pays 80% after $150 copay	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Urgent Care	$50	Teladoc: $40 per consultation (pre-deductible); 20% of consultation fee after deductible is met	Teladoc: $40 per consultation (pre-deductible); 20% of consultation fee after deductible is met	Teladoc: $40 per consultation (pre-deductible); 20% of consultation fee after deductible is met
Teladoc	$20			
Retail Prescriptions (30-day supply)				
Tier 1 Generic	$10 copay****	Plan pays 70% You pay min $10/max $20	Plan pays 80% after deductible; no Deductible for preventive maintenance medications	Plan pays 70% after deductible; no Deductible for preventive maintenance medications
Tier 2 Formulary	$30 copay****	Plan pays 70% You pay min $25/max $50)****		
Tier 3 Non-formulary	$60 copay****	Plan pays 70% You pay min $50/max $80)****		
Retail 90-day supply) – only at Walgreens or *Good Neighbor Pharmacy**				
Tier 1 Generic	$25 copay****	Plan pays 70% You pay min $25/max $50)****	Plan pays 80% after deductible; no deductible for preventive maintenance medications	Plan pays 70% after deductible; no deductible for preventive maintenance medications
Tier 2 Formulary	$75 copay****	Plan pays 70% You pay min $62.50/max $125)****		
Tier 3 Non-formulary	$150 copay****	Plan pays 70% You pay min $100/max $200)****		

* Pro-rated for enrollments after 1/1

** If you see an out-of-network provider you will have a higher deductible and out-of-pocket maximums and lower coinsurance than shown here.

*** For associate + one or more dependents coverages, entire family deductible must be met before coinsurance begins for any family member, and entire out-of-pocket maximum must be met before benefits will be paid in full for any family member.

**** Deductible does not apply.

Kaiser

Available only to California associates. Once one covered family meets the individual out-of-pocket maximum, the plan pays covered benefits in full for that individual.

	$2,850 High Deductible Plan**	HMO
HSA Eligible	Yes	No
Annual Company HSA Contribution Individual/Family (Requires an associate contribution of $75 or more annually.)	$960/$1,920*	N/A
Preventive Doctor's Visit	Covered at 100%	
In-Network		
Individual/Family Deductible	$2,850/$5,700	$500/$1,000
Individual/Family Out-of-Pocket Max	$6,550/$13,100	$1,500/$3,000
Plan Coinsurance	Plan pays 70% after deductible	Plan pays 90%
Office Visit Primary care/Specialist	Plan pays 70% after deductible	$25/$40 copay
Urgent Care	Plan pays 70% after deductible	$75 copay
Emergency Room	Plan pays 70% after deductible	$150 copay
Retail Prescriptions (30-day supply)		
Tier 1 (generic)	Plan pays 70% after deductible with a $50 max (generic drugs) or $100 max for a brand drug)	$10 copay
Tier 2 (formulary)		$30 copay
Tier 3 (non-formulary)		$50 copay
Mail Order (90-day supply)		
Tier 1 (generic)	Plan pays 70% after deductible with a $50 max (generic drugs) or $100 max for a brand drug)	$25 copay
Tier 2 (formulary)		$75 copay
Tier 3 (non-formulary)		$125 copay

* Pro-rated for enrollments after 1/1

** Plan does not provide benefits for out-of-network care except for emergency room visits which require 30% coinsurance.

*** Plan does not provide benefits for out-of-network care except for emergency room visits which require $50 copay.

HMSA

HMSA is only available to Hawaii associates.

	Preferred Provider Plan*	Health Plan Hawaii Plus**
HSA Eligible	No	No
Preventive Doctor's Visit	Covered at 100%	
In-Network		
Individual/Family Deductible	$0 / $0	$0 / $0
Individual/Family Out-of-Pocket Max	$2,500/$7,500 (medical) $3,600/$4,200 (pharmacy)	$2,500/$7,500 (medical) $3,600/$4,200 (pharmacy)
Plan Coinsurance	Plan pays 90% inpatient/ 80% outpatient	Plan pays 90% inpatient/ 80% outpatient
Office Visit	$12 copay	$20 copay
Urgent Care	$12 copay	$20 copay
Emergency Room	80% after deductible	$100 copay
Retail Prescriptions (30-day supply)		
Tier 1 (generic)	$7 copay	$7 copay
Tier 2 (formulary)	$30 copay	$30 copay
Tier 3 (nonformulary)	$75 copay	$75 copay
Mail Order (90-day supply)		
Tier 1 (generic)	$11 copay	$11 copay
Tier 2 (formulary)	$65 copay	$65 copay
Tier 3 (nonformulary)	$200 copay	$200 copay

*If you see an out-of-network provider, you will have a higher deductible and out-of-pocket maximums and lower coinsurance than shown here.

**Plan does not provide benefits for out-of-network care, except emergency room visits have a $100 copay.

Additional Medical Coverages

To support the needs of those on the autism spectrum; we are pleased to provide **Applied Behavior Analysis Therapy** coverage on all our medical plan offerings as of January 2020!

Bariatric surgery must be performed at a Center of Excellence under the Aetna & BCBS medical plans:

- You are required to use a Center of Excellence (COE) for bariatric surgery, identified by your medical carrier.
- These COEs are recognized for better outcomes, promoting quicker recovery times and helping manage costs more effectively.
- If a COE is not available in your area*, the medical plan will reimburse up to $10,000 in travel costs for the patient and one family member.
- If you use a non-COE provider, your procedure will not be covered.
- You can find a list of COEs using the provider directory on your carrier's member website.

Transplants performed at a Center of Excellence under the Aetna & BCBS medical plans are fully covered:

- If you or a covered family member need a transplant and use a Transplant Center of Excellence (COE), the cost will be fully covered by the plan once co-pay and deductible is applied. In other words, co-insurance does not apply!
- If you use a non-COE provider, your coverage will be based on your specific plan provisions for in-network or out of network.
- If a COE is not available in your area*, the medical plan will reimburse up to $10,000 in travel costs for the patient and one family member.
- You can find a list of COEs using the provider directory on your carrier's member website.

*Area is defined within 50 miles of your home address.

How to find a list of COEs for Bariatric Surgery and Transplants:

For Aetna Plans

- Go online and access **www.aetna.com** and click "Find a Provider"
- Go to "Hospitals & Facilities" and then click "Hospitals"
- Filter by "Specialized Training & Programs"
- Chose the specific type of COE, i.e., for Bariatric or Transplant Facilities

For BCBS Plans

- Visit **https://www.mybenefitshome.com/find-a-doctor**
- Scroll to bottom of landing page, under "Find Top-Quality Specialty Care" click "Search Blue Distinction Centers"

BCBS members residing in PA/NC/SC/TX – You may be eligible for discounted claim expenses and/or additional services if you participate in the ABC Opioid Awareness Pilot Program following bariatric surgery, cardiac procedures, caesarean section and/or for musculoskeletal conditions. If you, or a covered dependent, reside in PA/NC/SC/TX and have questions about this program, please contact a Blue Cross Blue Shield Customer Care Advocacy Nurse at 855.358.3637.

A Closer Look at the HSA

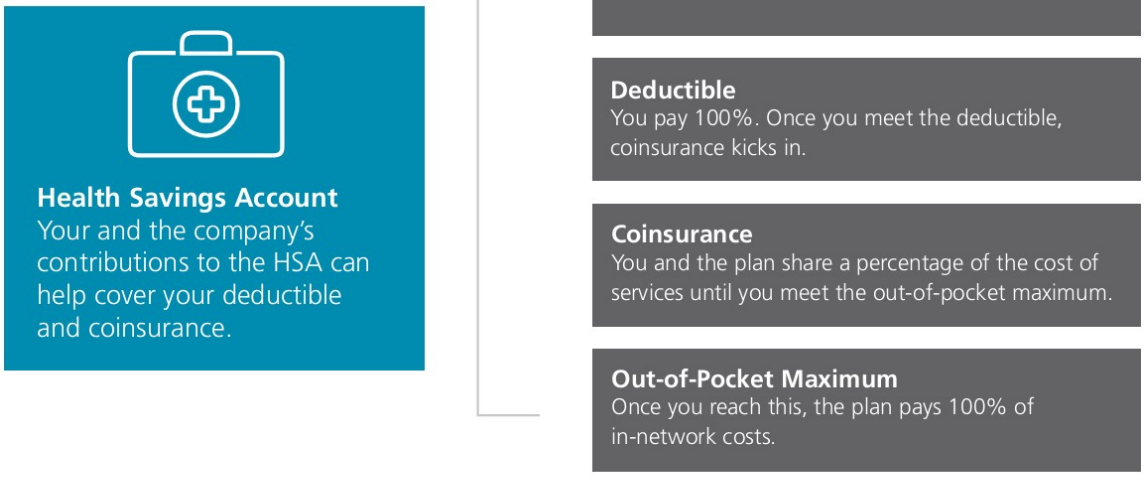
Features of a Health Savings Account

- **You can save.** You decide how much to save and can change that amount at any time. Contribute up to the annual 2020 IRS limit of $3,550 for individual or $7,100 for family coverage. Note: your annual contribution limit is reduced by any contribution you receive from AmerisourceBergen. Associates age 55 and older are allowed to make additional contributions of up to $1,000.
- **Works like a bank account.** Pay for eligible healthcare expenses with your debit card when you receive care or reimburse yourself for payments you've made (up to the available balance in the account).
- **Never pay taxes.** Contributions are made from your paycheck on a before-tax basis, and the money won't be taxed when used for eligible expenses.
- **It's your money.** Unused money can be carried over each year and invested for the future — you can even take it with you if you leave the company.
- **Can also be paired with a Limited Purpose Flexible Spending Account (FSA).** Combine the two accounts for additional tax savings. Only dental and vision expenses can be paid from the Limited Purpose FSA until the IRS statutory deductible is met, then eligible medical expenses are also allowed.

How Do You Pay For Medical Care With an HSA?

You can use your HSA to pay for your share of eligible healthcare expenses – now and in the future.

Here's how it works:



Savings Opportunity! AmerisourceBergen Contributes to your HSA

With the **$1,500 Deductible** and the **$2,850 Deductible** Plans, you're eligible to open and contribute money to an HSA through Discovery Benefits. The HSA is a tax-advantaged savings account you can use to help cover the cost of your eligible healthcare expenses now and in future years, including in retirement.

If you elect to contribute to the HSA and complete the process to verify and open an account with a contribution of at least $75 per year, AmerisourceBergen will contribute money to your HSA annually, in one lump-sum payment.

Contribution Amounts for 2020

Effective January 2020, all associates contributing $75 or more to their HSA account will receive a company HSA contribution based upon the table below.

If you elect during OE:	Individual Coverage	All Other Coverages
$1,500 Deductible Plan	$480 will be added to your account	$960 will be added to your account
$2,850 Deductible Plan	$960 will be added to your account	$1,920 will be added to your account

If you enroll or start contributing after January 1, 2020, the AmerisourceBergen's contribution to your HSA will be prorated according to the following schedule:

Benefits Eligibility Date	Contribution Amounts for Associates Earning Less Than $100,000				Approximate Contribution Date
	$1,500 Deductible Plan		$2,850 Deductible Plan		
	Individual Coverage	All Other Coverages	Individual Coverage	All Other Coverages	
Jan 1	$480	$960	$960	$1,920	
Feb 1	$440	$880	$880	$1,760	**Feb 15**
Mar 1	$400	$800	$800	$1,600	**Mar 15**
Apr 1	$360	$720	$720	$1,440	**Apr 15**
May 1	$320	$640	$640	$1,280	**May 15**
Jun 1	$280	$560	$560	$1,120	**Jun 15**
July 1	$240	$480	$480	$960	**July 15**
Aug 1	$200	$400	$400	$800	**Aug 15**
Sep 1	$160	$320	$320	$640	**Sep 15**
Oct 1	$120	$240	$240	$480	**Oct 15**
Nov 1	$80	$160	$160	$320	**Nov 15**
Dec 1	$40	$80	$80	$160	**Dec 15**

If you have a qualifying life event during 2020 and change coverage or tiers, your company contribution will not be increased.

HSA: What's Eligible?

You can use your HSA for out-of-pocket expenses like:

Deductibles	**Hospital stays and lab work**
Office visits	**Speech/occupational/physical therapy**
Prescription drugs	**Dental and vision care**

For a complete list of eligible expenses, go to IRS Publication 502:
http://www.irs.gov/publications/p502/index.html.

Important Note If You Elect to Contribute to the HSA:

Enrollees must complete and pass the Customer Identification Process required under the U.S. Patriot Act to open an HSA account. Mercer Marketplace/Discovery Benefits will contact you if additional documentation is required to verify your identity. You must return the necessary documentation within 60 days of the initial enrollment date to allow for account setup so you can begin to use your HSA. If you don't comply within 60 days of initial enrollment your account will be closed, and any contributions made will be returned to you. Any ABC contribution will be forfeited.

Prescription Drug

If you enroll in a medical plan with AmerisourceBergen, you automatically have prescription drug coverage. Please note that prescription drug coverage varies by medical plan option, so be sure to carefully review the plan details. We're encouraging smarter utilization of our prescription drug program through **Express Scripts (ESI)** with:

- **Mandatory Generic:** usage of generic medications is required unless your doctor and Express Scripts agree that a non-generic is necessary.
- **Step Therapy:** some medications may require you to start with a more cost-effective drug therapy before progressing to other more costly or risky therapies.
- **Drug Quantity Management (DQM)** is a program that makes sure that patients are using medications at doses that have been proven effective or safe according to US Food and Drug Administration Guidelines.
- **A National Preferred Formulary is Being Introduced in 2020.** Drugs not on this preferred list will not be covered unless the participants doctor obtains an override from ESI due to medical necessity. Impacted participants will be contacted by Express Scripts for options.
- **The Patient Assurance Program** is an insulin affordability program which limits the cost of many insulin medications to $25 or less per 30-day supply.
- **The Smartshare** program allows our participants in the $1,500 and $2,850 deductible plans, to receive a point of sale discount when obtaining rebate-eligible medications. In the event the rebate value is greater than the total cost of the drug, the members responsibility will be $0.
- **The Market Events** program provides the plan and the participant with alternative medication options when there is an unforeseen market change or hyperinflation in a select drug. If a medication you take is impacted by a market event, ESI will contact you to find you a more cost-effective solution.
- **SavOn is a Pilot Program for Our** participants in our $400 and $900 deduction plans, which offers a zero or low-cost charge for many specialty medications. If your medication is on the listing SavOn will contact you. You will need to obtain your medication through the program or be responsible for the full cost of the drug.
- Some medications may also be covered by the medical carrier subject to your plan provisions, so be sure to check with your medical carrier if that applies to you. Specialty medications are a major component of the rise in today's benefit costs. To help save you and the plan money, we require the use of **Accredo – ESI's specialty pharmacy.** The exclusive specialty provision requires all specialty medications to be filled through Accredo's mail-order pharmacy beginning with the first fill.

Because ESI is continuously negotiating with manufacturers on the price of their products, a drug's formulary classification can periodically change. Participants can locate information on a specific drug and where it falls on the current ESI formulary online by accessing **www.express-scripts.com** and registering as a user on the site. Once logged in, click on "Price a medication" under Manage Prescriptions on the menu. Enter the drug name and then follow the steps to view pricing and coverage information.

Help keep your and AmerisourceBergen's prescription drug costs low by taking advantage of all these programs.

- Prescriptions for up to a 30-day supply of medications may be obtained at any Express Scripts participating retail pharmacy
- Maintenance prescriptions (up to a 90-day supply) must be obtained at any Walgreens, Good Neighbor Pharmacy (GNP), or by using Express Scripts mail order services.
- Be aware that if you fill a 90-day prescription at a retail pharmacy other than Walgreens or GNP, you'll be responsible for paying the full cost of the prescription. If you are starting a new maintenance medication, you will be allowed two 30-day courtesy fills before being required to use a Walgreens, GNP or the Express Scripts mail order services.

Follow these steps to find to find a Walgreens or Good Neighbor Pharmacy (GNP) that fills 90-Day supplies:

- Access **express-scripts.com/amerisourcebergen** to register and then log in with your username and password
- Once you are logged in, select "Prescriptions,"
- Then select "Find a Pharmacy"
- Lastly, enter your ZIP Code or city and state where you are looking to find a Walgreens Pharmacy or GNP

Supplementing Your Health Plan

Supplemental insurance can help protect you from significant expenses not covered by your medical plan. In fact, based on your situation, you may be able to save money by adding a supplemental plan to a higher deductible medical plan. Be sure to consider your anticipated medical needs for the coming year — for example, a major surgery — and the cost of the insurance plans available to you.

AmerisourceBergen offers three different types of supplemental insurance; administered by Voya. You can choose any combination of the following:

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance

The Accident Insurance and Critical Illness insurance plans also include Wellness Credits; which pay you for getting annual preventative care or healthcare screenings. Read more about this incentive on the Plan Summaries found in the Mercer Marketplace Document Center.

Keep In Mind

Supplemental insurance options are paid on an after-tax basis and are intended to complement your primary medical plan. On their own, they don't provide the minimum level of medical coverage needed to meet healthcare reform requirements.

Accident Insurance

Accident insurance supplements your medical plan by providing additional benefits in cases of accidental injuries. You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses, such as your mortgage or rent.

Accident insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

The benefit is paid directly to you and the amount depends on the type of injuries you have and the medical services you need. View the benefit overview on Mercer Marketplace for plan details.

Critical Illness Insurance

Critical Illness insurance helps protect against the financial impact of certain illnesses, such as a heart attack or cancer. You receive a lump-sum benefit to cover out-of-pocket expenses for your treatment that may not be covered by your medical plan. You can also use the money to take care of your everyday living expenses like housekeeping services, special transportation services and day care.

Critical illness insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. Benefits are not paid for a critical illness diagnosed before your coverage effective date.

Benefits are paid directly to you. View the benefit overview on Mercer Marketplace for plan details.

Coverage for Accident and Critical Illness insurance is underwritten by ReliaStar Life Insurance Company, a member of the Voya® family of companies.

Hospital Indemnity Insurance

A hospital indemnity plan provides supplemental payments that you can use to offset your out-of-pocket costs for hospital stays.

Hospital indemnity insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

The benefits are paid directly to you. View the benefit overview on Mercer Marketplace for plan details.

Which Medical Plans Are Right For You?

Your Situation	Then Consider	Why?
1. You expect your need for medical care to be relatively low (preventive visits, occasional illnesses).	$1,500 Deductible Plan or $2,850 Deductible Plan	These higher deductible plans have lower payroll contributions, so you'll pay less per paycheck. Consider banking some of the savings in your Health Savings Account (HSA).
2. You want to minimize your costs when receiving care.	$400 Deductible Plan or $900 Deductible Plan	The $400 and $900 Deductible Plans have the lowest deductibles and you'll pay the least amount out of your pocket when you receive care. Instead, you'll pay higher payroll contributions.
3. You want to lower your taxable income while saving for future healthcare expenses even in retirement – using the money only when you really need to.	$1,500 Deductible Plan or $2,850 Deductible Plan	These higher deductible plans provide the opportunity to contribute to a Health Savings Account (HSA). When you make payroll HSA contributions, you'll lower your taxable income. Since you don't expect to need a lot of care, your HSA contributions could roll over for future years and could save you money. You'll receive a contribution to your HSA from AmerisourceBergen, too.
4. In the event of an expensive illness or injury, you're concerned that you couldn't afford to pay out-of-pocket costs.	Supplemental Plans	Critical Illness, Accident and Hospital Indemnity Insurance provide benefits that can offset your out-of-pocket costs.
5. You expect your need for medical care to be relatively low but want to be covered in case of an accident.	$1,500 Deductible Plan or $2,850 Deductible Plan - plus Supplemental plans.	Pay reduced payroll premiums for medical insurance coverage but have a safety net in case of the unexpected by participating in a supplemental plan(s).

Dental

Annual preventive visits and cleanings are important to your overall dental and physical health. To get you the services you need, we offer a choice of three plans, each offered by Delta Dental.

	Basic Plus Dental Plan	Enhanced Dental Plan	Premier Dental Plan
Annual Maximum Benefit	$1,000	$2,000	$2,500
In-Network			
Individual/Family Deductible (waived for Preventive Services)	$50/$150	$50/$150	$25/$75
Preventive Services	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services	Plan pays 70%	Plan pays 80%	Plan pays 80%
Major Services	Plan pays 50%	Plan pays 50%	Plan pays 50%
Orthodontia Coinsurance/Lifetime Maximum* (in-network and out-of-network)	Not covered	50%/$1,500	50%/$2,500

*** Previous orthodontia services are included in lifetime maximum.**

*** Benefits for Orthodontic Services will be provided in periodic payments based on the Enrollee's continuing eligibility. If you change your dental plan mid-treatment it may impact your covered benefit.**

Finding Providers is Easy

To search for providers in the Delta Dental network, go to the website at **www.deltadentalins.com.** Refer to the Benefit Summaries on Mercer Marketplace for more plan details.

Amplifon – Hearing Health Care

Delta Dental members now have access to discounts on hearing aids through Amplifon Hearing Health Care. They will guide members through every step, from using discounts to finding the right products and care to match your hearing needs. Take advantage of the value-added feature! Visit **www.amplifonusa.com/deltadentalins or call 888.779.1429.**

QualSight LASIK

Delta Dental has selected QualSight to offer members access to discounts on LASIK services. Through QualSight, members can save 40-50% off the national average price on Traditional LASIK along with big savings on Custom and Custom Bladeless LASIK procedures! Visit **www.qualsight.com/-delta-dental.**

Vision

Enroll in vision coverage to save money on eligible vision care expenses, such as eye exams, glasses and contact lenses.

Learn about the two vision plans available to you through VSP.

	Standard Plan		Enhanced Plan	
In-Network	**Copay**	**Frequency**	**Copay**	**Frequency**
Exam	$10	1 per 12 months	$10	1 per 12 months
Lenses	$25	1 per 12 months	$10	1 per 12 months
	Retail Allowance	**Frequency**	**Retail Allowance**	**Frequency**
Frames	$130	1 per 24 months	$175	1 per 12 months
Contact Lenses (in lieu of Frames & Lenses)	$130	1 per 12 months	$175	1 per 12 months

Finding Providers is Easy

To search for providers in the VSP network, go to the website at **www.vsp.com** and select "Find a doctor." Refer to the Benefit Summaries on Mercer Marketplace for more plan details.

Flexible Spending Accounts

Save money on your healthcare and/or dependent day care expenses by using a tax-advantaged Flexible Spending Account (FSA). The money you contribute to these accounts comes from your paycheck before it is taxed, and you use it tax-free when you pay for eligible expenses.

Eligible expenses may be incurred from the start of your 2020 benefits eligibility date through December 31, 2020.

To provide associates and their families with more flexibility, our Healthcare and Limited Purpose Flexible Spending Accounts include a rollover feature that allows associates to "roll over" any unused FSA account balance, up to $500, for use in the following calendar year. The rollover amount of $500 does not impact your election for the following plan year. (Example: if you make the maximum election of $2,500 and have the maximum rollover of $500, you could have access up to $3,000 for the next plan year).

All 2020 claims must be incurred by December 31, 2020; however, claims can be submitted for reimbursement until March 31, 2021. Any unused funds, up to $500, will be available in April 2021 to reimburse yourself for future expenses, provided you enroll in the healthcare FSA (or the Limited Purpose FSA, if you are electing a high deductible health plan) for the following year.

Any unused amount remaining in your healthcare FSA that exceeds the $500 limit will be forfeited. Should you terminate, any unused amounts are forfeited. Any unsubstantiated, reimbursed expenses will be reported as taxable income.

Dependent Care expenses only - may be incurred from the start of your benefits eligibility date through March 15 of the following plan year (this is referred to as the "grace period").

If you terminate employment or change to part-time status, you are no longer eligible to contribute to the FSA through a pre-tax payment deduction. Only claims incurred through your coverage termination date may be submitted for reimbursement consideration ***and submissions for your claims must be received within 90 days of your termination date.*** You may be able to mitigate your loss by electing COBRA FSA on an after-tax basis. Claims incurred while paying for COBRA are eligible for reimbursement consideration.

A reminder about your FSA debit card: Just like your credit cards, your flex spending debit cards expire after three years. New debit cards will be generated automatically several months prior to expiration.

Healthcare FSA	Here's how it works:
You may elect the Healthcare FSA only if you're enrolled in one of these medical plans or if you have coverage elsewhere: **$400 Deductible, $900 Deductible**	• Contribute up to $2,700 annually to help cover qualified medical, dental and vision expenses. For a complete list of eligible expenses, go to IRS Publication 502 **http://www.irs.gov/publications/p502/index.html.** • Choose your contribution amount once a year (if your personal situation changes, such as getting married or having a baby, you may be able to change your election during the year). • You choose whether to use a debit card to pay for your eligible expenses or pay upfront and submit for reimbursement. • Your entire annual contribution is available to you from the beginning of the plan year. • Up to $500 may be rolled over into the new plan year.

Limited Purpose FSA	Here's how it works:
You may elect the Limited Purpose FSA only if you're enrolled in one of these medical plans: **$1,500 Deductible, $2,850 Deductible**	• Contribute up to $2,700 annually to help cover qualified dental and vision expenses. For a complete list of eligible expenses, go to IRS Publication 502 **http://www.irs.gov/publications/p502/index.html.** • Choose your contribution amount once a year (if your personal situation changes, such as getting married or having a baby, you may be able to change your election during the year). • You choose whether to use a debit card to pay for your eligible expenses or pay up front and submit for reimbursement. • Your entire annual contribution is available to you from the beginning of the plan year. • Up to $500 may be rolled into the new plan year.

Dependent Day Care FSA	Here's how it works:
If you're a full-time associate, you may elect the Dependent Day Care FSA to use before-tax funds to pay for dependent day care expenses.	• Contribute up to $5,000 (or $2,500, if married and filing separately) per year to reimburse your qualified dependent day care or elder care expenses. For a complete list of eligible expenses, go to IRS Publication 503 **http://www.irs.gov/publications/p503/index.html.** • Contributions for "highly compensated employees" (HCEs), as defined by the IRS (those who earn $125,000 per year or more), will be limited to a maximum of $2,250 in 2020 in order to ensure our plan remains compliant. Keep in mind, your spouse may also be eligible to contribute to a dependent care account through his/her employer. • Eligible expenses include child care and care for dependent elders. **You may NOT use it for healthcare expenses! Child day care expenses are limited to dependents under age 13.** • You may use a debit card to pay for your eligible expenses, direct-to-provider option, or pay upfront and submit for reimbursement. • Only money actually contributed to your account is available to spend. • Unused money does not carry over at the end of the grace period (March 31, 2020) — you use it or lose it.

What's The Difference?

Compare the FSA Plan options vs. the HSA:

	Health Savings Account (HSA)	Healthcare FSA	Limited Purpose FSA	Dependent Day Care FSA
Available if you enroll in the:	$1,500 Deductible or $2,850 Deductible plans	$400 Deductible or $900 Deductible Plans or have medical coverage elsewhere	$1,500 Deductible or $2,850 Deductible Plan	Regardless of medical plan enrollment
Unused money is forfeited at the end of the year?	No, plus the money in your account rolls forward each year and can be used to pay for eligible future expenses and is always yours to keep.	Up to $500 may be rolled into the next plan year assuming you enroll for the subsequent year. Any unused amount remaining in an employee's health care FSA that exceeds the $500 limit will be forfeited.	Up to $500 may be rolled into the next plan year assuming you enroll for the subsequent plan year. Any unused amount remaining in an employee's health care FSA that exceeds the $500 limit will be forfeited.	Yes. The money cannot be carried over to the next year, after the conclusion of the grace period.

Please note, the Dependent Day Care FSA plan is subject to IRS Non-Discrimination rules that prohibit benefits or contributions from favoring highly compensated employees (for the 2020 Plan Year, an employee who earned more than $125,000 in 2019 is considered highly compensated).

AmerisourceBergen performs non-discrimination testing each year and may be required to reduce your FSA election amount to comply with IRS non-discrimination rules. You will be notified directly if we are required to reduce your FSA election(s).

Life Insurance

Basic Life and AD&D Insurance

Because life can suddenly take an unexpected turn, it's good to know you're covered if the worst occurs. AmerisourceBergen provides basic life and accidental death and dismemberment (AD&D) insurance through Prudential to assist you and your family in the event of a death or serious injury. These benefits are fully paid for by AmerisourceBergen.

Associate Group	Basic Life and AD&D Coverage Provided
Regular, full-time associates working in the United States	One times your base annual salary, *up to a maximum of $500,000. If this amount is not a multiple of $1,000, it will be rounded to the next higher multiple of $1,000. Minimum $10,000.

*Base annual salary for commissioned associates is the annual benefit base rate (or ABBR) which is base pay and commission earnings from October 1 of a given year to September 30 of the following year. For the 2020 calendar year, the ABBR will be calculated on wages from 10/1/18 to 9/30/19. Base salary is used for newly hired commission associates.

Select a Beneficiary

It's important to choose a beneficiary or beneficiaries to receive the policy's benefit payment in the event of the insured person's death. Please check your designated beneficiary annually to ensure that your election is current and correct. Please designate your beneficiary(ies) on the enrollment website. You can update your beneficiary(ies) at any time.

Evidence of Insurability

Also known as the Guaranteed Issue Limit. If you wish to enroll for coverage (or for your spouse/domestic partner) in excess of the Guaranteed Issue Limit, or you did not elect coverage when you were initially eligible, you will be required to complete a Health Statement. This form, which will be mailed to your home or sent to your email address, must be completed and returned to Prudential. Prudential will review your Health Statement and advise if your coverage is approved. If additional information is needed, you will be asked to complete the Evidence of Insurability Long Form.

Supplemental Life and AD&D Insurance

You can also choose to purchase additional life insurance for yourself, your spouse and your children. You pay the full cost of any supplemental life insurance and/or supplemental AD&D insurance coverage. Compare your supplemental life and AD&D options:

Type of coverage	Purchase for	More details
Associate Term Life	Yourself	To supplement the coverage provided by AmerisourceBergen, you can purchase additional term life insurance of one to six times your base annual salary (or ABBR), up to a maximum of $1,500,000; minimum $10,000. New Hire Guaranteed Issue Amount: Lesser of three times base annual salary/ABBR or $500,000. **A new election or an increase in the coverage amount will require Evidence of Insurability (EOI).**
Spouse Term Life	Your Spouse	You can purchase coverage for your spouse in increments of $25,000, up to a maximum of $250,000. New Hire Guaranteed Issue Amount: $25,000. **A subsequent election or an increase in the coverage amount will require Evidence of Insurability.**
Child Term Life	Your child(ren) up to age 26	You can purchase coverage for your child(ren) who are greater than six months old in $5,000 increments, up to a maximum of $15,000. Coverage for children age 14 days to 6 months: $1,000. **EOI not required.**
Accidental Death & Dismemberment (AD&D)	Yourself	To supplement the coverage provided by AmerisourceBergen, you can purchase additional AD&D insurance for yourself, up to 10 times your base annual salary /ABBR ($1,500,000 maximum). **EOI not required.**

Notes:

- Age reductions are applied on January 1 following the employee's birthday. At age 65, coverage reduces from 100% to 65%. At age 70, coverage reduces from 65% to 50%.
- Spouse/Domestic Partner rates are based on the associate's age.
- **If both spouses/Domestic Partners are employed by AmerisourceBergen, neither may elect spousal life on the other. Either, but not both, may cover their eligible children under Supplemental AD&D and Child Life.**
- Payroll contributions will not be refunded if adjustments are made to correct any dual enrollment elections.

Short-Term Disability

This benefit is paid for by AmerisourceBergen. Short-term disability provides a weekly salary continuation benefit amount of:

Salaried associates: 100% of your salary for eight weeks, and 60% of your salary for the next 18 weeks.

Hourly associates: 60% of your salary for 26 weeks.

Income replacement does not take effect until the disability is approved. There is a waiting period of seven days before short-term disability begins, unless you are immediately hospitalized.

Core Long-Term Disability

This benefit is paid for by AmerisourceBergen. After you have been on an approved disability for 180 days, long-term disability coverage, if a continued claim is approved, pays 50% of your salary, up to a maximum monthly benefit of $10,000.

Buy-up Long-Term Disability

You may supplement the core long-term disability coverage AmerisourceBergen provides by purchasing additional coverage, which pays 66.67% of your salary, up to a maximum monthly benefit of $15,000.

Note: Disability regulations vary by state. State-mandated disability plans will be primary for associates.

Important: Actively at Work Requirement for Associates on a Leave of Absence

Our Life Insurance, Disability, Critical Illness and Hospital Indemnity plans contain an "actively at work" clause that mandates that associates on a Leave of Absence (LOA) are not eligible to add or increase these coverages during Open Enrollment. This rule also applies to associates on LOA who enter a subsequent Qualifying Life Event. For example, if you are on LOA under FMLA to care for an eligible family member. This rule also applies to any applicable spouse/domestic partner/child life coverage adds or increases.

Upon your return to active status, contact Mercer Marketplace at 844.344.8831, within 30 days of your return from leave, to apply for the desired supplemental coverage.

Paid Parental Leave

On October 1, 2019 , we made it easier for our associates to take valuable time to bond with their new child! Eligible associates - mothers and fathers - may receive four weeks of paid parental leave following the birth, adoption or placement of a child/children through surrogacy. If eligible, you'll receive 100% of your regular weekly and/or straight-time pay* for four weeks of leave. This amount will be offset by any paid state leave you are eligible for. Coverage applies to births/adoptions/placements that took place on or after August 1, 2019, provided you met your eligibility timeframe. Look for policy details about this benefit and instructions on how to apply on the myHR portal.

Full-time associates* (regularly scheduled to work 30 hours or more per week) are eligible. Associates are not eligible for Paid Parental Leave if the time of birth/adoption/placement through surrogacy is prior to their eligibility date. The following criteria MUST be met at the time of birth

- Exempt associates are eligible the 1st of the month after six (6) months of service (six (6) months of service does not have to be continuous).
- Non-Exempt associates are eligible after 1 year of service (year of service does not have to be continuous).

AmerisourceBergen Employee Investment Plan – 401(k)

We offer a competitive 401(k) plan with a variety of investments for you to choose from to build a portfolio that works for you. Our plan includes company matching contributions and the opportunity to make pretax or Roth 401(k) contributions.

Associates become eligible to contribute to the 401(k) Plan the first of the month following the completion of 30 days of service for full-time associates (generally those scheduled to work 30 or more hours per week) and upon the completion of 1,000 hours of service within a qualifying service year if designated as part time.

Pre-Tax and Roth 401(k) Contributions

Contributions may be made in increments between 1% and 50% of eligible pay on a pretax or Roth (after tax) basis. Associates have the option to contribute to 401(k), Roth 401(k) or a combination of both so long as the contributions in total do not exceed 50% of pay up to the IRS annual maximum.

Important: If you have contributed to a 401(k) from a prior employer in the same plan year; you cannot contribute up to the maximum amount for both employers. Please adjust your elections under our plan, so you don't exceed the IRS annual maximum limit.

If you do not enroll in the Plan when initially eligible, you will be automatically enrolled in the Plan with a pre-tax contribution of 5% on the first pay period coincident with or next following the date that is 90 days after the date you have satisfied the eligibility requirements unless you opt out of participation.*If you were hired on or after January 16, 2016, your pretax contribution will be automatically be increased 1% each year on the anniversary of your participation unless you opt out of participation. The increase will continue annually until you reach a contribution rate of 10% or you make a change to your contribution rate.

Participants age 50 or older are eligible to contribute an additional catch-up contribution on a 401(k) or Roth basis. Contributions are allowed from 1 to 50% up to the annual catch-up maximum of $6,000 for 2020.

*Auto enrollment dates may differ for acquisitions.

Company Matching Contributions

AmerisourceBergen helps you save for retirement by matching your 401(k) or Roth contributions. AmerisourceBergen will match 100% of the first 3% of eligible pay you contribute, plus 50% of the next 2% — up to 4% total. That means you will need to contribute 5% or more to get the full company match.

The AmerisourceBergen 401(k) plan defines eligible compensation as base pay plus commissions and does not include bonuses, overtime, disability or severance pay.

Visit the Fidelity Investments website at **www.401k.com** or call 800.835.5092 to change your contribution rate or investment options.

Costs of the Plan

Certain fees are paid from the investment options available through the Plan and some fees are paid directly from participant accounts. Participant level fees include, but are not limited to, $12 per quarter account maintenance, $35 per loan setup, and $20 in-service withdrawal fee. For a complete list of fees, please review the Employee Investment Plan Summary Plan Description.

Loans

The Plan allows for a loan of up to 50% of your vested balance with a minimum loan of $500 and a maximum loan of $50,000. The loan is paid back through payroll deduction over a maximum five-year period for a general loan or up to 10 years if the loan is for the purchase of a home. There is a waiting period of 90-days between paying off a loan and the availability to take a new loan.

Withdrawals

Hardship withdrawals are permitted when there is an immediate and heavy financial need that cannot be met by any other reasonably available sources. Contact Fidelity Investments at **www.401k.com** or call 800.835.5092 for information.

Company Performance Contribution

When the Company meets target performance levels, as approved by the Board of Directors, an additional "Performance Contribution" may be made to all eligible 401(k) Plan participants active as of the last day of the plan year* Participants whose employment terminates prior to the end of the Plan Year on account of Retirement, Death or Total Disability are also eligible to receive the contribution. Performance contributions are subject to vesting. Vesting is based on years of service; beginning at 25% after two years of service and continuing at a rate of 25% per year thereafter.

*Not available to associates covered under collective bargaining agreements where the agreement excludes participation.

Roth 401(k) Contribution

The Plan also allows for Roth and Roth Catch up Contributions. A Roth 401(k) account offers different tax advantages than a pre-tax contribution. Contributions to the Roth, like the 401k, are available in increments from 1% to 50% of pay. You have the option to contribute to Roth and 401k at the same time; however, together your contributions may not be greater than 50% of your pay. Participants age 50 or older may also take advantage of Roth for catch-up contributions. Contributions to a Roth 401(k) are made with after-tax dollars, meaning contributions do not lower your taxable income. The advantage of a Roth 401(k) is that your earnings accumulate tax-free. After five years, withdrawals of your contributions and the earnings are not taxable income – so you can withdraw that money in retirement tax-free.

Enroll in the Plan or make changes to your account, at **www.401k.com**. You can also contact Fidelity Investments at 800.835.5092.

Employee Stock Purchase Plan

At AmerisourceBergen, we provide associates with the opportunity to share in the Company's success by purchasing shares of AmerisourceBergen Company stock at a 15% discount.

Full-time associates and part-time associates scheduled to work more than 20 hours per week for more than five months are eligible to enroll in the ESPP during the scheduled purchase periods.

Each year, there are two purchase periods – one from January 1 to June 30 and the other from July 1 to December 31. Enrollment for the first purchase period is November 1 to December 31, and May 1 to June 30 for the second period.

Contributions may be made in increments from 1% to 25% of eligible net (post-tax) pay. For purposes of the ESPP, eligible pay is base pay and does not include commissions, overtime or bonuses.

To participate in an upcoming purchase period, you must complete the ESPP Enrollment process on the Fidelity Investments website at **www.netbenefits.com** on or before the close of the Enrollment Window for that Purchase Period.

You may stop or reduce your plan deductions one time during each purchase period. If you reduce your contributions to 0, you must re-enroll if you wish to begin contributing again in a future purchase period.

Shares purchased through the Plan must be held for at least six months from the purchase date before you can sell them. Additionally, you may sell your shares at any times after the expiration of the six-month holding period, but you may not transfer your shares to another account before the completion of a two-year period that starts with the beginning of the period in which the shares were purchased.

Look for more detailed plan information from Fidelity Investments and details on how to enroll on Fidelity's website.

Other Great Benefits

In addition to the benefits described on the previous pages, you also have access to the benefits outlined below. The voluntary benefits are offered at competitive group rates, which could save you money compared to purchasing them on your own.

Benefit	What is it?	Why would I need it?
Commuter Benefits	Program that allows you to pay for public transportation, commuting or parking expenses tax-free	• Save money on what you spend out of pocket for qualified transportation expenses • You decide how much to contribute, and the money is automatically deducted from your paycheck
Identity Theft Protection	Services from InfoArmor® that monitor your identity, detect fraud and help restore your identity in the event of theft	• Get peace of mind by protecting yourself against the damage of identity theft • Certified privacy advocates act on your behalf to resolve identity theft issues • No mid-year enrollments
Legal Benefits	MetLife® Hyatt Legal Assistance Plan offers economical access to attorneys for legal services such as will preparation, estate planning and family law	• Give yourself, your spouse and your dependents access to a nationwide network of 13,000 attorneys • Legal advice is a phone call away • Representatives help you find an attorney in your area • No mid-year cancellations. • May enroll mid-year due to QLE

Benefit	What is it?	Why would I need it?
Auto & Home Insurance	MetLife gives you access to personal insurance policies, including home*, landlord's rental dwelling, condo, recreational vehicle and boat *Not available in MA or FL	• Save up to 15% just for being an AmerisourceBergen associate • No-obligation quotes and cost comparisons • Enroll any time of year
Pet Insurance	Nationwide (formerly Veterinary Pet Insurance) provides coverage to help you cover the costs of veterinary care	• Protect against the financial impact of veterinary care while using any veterinarian worldwide • You are eligible to receive a discount of 5% or more on premiums • Enroll any time of year • If you currently hold a pet insurance policy with Nationwide/VPI policy discounts cannot be combined
Educaid	Tuition assistance program available to associates pursuing an advanced degree	• Help cover the cost of higher education for associates who are interested in getting an advanced degree; up to $5,250 per calendar year • Provides hands-on support and counseling • Available after completion of six months of service
Adoption Expense Reimbursement Program	Program offering reimbursement for eligible expenses available to associates who are adopting a child	• Receive reimbursement on 80% of qualified expenses up to $10,000 per adoption • Associate must be the adoptive parent to qualify • Available after completion of six months of service • Adoption must be finalized January 1, 2020 or after • Only $5,000 of the reimbursement is tax free

Teladoc

Teladoc is a service available to you, and your covered medical dependents, that provides you with 24/7 access to U.S. board-certified physicians. Imagine being able to talk with a physician without having to make an appointment, take time off from work or wait for hours in a crowded doctor's office full of sick people. It's all possible with Teladoc, available 24 hours a day, 7 days a week, 365 days a year.
Virtual doctor visits provide around-the-clock, immediate care, advice and prescription medications when appropriate (note that some prescriptions may be limited).

Teladoc services are available at the same cost as an office visit for those enrolled in an Aetna or Blue Cross Blue Shield plan.

To contact Teladoc, visit www.teladoc.com/amerisource or call 800.835.2362.

Aetna Health Advantage

With Aetna's Health Advantage, you will have a dedicated nurse to help you understand your doctor's instructions and coordinate your care. Everyone has different concerns, and Health Advantage can connect you with the resources that best meet your needs — from doctors and medical specialists to nutritionists, behavioral health clinicians, pharmacists and others.

To contact Aetna Health Advantage, call 800.432.2786.

BCBS Customer Care Advocacy

Choosing the right path for treatment and managing your healthcare costs is not always easy. With Customer Care Advocacy from Blue Cross Blue Shield, you have access to a team of dedicated customer care advocates and clinicians who can help you address a range of coverage and care issues. Consider calling the team to:

- Ask if a procedure is covered
- Learn about preventive health screenings
- Find high quality providers
- Ask questions about an upcoming medical procedure

Health coaches are also available to give you the skills and confidence needed to manage your health, navigate the healthcare system and have more productive physician visits.

To contact Customer Care Advocacy, call 855.358.3637.

AmerisourceBergen Associate Assistance Fund (AAF)

The Associate Assistance Fund's mission is to provide financial assistance to associates and their families who are victims of natural or civil disasters (e.g., fire, tornado, floods, etc.), or who are facing severe financial hardships in meeting basic expenses after the death of an immediate family member or the inability to pay medical costs that are unusual and uninsured. For as little as $1 per pay period, you can contribute to the AAF and help your colleagues.

The AAF grants have helped our associates cover basic necessities like housing, utilities, medical expenses and funeral costs. Sign up to donate to the AAF by visiting the **myHR Portal** and electing automatic payroll deductions on the Associate Assistance Fund page.

It's Easy to Enroll

AmerisourceBergen enrollment website takes you through your benefit elections one decision at a time, providing helpful education and decision support every step of the way.

To Enroll

- Click on the 2020 Benefits Enrollment icon from the myHR HOME page within 31 days of your hire or Qualifying Life Event. Associates may also visit **www.mercermarketplace.com/ABCBenefits** to access the enrollment site. If choosing this point of access, it will require a multi-factor authentication to verify your identity. Contact Mercer for assistance at 844.344.8831. OR, call 844.344.8831 to speak with a licensed benefits specialist 8 am – 10 pm ET, Monday through Friday. Spanish language assistance is also available.
- Remember, you must submit proof of eligibility documentation for any dependents that you wish to cover. You have 60 days from the date you make your election to provide the documentation to Mercer Marketplace. Contact a representative at 844.344.8831 if you need assistance.

You may also access the Mercer Marketplace enrollment site, by clicking on the **Benefits Enrollment icon** from the myHR portal.

Dual Year Enrollment

Associates who are newly eligible for benefits effective November 1st or later, or who experience a Qualifying Life Event during or after Open Enrollment must elect benefits for both the 2019 and 2020 Plan Years, as some coverage elections such as medical and flex benefits will not roll over.

Access the Mercer Marketplace enrollment system utilizing both enrollment icons from the myHR HOME page to make your elections.

Once you have confirmed your 2019 elections, be sure to review and make any applicable changes to your 2020 benefits as well. Once both plan year elections have been confirmed, be sure to print or save copy of your enrollment summaries for both plan years.

If you wish to make any edits to either Plan Year, this is your only opportunity to do so, unless you experience another IRS Qualifying Life Event later. Remember you must make your elections with 31 days of your hire/rehire/change to FT/Qualifying Life Event date. Contact the Mercer Marketplace Service Center with any questions or if you need assistance.

Start Shopping

To select your benefits online, start by choosing your path to either get expert guidance or go directly to enrollment. Follow the enrollment steps.

To Enroll

1. Enrollment support tools

- Use the Expert Guidance tool to help identify the best coverage for your needs.
- Compare plan features and costs.
- Use the educational resources in the Document Center to learn more.

NOTE: You must actively enroll in medical coverage for 2020. If you do not elect a plan, you and your dependents (if applicable) will not have coverage.

2. Confirmation

Click on the Shopping Cart to review your Benefit Election Summary and confirm your enrollment selections are correct and your dependents are listed on the coverage you intended. Submit to finalize and print or save a copy of your enrollment summary in case you need it later. During Open Enrollment – changes cannot be made once the enrollment window closes. For newly eligible employees (new hires, rehires and those moving to FT employment) – changes cannot be made once you have exhausted the 31-day enrollment window.

3. Check your medical cards and payroll deductions

When any new ID cards arrive, make sure they reflect the dependents you elected to cover. Deductions will begin as soon as administratively possible. Please review your pay statement to confirm your elections are properly reflected.

Changing Your Benefit Selections

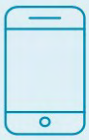
You can make changes to your selections up until the enrollment period ends. If you have already confirmed your elections and wish to make a change within your 31-day enrollment period, you must contact Mercer Marketplace at 844.344.8831 to request that they re-open your election window.

After the enrollment deadline, you can only make limited changes to your benefits if you have a qualified life event such as marriage, divorce, birth of a child or a loss in coverage In such instance, you have 31 days from the qualifying event date to return to the Mercer Marketplace enrollment site and make the appropriate updates. If you are adding a new dependent you must provide proof of dependent eligibility. Be sure to check back with Mercer Marketplace within a few business days to ensure your event and documentation were accepted. Due to IRS regulations, no exceptions can be granted. There will be another Open Enrollment period in the fall of 2020. At that time, you'll make your benefit elections for 2021.

Loss of Coverage Life Events – NEW process for 2020
You must contact Mercer Marketplace within 31 days of your coverage loss date to report the event and provide supporting documentation before Mercer Marketplace will launch the Life Event allowing you to make changes to your coverage. Be sure to take timely action. Failure to provide proof of your loss within the allowed time frame will result in no coverage change.

Need Assistance?

As you enroll in your benefits for 2020, you may have questions. And that's okay, because there's a team of licensed benefits counselors ready to help you. They're pros at helping associates like you understand your options and make the right choices for your needs and your budget. Simply call the toll-free number to receive personal support from a benefits counselor.



Contact

Phone: 844.344.8831
Monday through Friday: 8 am – 10 pm ET

From October 1 to December 31
Monday through Friday: 7 am – 10 pm ET
Saturdays: 10 am – 1 pm ET

Glossary

Health benefits from A to Z. Look up key terms.

Copay	Flat dollar amount you pay for certain covered services. Copays do not count toward satisfying your deductible.
Deductible	The amount you must pay for certain healthcare expenses in a Plan Year or before the Plan begins to pay.
Health Savings Account	An employee-owned account that lets you use before-tax money to pay for eligible healthcare expenses.
Out-of-pocket Costs	Expenses you pay yourself, such as deductible, copays and uncovered services.
Out-of-pocket Maximum	The maximum you pay, including deductibles, copays and coinsurance, before the Plan begins to pay at 100%.
Coinsurance	The percentage of healthcare expenses you pay for certain services after your deductible.
Prescriptions	• Tier 1 medications (generic) are similar to more costly alternatives but are not sold using a brand name. The AmerisourceBergen Plan requires the use of generic drugs when available. • Tier 2 medications (formulary) are available at a lower cost to you. • Tier 3 medications (non-formulary) may require additional authorization and will cost you more money.
True Family Deductible	At least one family member must meet the full family deductible before the Plan begins to pay. The $1,500 Deductible Plan is true family.
Flexible Spending Account (FSA):	An account funded by you that lets you use before-tax money to pay for eligible expenses. Options include: Healthcare FSA, Limited Purpose FSA and Dependent Day Care FSA.
Annual Benefits Base Rate (ABBR)	For commissioned associates, incorporates base pay and commission earnings from October 1 of a given year to September 30 of the following year. This amount is used to determine the threshold for medical contributions (Tiers 1-4) as well as the coverage for life insurance, AD&D and disability.

Legal Notices

AmerisourceBergen reserves the right to change, amend or terminate any benefits plan at any time for any reason. Participation in a benefit plan is not a promise or guarantee of future employment. Receipt of benefits documents does not constitute eligibility.

The Benefits Decision Guide, combined with these legal notices, provides an overview of the benefits available to you and your family. In the event of a discrepancy between the information presented in the Benefits Decision Guide and official plan documents, the official plan documents will govern.

Summary of Material Modifications (ERISA Plans)

This enrollment guide constitutes a summary of modifications to the employer's group health plan. It is meant to supplement and/or replace certain information in the existing plan descriptions. Please share these materials with your covered family members.

Summary of Benefits and Coverage

A Summary of Benefits and Coverage (SBC) for each of the employer-sponsored medical plans is available, at **www.mercermarketplace.com/ABCbenefits or on the myHR section of the ABC portal.** You may also request a paper copy by calling 844-344-8831.

HIPAA Special Enrollment Notice

Notice of special enrollment rights for health plan coverage if you decline enrollment in an AmerisourceBergen health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in an AmerisourceBergen health plan without waiting for the next Open Enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31- day time frame, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in an AmerisourceBergen medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

Women's Health and Cancer Rights Act (WHCRA) Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be subject to the same annual deductibles and coinsurance provision, which apply for the mastectomy.

For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the plan descriptions.

Newborns' and Mothers' Health Protection Act (NMHPA or "Newborns' Act") Notice

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).

CHIP/MEDICAID Notice

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call 1.866.444.EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2014. Contact your State for more information on eligibility.

COBRA

AmerisourceBergen complies with the requirement to offer covered associates and covered family members the opportunity for a temporary extension of certain benefits at full group rates in specific instances where coverage under the plans would otherwise end due to a qualifying event, such as a dependent no longer meeting eligibility or the termination of employment. If this occurs, you will be contacted by our COBRA Administrator, Mercer Marketplace/Discovery Benefits with an offer of coverage continuation.

Generally, medical, prescription, dental and vision benefits end on the last day of the month during which your employment terminates or your dependent meets maximum age. All other benefits, except certain portable or convertible benefits, end on the day your employment terminates. In the case of a Qualifying Life Event, such as a divorce, coverage ends on the date of the event.

If you or a covered dependent are Medicare eligible (due to being age 65 or older or because of a disability) at the time you become eligible for COBRA, you may elect COBRA continuation. **However, it's important to note that once you are no longer actively employed, Medicare will become your primary medical insurance. If you enroll in COBRA, the COBRA Medical coverage will pay as secondary regardless if you are actively enrolled in Medicare or not.**

Conversion and Portability

If your life insurance coverage terminates for any reason, you may be eligible to port or convert your coverage(s). To obtain an application, contact Prudential within 31 days of your coverage termination.

Legal Disclaimer

The information provided in this booklet summarizes the AmerisourceBergen benefits program for associates other than those in Canada, Puerto Rico, or part-time/temporary/seasonal workers and is not intended to be construed to create a contract between AmerisourceBergen and any one of its associates or former associates. Associates who are represented by a labor union may or may not be eligible for any or all of these benefits, plans or programs described in this document. The eligibility of represented associates for these benefits, plans or programs may be governed by the applicable collective bargaining agreement(s) and/or be subject to collective bargaining. Participation in any or all of the AmerisourceBergen benefit programs does not constitute a contract of employment, implied or otherwise. All plans are subject to policy provisions and limitations. This is not meant to be a complete description of our benefit plans/programs. If there are any discrepancies between this Benefits booklet and the official Plan Documents, the Plan Documents will prevail. AmerisourceBergen reserves the right to amend, modify, suspend, replace, or terminate any of its plans, policies or programs, in whole or in part, including any level or form of coverage, by appropriate Company action, without your consent or concurrence. It is understood that enrollment in some benefits programs, whether elected or automatic, requires a contribution on the part of associates and that the Company is authorized to collect all required contributions.

Benefit Contacts

If you need to contact a benefit provider directly, use this helpful list of websites and phone numbers.

Benefit	Insurer	Website	Phone Number
Medical	Aetna Blue Cross Blue Shield Kaiser HMO in California HMSA in Hawaii	www.aetna.com www.mybenefitshome.com https://healthy.kaiserpermanente.org www.hmsa.com	800.432.2786 855.358.3637 800.464.4000 800.776.4672
Prescription Drug	Express Scripts	www.express-scripts.com	800.711.0917
Spending & Savings Accounts	Discovery Benefits	www.mercermarketplace.com/ABCBenefits	844.344.8831
401(k) & ESPP	Fidelity	www.netbenefits.com	800.835.5092
Accident & Critical Illness Hospital Indemnity	Voya	http://foremployers.voya.com/products-services/employee-benefits/ www.voya.com	877.236.7564
Dental	Delta Dental	www.deltadentalins.com	800.932.0783
Vision	VSP	www.vsp.com	800.877.7195
Life	Prudential	www.Prudential.com/MercerMarketplace	800.778.3827
Disability	The Hartford	www.abilityadvantage.thehartford.com	888.301.5615
myWellbeing	Sharecare	https://abc.sharecare.com	800.546.9049
Teladoc	Teladoc	www.Teladoc.com/Amerisource	800.835.2362
Customer Care Advocacy	BCBS	www.mybenefitshome.com	855.358.3637
Life Resources Partner	Carebridge	www.mylifesource.com (code C86TT)	800.437.0911
Commuter FSA	Discovery Benefits	www.mercermarketplace.com/ABCBenefits	844.344.8831
Legal	MetLife® Hyatt Assistance Legal Plan	www.legalplans.com	800.821.6400
Auto & Home	MetLife Auto & Home®	www.metlife.com/group-auto/mmx/index.html?GPC=A1B	800.438.6388
Identity Theft	InfoArmor®	www.infoarmor.com/exchange	800.789.2720
Pet Insurance	Nationwide (formerly: Veterinary Pet Insurance)	www.petinsurance.com	877.PETS.VPI (877.738.7874)
Tuition Reimbursement	EdAssist	www.edassist.com/client-company/AmerisourceBergen	855.789.3844