



2017 Benefits Annual Enrollment Summary

Annual Enrollment Period
Tuesday, Nov. 1 - Friday, Nov. 18, 2016



To: **All Eligible AutoZoners and Their Families**
Subject: **New Annual Benefits Enrollment - Requires Action for 2017**

AutoZoners,

Annual Benefits Enrollment is here, and I am truly excited to share with you the changes made to this year's enrollment process. These changes are designed to help ALL AutoZoners, Full-Time or Part-Time save time, money, and select the most appropriate plans for you and your loved ones.

Launching with this year's Annual Enrollment on November 1 is the new AutoZone Benefits Center, powered by Benefitfocus®. The AutoZone Benefits Center will be the new location for **ALL** AutoZone benefits. It offers plan selection tools and resources to help you make the best decisions for you and your family's needs and budget. You can access the Benefits Center online or through a mobile app that will allow you to securely enroll yourself and eligible dependents in AutoZone Benefit Plans from anywhere.

Upon entering the website or mobile application, you will be asked if you would like to receive your benefits materials electronically or in a hard-copy form. Please take a moment to respond as your feedback will not only help us better meet your needs but also help us plan for future mailings and help AutoZone operate more eco-consciously.

IMPORTANT: In past years, if you were happy with your plan, no action was required. This year you **MUST** take action even if you desire to continue with your current plans. **Taking NO action between Tuesday, November 1 and Friday, November 18 will void your coverage, effective January 1, 2017.**

Here are just a few of the many exciting new resources and benefit programs:

- Medical Plan Selection Tools
- CVS cost lowering Preventive Drug List
- FREE assistance for Part-Time AutoZoners with HealthSherpa
- FREE assistance for Full-Time and Part-Time AutoZoners with Med-Enroll
- BenefitHub, our new location for AutoZoner Discounts and Perks

There are many more new and exciting opportunities so be sure to take full advantage of the many tools and resources available to you this year as you make your elections.

AutoZoners, we hope that this guide, our new enrollment technology and our benefit offerings will provide you and your family what you need to achieve physical, emotional and financial wellness in 2017. Let's *"Be Better Together"* and work toward **Driving Health and Wellness!**

Sincerely,

Rick Smith
Senior Vice President, Human Resources
Customer Satisfaction

To download or print a copy of this workbook in Spanish, go to the AutoZone Benefits Center, click on "Enrollment," and select "2017 Benefits Annual Enrollment Summary."

Para descargar o imprimir una copia de este libro en español, vaya AutoZone Benefits Center, haga clic en "Enrollment" y seleccione "2017 Resumen Beneficios Inscripción Anual".

DRIVING Health & Wellness ★

Annual Enrollment Job Aid

Below are the basics of how to navigate through Annual Enrollment. For detailed step by step instructions, see pages 4 & 5.

- Log-in to the AutoZone Intranet or DOC and go to AZPeople —> Self Service—>Benefits—>Benefits Enrollment 2017—> 2016 Benefits Summary—>“click here to make 2017 elections”
- From a home computer, go to azpeople.autozone.com —> Self Service—>Benefits—>Benefits Enrollment 2017—> 2016 Benefits Summary—>“click here to make 2017 elections”

Assistance during Annual Enrollment - November 1-18 is available Monday — Friday, 7a.m. – 7 p.m. CST.

Contact the Benefits Service Center at (844) 396-1089 or click “Live Online Assistance”  to chat with a representative online or email autozonebenefitshelp@benefitfocus.com

Log in to the AutoZone Benefits Center and click ‘Get Started Today.’
You must read and agree to the Terms and Conditions and click ‘Get Started’ to begin the enrollment process.

You will then be able to set your language preference to **English or Spanish**.
(*Note: After five minutes of inactivity, the system will log you out.*)

 Benefits Center

- Home
- Dependents
- Important Acknowledgements
- Language Preferences
- MANAGE ACCOUNT
 - Login Information
- QUICK LINKS
 - Learning Center

Greetings AutoZoners and welcome to your new Benefits Center.

Please note that you must make your annual benefit elections between November 1 and November 18 if you want coverage in 2017.

By clicking the button below, I am acknowledging that I have read and agreed to the Terms and Conditions shown on this page.

Get started >

Important Messages for You

You have 30 days to elect your Annual Enrollment benefits.

You must make a choice for EACH plan.

If you want coverage, click ‘Next.’ If you do not want coverage, click ‘I would like to decline coverage.’

Decline Coverage

I would like to decline Medical coverage.

Next

Previous

Cancel

Be sure to click the green ‘Save’ button to save your selections, otherwise you will lose your choices. When you are ready to complete your enrollment, click the green ‘Complete Enrollment’ button.

Save

Complete Enrollment

When you see this message with the green check mark



you have successfully completed your enrollment. You may go back and make edits until November 18.

Note: If you make changes, you will **not** receive this message again.

 Benefits Center



AutoZoner ▾



Congratulations, AutoZoner! You have successfully completed your enrollment.

Your confirmation number is: 11540095595-8b49dd. Please review and print your Benefit Summary Report for your records.

IMPORTANT: Due to timing constraints, recently added dependents and beneficiaries may not be loaded into the platform. Please be sure to have all of the information for your dependents and beneficiaries on hand as you complete the enrollment process.

Table of Contents

Annual Enrollment Guidelines	2	Dental Coverage	16
Benefits Eligibility Groups & Waiting Period	3	Vision Plan Options	16
Eligible Dependent Coverage	3	Disability, Life, EAP, AD&D Benefit Options	17
How to Access Benefits Enrollment	4	MyAZWellbeing	18
BlueCross BlueShield 2017 Medical Plan Options	6	PhysicianNow/MDLive Telemedicine	18
BlueCross BlueShield Plan Comparison	7	BenefitHub—Discounts & Perks Program	19
HSA and HRA - How They Work	8	Bi-Weekly Payroll Deductions	20
2017 Prescription Drug Coverage (BCBST Plans)	9	Glossary of Health Insurance Terms	23
Additional Medical Plan Options: Kaiser	11	Legal Notices	25
HealthSherpa & Med-Enroll	13	Creditable & Non-Creditable Coverage Notices	30
Flexible Spending Accounts	14	Health Care Reform Notices	32
Aflac Voluntary Supplemental Insurance	15	Benefits Contact Directory	35

An electronic copy of this workbook, a Spanish version of this workbook, along with resources and frequently asked questions can be found online in the AutoZone Benefits Center (powered by Benefitfocus). You may also contact the Benefits Service Center at (844) 396-1089, Monday through Friday , from 7 a.m.–7 p.m. CST (during Annual Enrollment) or email autozonebenefitshelp@benefitfocus.com. You can also webchat with a representative. Click the “Live Online Assistance” button at the bottom left hand corner to get started.

This Annual Enrollment Workbook provides a brief summary of the insurance programs and benefits referenced here-in. For detailed information, please refer to the applicable Summary Plan Description (SPD), plan document or insurance certificate. These documents provide you more detailed information on benefit provisions, including any conditions, limitations and exclusions that apply. If there is a discrepancy in the Annual Enrollment Workbook, the plan document or insurance certificate will govern. AutoZone reserves the rights to amend, modify, reduce, discontinue or terminate its benefit plans, and the articles there in, at any time.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 30-31 for more details.

2017 Annual Enrollment Guidelines:

No Action = No Coverage in 2017

NO Action = No Coverage in 2017! ALL AutoZoners wanting coverage effective January 1, 2017, MUST take action to enroll themselves and their eligible dependents during the Annual Enrollment period between Tuesday, November 1 and Friday, November 18. If you do not enroll during this time, you will not have any coverage in 2017.

When do my new benefit elections take effect?

The benefits you elect during the Annual Enrollment period will be effective January 1, 2017 through December 31, 2017— unless you experience a Qualified Life Event.

What is a Qualified Life Event?

Qualified life events include: marriage, divorce, legal separation, domestic partnership status change (California residents only), birth or adoption of a child, change in child's dependent status, death of a spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's benefits eligibility or employment status.

IMPORTANT NOTICE: Working Spouse Surcharge

It has become industry standard for employers to charge extra for a spouse when that spouse has access to other ACA compliant health coverage. The fact is that most employers subsidize their employees at a higher rate than spouses. In many cases this means that it costs less for dual employed households to have separate coverage with their own respective employers.

In an effort to keep healthcare affordable for AutoZoners, AutoZone will be introducing a "working spouse surcharge" in 2017.

The surcharge will **ONLY** apply if a spouse is eligible for ACA compliant coverage through his or her employer and still chooses to come onto the AutoZone Plan.

The surcharge does NOT apply to AutoZone couples.

If applicable, the surcharge will be \$50.00 per bi-weekly pay period.

This information will be captured during enrollment with a simple 3 choice online affidavit.

The language for this affidavit can be seen below:

- O My spouse is not actively working or is self-employed. (If your spouse is not actively working or is self-employed, the spousal surcharge will not apply.)
- O My spouse is actively working but is not eligible for medical coverage. (If your spouse is not eligible for affordable medical coverage that provides minimum value – as those terms are defined by the Affordable Care Act – through his or her employer, the spousal surcharge will not apply.)
- O My spouse is eligible for affordable medical coverage that provides minimum value through his or her employer. However, I am electing to enroll my spouse in the AutoZone Plan (If you elect to enroll your spouse in coverage under the Plan, the \$50.00 per bi-weekly pay period surcharge will apply.)

Benefits Eligibility Groups & Waiting Period

The chart below reflects the waiting periods for the health, disability and life plans by eligibility group:

	Benefits Eligibility Groups		
Plan	Full-Time Salaried classified as “exempt” under Fair Labor Standards Act (FLSA) or non-exempt management defined as (California) store managers, assistant store managers, and managers in training	Full-Time Hourly classified as “non-exempt” under the Fair Labor Standards Act (FLSA), excluding non-exempt management defined as assistant store managers, managers in training and (California) store managers	NEW! Part-Time Benefits classified as “non-exempt” under the Fair Labor Standards Act (FLSA) (Important: Part-Time service does not count towards Full-Time service eligibility)
BCBST Medical & Dental, all Triple S plans, VSP Vision, Health Savings Accounts, and Flexible Spending Accounts	Eligible at 30 days of service	Eligible at 90 days of service	FREE assistance from HealthSherpa to see if you qualify for a subsidy and to find the best coverage at the lowest cost in the Marketplace.
Kaiser Medical (CA)	Eligible at 30 days of service	Eligible at 60 days of service	
Kaiser Medical (HI)	Eligible after working 20 hours or more for (4) consecutive weeks		
Med-Enroll	Free assistance for Full and Part-Time AutoZoners with gross household income of \$35,000 or less in the following states. State sponsored Health insurance (Medicaid) AK,AZ,AR,CA,CO, CT,DE,DC, IL,IN,IA,KY,LA,MD,MA,MI,MN, MT, NV,NH,NJ,NM,NY,ND,OH,OR,VT,WA,WV.		
Paid Sick Leave	Eligible at 6 months of service NOTE: In states and municipalities where there is a Paid Sick Leave Law, sick time will accrue according to the applicable guidelines determined by each state for the first 6 months of your employment.		Not Eligible NOTE: In states and municipalities where there is a Paid Sick Leave Law, sick time will accrue according to the applicable guidelines determined by each state.
Disability	Eligible at 30 days of service	Eligible at 90 days of service	N/A
Basic Life Insurance	Eligible on hire date		N/A
Optional Insurance – Disability, Life and AD&D	Eligible at 30 days of service	Eligible at 90 days of service	N/A
Aflac Supplemental Insurance	Eligible at 30 days of service	Eligible at 90 days of service	Eligible on hire date
401K	Eligible at 1 year of service and at 21 years of age		

Eligible Dependent Coverage

AutoZoners may enroll the following:

- Your legally married Spouse
- Your Child until he or she reaches age 26
- Your unmarried Principal Support Dependents under age 26
- Your domestic partner (DP) and the domestic partner’s child(ren) - California only
- A child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO) or other court administrative order
- Any incapacitated dependent (unmarried and medically certified as disabled) whose disability occurred prior to reaching the limiting age will be covered regardless of age if that dependent was covered under a medical plan prior to reaching the limiting age stated above

IMPORTANT: No dependent child may be covered by more than one AutoZoner in the plan. No dependent child can be covered as both an AutoZoner and a dependent. Married AutoZoners who both work for the company and are eligible for full-time benefits may not cover each other as dependents and must elect coverage separately.


NOTE: AutoZoners who add new dependents during Annual Enrollment will receive information on how to verify those dependents from the Aon Hewitt Dependent Verification Center. Your dependents will not be covered until they are verified. Due to timing constraints, recently added dependents and beneficiaries may not be loaded into the platform. Please be sure to have all of the information for your dependents and beneficiaries on hand as you complete the enrollment process.

How To Access Benefits Enrollment Online

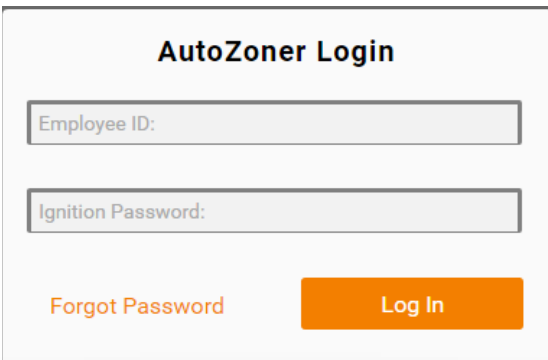
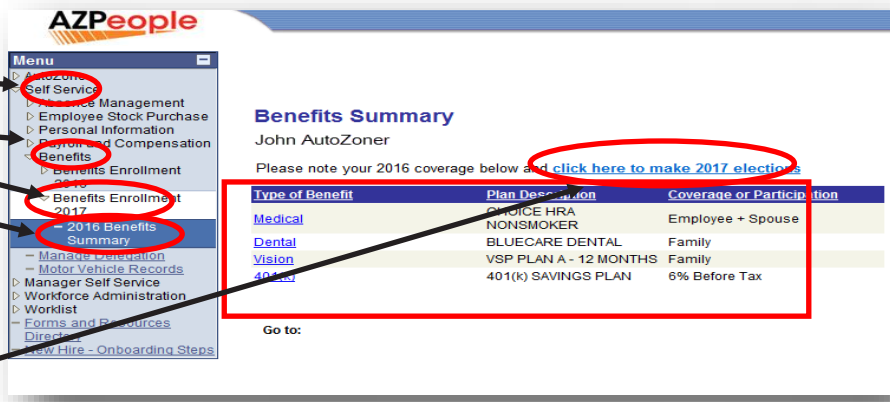
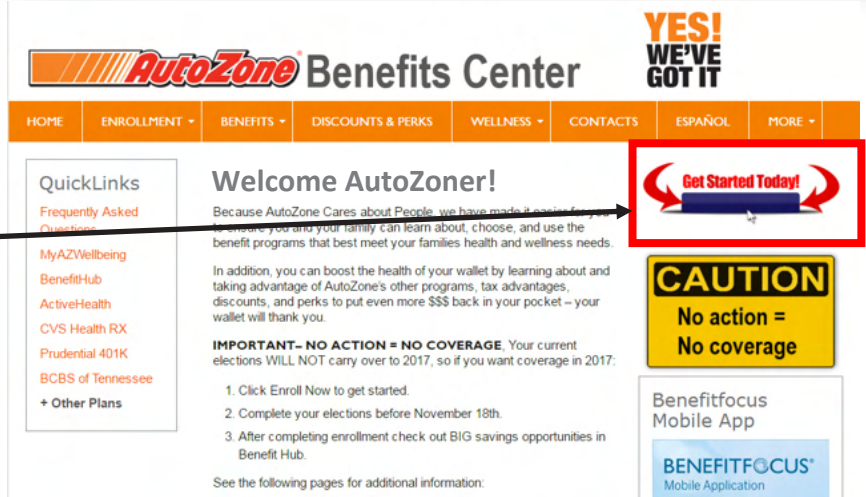
Here are ways to access the new Benefits site and mobile app. **For the best experience using the website, it is recommended that you use the most up-to-date version of Google Chrome® or Safari®.** (Note: After five minutes of inactivity, the system will log you out.)

- Log-in to the AutoZone Intranet or DOC and go to AZPeople → Self Service→Benefits→Benefits Enrollment 2017→ 2016 Benefits Summary→“click here to make 2017 elections”
- From a home computer, go to azpeople.autozone.com → Self Service→Benefits→Benefits Enrollment 2017→ 2016 Benefits Summary→“click here to make 2017 elections”

Assistance during Annual Enrollment - November 1-18 is available Monday — Friday, 7a.m. – 7 p.m. CST.

Contact the Benefits Service Center at (844) 396-1089 or click “Live Online Assistance”  to chat with a representative online or email autozonebenefitshelp@benefitfocus.com

To Access the Website:

<p>From the AutoZone Intranet or DOC</p> <p>Go to AZPeople</p> <p style="text-align: center;">OR</p> <p>from a home computer, go to: azpeople.autozone.com</p> <p>You will see this screen. →</p> <p>Log in using your Employee ID and Ignition password.</p>	
<p>You will then see this screen.</p> <p>Click ⇒ Self Service,</p> <p>⇒ then Benefits</p> <p>⇒ then Benefits Enrollment 2017</p> <p>⇒ then 2016 Benefits Summary</p> <p>Review and print a copy of your 2016 Benefits Summary</p> <p>then,</p> <p>⇒ Select “click here to make 2017 selections”</p>	
<p>You will then be directed to the AutoZone Benefits Center where you can get information on plans, enrollment, and access our new discount site, BenefitHub.</p> <p>Click Get Started Today!</p> <p>Follow the required prompts that must be completed prior to enrolling in coverage.</p>	


How To Access Benefits Enrollment with the Mobile App

From your phone or mobile device, download the Benefitfocus app from the App Store or Google Play.

Or

Scan the QR Code provided below or go to www.autozoneenroll.com to watch a video and get other information about Annual Enrollment, including links to download the app.

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Contact the Benefits Service Center at (844) 396-1089 or click “Live Online Assistance”  to chat with a representative online or email autozonebenefitshelp@benefitfocus.com

To Access the Mobile App	
<p>From a phone or mobile device, download the Benefitfocus app from Google Play or the App Store —></p> <p>Enter “AutoZone” Log-in with your Employee ID & Ignition password</p>	 <p>Benefitfocus</p>
<p>You can also scan the QR Code —> OR go to www.autozoneenroll.com where you can find links to download the app and view an educational video about Annual Enrollment</p>	 
<p>When you open the app, you will need to accept the Terms of Use</p> <p>Enter the company ID —“AutoZone” and click next.</p> <p>You will then see the screen showing here.</p> <p>Log in with your Employee ID and Ignition password.</p>	
<p>You may begin enrolling in your benefits by clicking “Manage My Benefits.”</p> <p>You will also find the educational video here that are on autozoneenroll.com for reference.</p>	

2017 Medical Plan Options:

BlueCross BlueShield of TN (BCBST)



We are proud to offer the same choice of medical options and coverage levels for 2017 that were offered in 2016. All are administered by BlueCross BlueShield of Tennessee to give you the greatest discounts and an extensive network of medical providers. All plans continue to offer you ways to help save money towards qualified healthcare expenses.

NEW! Shop and compare plans with the Medical Plan Modeling Tool to see which plan best fits the needs of you and your family for 2017. You must enroll in order to have coverage in 2017.

Plan	Highlights
Economy HSA \$ (Health Savings Account)	<ul style="list-style-type: none"> • FREE Health Savings Account (HSA) (\$100 minimum annual contribution) • If you enroll in the HSA and complete wellness activities, you can earn wellness reward dollars (up to \$500 - AutoZoner, up to \$1000 - AutoZoner + Spouse)
Basic HSA \$ (Health Savings Account)	<ul style="list-style-type: none"> • FREE Health Savings Account (HSA) (\$100 minimum annual contribution) • If you enroll in the HSA and complete wellness activities, you can earn wellness reward dollars (up to \$500 - AutoZoner, up to \$1000 - AutoZoner + Spouse)
Choice HRA \$ (Health Reimbursement Account)	<ul style="list-style-type: none"> • Health Reimbursement Account (HRA) • Complete wellness activities to earn wellness reward credit (up to \$500 - AutoZoner, up to \$1000 - AutoZoner + Spouse)
Standard HRA \$ (Health Reimbursement Account)	<ul style="list-style-type: none"> • Current Standard Plan Members ONLY will be able to select this Plan • Health Reimbursement Account (HRA) • Complete wellness activities to earn wellness reward credit (up to \$500 - AutoZoner, up to \$1000 - AutoZoner + Spouse)

Medical Plan Modeling Tool Disclaimer

The Medical Plan Modeling Tool is for information purposes only. Access to and use of the Medical Plan Modeling Tool or any of its content (including its text, graphics, images and other material contained on, or linked through the application) is at your own risk.

AutoZone, including all affiliates and subsidiaries (collectively, "AutoZone"), does not provide legal, financial, accounting, health care, insurance, benefit, retirement, or other professional services or advice. Consult the services of a competent professional when you need this type of assistance.

The services provided through the Medical Plan Modeling Tool are independent of AutoZone and are not considered advice, guidance, or recommendations from AutoZone.

AutoZone will not audit or otherwise verify any information you provide through the Medical Plan Modeling Tool and is not responsible for any coverage choices you make or fail to make as a result of utilizing the Medical Plan Modeling Tool.

The Medical Plan Modeling Tool services are provided "as is." To the maximum extent permitted by applicable law, AutoZone disclaims all warranties, express or implied, including any warranty that the service is fit for a particular purpose, title, merchantability, non-interference with or non-infringement of any intellectual property right. AutoZone makes no warranty and disclaims all responsibility and liability for the completeness, accuracy, availability, timeliness, security or reliability of the service or any content thereon. AutoZone does not warrant that your use of the service will satisfy or ensure compliance with any legal obligations or laws or regulations. You are solely responsible for ensuring that your use of the services is in accordance with applicable law.

Your **2017** BCBST Plan Comparison (Same as for 2016)

PLAN ACCOUNT	BCBST Plans							
	Economy HSA		Basic HSA		Choice HRA		Standard HRA (2016 Standard Plan Members <u>ONLY</u>)	
	In-Network	Out-of- Network	In-Network	Out-of- Network	In-Network	Out-of- Network		
ANNUAL DEDUCTIBLE: The amount you owe before your health insurance plan begins to pay.								
Type	True Family*		True Family*					
AutoZoner Only	\$3,500	\$7,000	\$2,500	\$5,000	\$1,000	\$2,000	\$750	\$1,500
AutoZoner + Spouse	\$6,450	\$14,000	\$5,000	\$10,000	\$2,000	\$4,000	\$1,500	\$3,000
AutoZoner + Child(ren)	\$6,450	\$14,000	\$5,000	\$10,000	\$2,000	\$4,000	\$1,500	\$3,000
AutoZoner + Family	\$6,450	\$14,000	\$5,000	\$10,000	\$3,000**	\$6,000	\$2,250**	\$4,500
*True Family: The deductible noted must be reached even if only one (1) family member has charges. **3 Person Maximum								
OUT-OF-POCKET MAXIMUM: The most you pay during a plan year before your health insurance plan begins to pay 100% of the allowed amount.								
Type								
AutoZoner Only	\$6,450	\$12,900	\$6,450	\$12,900	\$6,600	Unlimited	\$5,750	Unlimited
AutoZoner + Spouse	\$12,900	\$25,800	\$12,900	\$25,800	\$12,200		\$11,500	
AutoZoner + Child(ren)	\$12,900	\$25,800	\$12,900	\$25,800	\$12,200		\$11,500	
AutoZoner + Family	\$12,900	\$25,800	\$12,900	\$25,800	\$13,200		\$13,200	
Copays, coinsurance and deductibles count toward the Out-of-Pocket Maximum expense on ALL Plans. Embedded Out-of-Pocket Maximum for ALL Plans: The “AutoZoner Only” out-of-pocket maximum applies to each member of the family until the family out-of-pocket maximum is met. Pharmacy copays and coinsurance also apply to the medical out-of-pocket maximum.								
COINSURANCE: AutoZoner’s share of costs of a covered health care service calculated as a percent of the allowed amount for this service.								
AutoZone pays....	70%	50%	80%	50%	80%	50%	80%	50%
PHYSICIAN SERVICES								
Preventive Care	100%	50%	100%	50%	100%	50%	100%	50%
PCP/Specialist Visit	Ded then 70%	Ded then 50%	Ded then 80%	Ded then 50%	Ded then 80%	Ded then 50%	\$30/\$45	Ded then 50%
HOSPITAL SERVICES								
Inpatient Hospital	Ded then 70%	Ded then 50%	Ded then 80%	Ded then 50%	Ded then 80%	Ded then 50%	Ded then 80%	Ded then 50%
Outpatient Facility	Ded then 70%	Ded then 50%	Ded then 80%	Ded then 50%	Ded then 80%	Ded then 50%	Ded then 80%	Ded then 50%
Emergency Room	Ded then 70%	Ded then 70%	Ded then 80%	Ded then 80%	\$250 + Ded then 80%	\$250 + Ded then 80%	\$250 + Ded then 80%	\$250 + Ded then 80%
Urgent Care	Ded then 70%	Ded then 50%	Ded then 80%	Ded then 50%	Ded then 80%	Ded then 50%	Ded then 80%	Ded then 50%

How the BCBST Economy & Basic Plans' FREE HSA Works

AutoZoners enrolled in the BCBST Economy Plan & HSA or Basic Plan & HSA may contribute pre-tax* dollars to a **FREE** Health Savings Account (HSA), which lowers your taxable income. You decide how much to contribute to your HSA based on your expected health care costs for the year. AutoZone then deducts the funds from your paycheck on a pre-tax basis and sends it to your HSA Account, administered by **ADP (Automatic Data Processing)**. Economy HSA and Basic HSA Plan members can also earn wellness rewards by completing wellness activities such as preventive care exams, health screenings, health assessments, wellness challenges, etc. These dollars are in your account and belong to YOU, and you DON'T lose them if you don't use them. You may pay for qualified medical expenses using your HSA debit card or opt to pay yourself back from your online HSA account. For more information, visit www.spendingaccounts.info/health_savings_account

Important Notes: You must enroll and set up the HSA in order to receive wellness rewards. If you fail to do so, you forfeit the wellness reward dollars. You must contribute at least \$100 annually to enroll in the HSA. Below are the maximum annual amounts you can contribute to the HSA on a pre-tax basis in combined total personal and wellness reward dollars in 2017 as set by the Internal Revenue Service:

- AutoZoner Only: **\$3,400**
- Family: **\$6,750**

*In order to make pre-tax HSA contributions, you may not also be enrolled in any impermissible coverage (e.g., a general purpose health flexible spending account).

NOTE: In tax year 2017, individuals who are age 55 or over at the end of the calendar year can make an additional catch-up contribution of \$1,000 per account holder. A married couple can make two catch-up contributions as long as both spouses are eligible and at least 55 years of age. The catch-up contribution for the spouse must be placed in a separate HSA in their name.



Step	Action
1	Enroll in the Economy Plan & HSA or Basic Plan & HSA .
2	Select the pre-tax amount you want to contribute for the year. (Note: You can enroll in the HSA and or change your contribution amount at any time during the year.)
3	Once enrolled, members will receive an HSA Welcome Kit sent to their home address by ADP. Pre-tax contributions will be automatically taken out of your paycheck once your elections are processed.
4	Use your HSA debit card sent by ADP to pay for qualified health care expenses, such as prescription drugs, doctor visits, dental and vision costs. See a full list at irs.gov . Please note that there is an expense verification process with ADP.
5	Keep track of your HSA—you will receive monthly statements by mail. You can access and manage your account through https://myspendingaccount.adp.com or the ADP mobile application

How the BCBST Choice & Standard Plans' FREE HRA Works



AutoZoners enrolled in the BCBST Choice Plan & HRA or Standard Plan & HRA automatically receive a Health Reimbursement Account (HRA) administered by **BCBST**. Here are some features of the Health Reimbursement Account:

- It works like a credit account
- It offers plan members the opportunity to earn credits by completing wellness activities such as preventive care exams, health screenings, health assessments, wellness challenges, etc.
- BCBST members can check their credit balances anytime by visiting www.bcbst.com/members/autozone

Your 2017 Prescription Drug Coverage—BCBST Plans

When you enroll in one of the BCBST plans, you automatically receive prescription drug coverage through CVS Health, AutoZone's prescription benefit manager.

New! Preventive Drug List coming January 1, 2017. View the entire list available in the Benefits Center or at caremark.com. NOTE: This Preventive Drug List exceeds the preventive care requirements under the Affordable Care Act (ACA) and replaces the ActiveHealth prescription discount program.



It is **VERY IMPORTANT** that you review the medications on the Preventive Drug List. The potential savings from this program may help you decide which medical plan is best for you and your family!

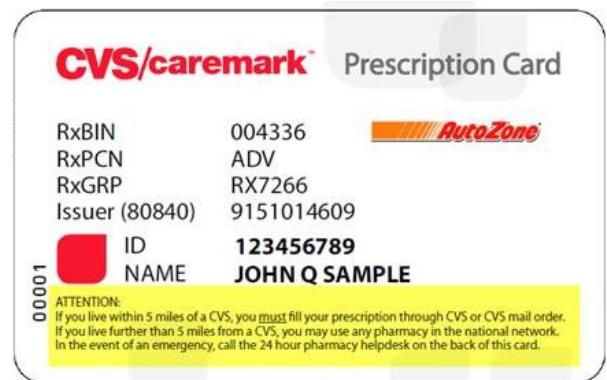
Economy & Basic Plans: The Preventive Drug list for these plans will allow you to bypass the plan's deductible when filling prescriptions with over 200 medications. Generic Drugs on the Preventive Drug List will have a reduced copay of \$5 for 30 day supplies or \$10 for a 90 day supply. Insulin and Test strips will be FREE for brands on the list.

Choice & Standard Plans: Reduced copays for the following classes of drugs: Diabetes, Cholesterol, Hypertension, Asthma, COPD, and Heart Failure. For the Choice or Standard Plans, insulin will be \$55 for a 90-day supply and members would receive the reduced copay in the chart for the 30 day supply. Test strips will be FREE for brands on the list.

NEW LOWER COSTS!	Retail	Mail Order
Generic (copay)	\$5	\$10
Preferred Brands	12.5% coinsurance (\$12.50 min. to \$75 max)	12.5% coinsurance (\$27.50 min. to \$75 max)
Non Preferred Brands (No discount)	50% coinsurance (\$50 min. to \$250 max)	50% coinsurance (\$100 min. to \$250 max)

Take advantage of the CVS near you in 2017: Members residing within 5 miles of a CVS/pharmacy **MUST** fill all prescriptions at CVS/pharmacy or mail service for coverage under the plan.* Members residing outside of the 5 mile proximity to CVS/pharmacy may use any pharmacy within the Caremark National Network. In case of emergency, call the number on the back of your CVS Caremark Prescription card. Assistance is available 24 hours a day.

*Proximity is based on home zip code.



NEW! Discounted Services at MinuteClinic are covered by your Prescription Plan!

Save time and money by treating common illnesses like strep throat, pink eye and earaches by visiting your local MinuteClinic. Sick visits will cost \$15 (after the applicable medical deductible for Economy & Basic Plans only. The deductible does not apply to Choice or Standard Plans). Bring your Prescription ID Card with you when you get care at Minute-Clinic.

MinuteClinic makes it easy and cost effective for you to stay on your path to better health:

- No appointment necessary—open seven days a week, including evenings
- Receive treatment more than 125 minor illnesses and injuries
- Practitioners can write prescriptions when medically appropriate and provide vaccinations such as flu, pneumonia and Hepatitis A/B
- No payment is required at the time of service; any out-of-pocket costs will be billed two to three weeks after time of service
- Preventive services such as health screenings, smoking cessation and flu shots continue to be available at no cost to you

Your **2017** Prescription Drug Coverage—BCBST Plans

To keep out of pocket costs down: choose Generic over Preferred and Brand Name Drugs; and use mail order for three times the supply at only twice the price—90 days for the cost of 60 days mailed directly to your home so you avoid trips to the pharmacy and SAVE.

Avoid the penalty. Take advantage of the lower cost, **CVS Maintenance Choice®** option to help reduce costs of prescribed maintenance medications. Two (2) fills of your maintenance medication are allowed at retail (30 day supply) before a higher copay applies for continuing to fill a 30 day supply at a retail pharmacy. To avoid the higher copay, you must secure a 90 day pre-scription from your medical provider to fill a 90 day supply through Mail Order or a CVS Pharmacy.

Note: Specialty Pharmacy now follows the minimum and maximum copay structure for Preferred and Non-Preferred brands.

PLAN HIGHLIGHTS 30-Day Supply	CVS Health Rx Coverage - BCBST Plans—Retail Pharmacy			
	Economy HSA	Basic HSA	Choice HRA	Standard HRA (2016 Standard Plan Members <u>ONLY</u>)
Pharmacy copays, preventive medication costs and coinsurance also apply to the medical out-of-pocket maximum.				
Generic	\$10 Copay after Med. Deductible	\$10 Copay after Med. Deductible	\$10 Copay	\$10 Copay
Preferred Brand (includes Specialty Pharmacy available mail order only)	25% after Med. Deductible (\$25 Min. to \$150 Max)	25% after Med. Deductible (\$25 Min. to \$150 Max)	25% (\$25 Min. to \$150 Max)	25% (\$25 Min. to \$150 Max)
Non-Preferred Brand (includes Specialty Pharmacy available mail order only)	50% after Med. Deductible (\$50 Min. to \$250 Max)	50% after Med. Deductible (\$50 Min. to \$250 Max)	50% (\$50 Min. to \$250 Max)	50% (\$50 Min. to \$250 Max)

PLAN HIGHLIGHTS 90-Day Supply	CVS Health Rx Coverage - BCBST Plans - Maintenance Choice or CVS Pharmacy—Mail Order			
	Economy HSA	Basic HSA	Choice HRA	Standard HRA (2016 Standard Plan Members <u>ONLY</u>)
Generic	\$20 Copay after Med. Deductible	\$20 Copay after Med. Deductible	\$20 Copay	\$20 Copay
Preferred Brand	25% after Med. Deductible (\$55 Min. to \$150 Max)	25% after Med. Deductible (\$55 Min. to \$150 Max)	25% (\$55 Min. to \$150 Max)	25% (\$55 Min. to \$150 Max)
Non-Preferred Brand	50% after Med. Deductible (\$100 Min. to \$250 Max)	50% after Med. Deductible (\$100 Min. to \$250 Max)	50% (\$100 Min. to \$250 Max)	50% (\$100 Min. to \$250 Max)

Additional Medical Plan Options: (No rate changes)

Kaiser HMO (California AutoZoners only)

MEDICAL PLAN HIGHLIGHTS	
Annual Deductible	
Type	None
AutoZoner Only	
AutoZoner + Spouse	
AutoZoner + Children	
AutoZoner + Family	
Out-of-Pocket Maximum	
Type	
AutoZoner Only	\$1,500
AutoZoner + Spouse	\$3,000
AutoZoner + Children	\$3,000
AutoZoner + Family	\$3,000
Coinsurance	None
Physician Services	
Preventive Care, includes routine eye exams with a Plan Optometrist	100%
PCP/Specialist Visit	\$25
Hospital Services	
Inpatient Hospital	\$500 per Admit
Outpatient Hospital	\$250 per Procedure
Emergency Room	\$100
Urgent care	\$25

PHARMACY PLAN HIGHLIGHTS	
Retail Pharmacy (30-Day Supply)	(Kaiser Pharmacy)
Generic	\$10 Copay
Preferred Brand	N/A
Brand Name	\$30 Copay
Specialty Pharmacy	N/A
Mail Order (90-Day Supply)	(Kaiser Pharmacy)
Generic	\$20 Copay
Preferred Brand	N/A
Brand Name	\$60 Copay
Specialty Pharmacy	N/A

Kaiser DHMO* (Hawaii AutoZoners Only)

MEDICAL PLAN HIGHLIGHTS		PHARMACY PLAN HIGHLIGHTS	
Annual Deductible		Retail Pharmacy (30-Day Supply)	(Kaiser Pharmacy)
Type		Generic	\$3 Copay
AutoZoner Only	\$300	Other Generic	\$15 Copay
AutoZoner + Spouse	\$900	Preferred Brand	N/A
AutoZoner + Children	\$900	Brand Name/Non-Preferred	\$50 Copay
AutoZoner + Family	\$900	Specialty Pharmacy	\$200 Copay
Out-of-Pocket Maximum		Mail Order (90-Day Supply)	(Kaiser Pharmacy)
Type		Generic	\$6 Copay
AutoZoner Only	\$3,000	Other Generic	\$30 Copay
AutoZoner + Spouse	\$9,000	Preferred Brand	\$100 Copay
AutoZoner + Children	\$9,000	Non-Preferred Brand	\$100 Copay
AutoZoner + Family	\$9,000	Specialty Pharmacy	\$400 Copay
Coinsurance	20% coinsurance after deductible		
Physician Services			
Preventive Care	100%		
PCP/Specialist Visit	\$20/\$30		
Hospital Services			
Inpatient Hospital	20% coinsurance after deductible		
Outpatient Hospital	20% coinsurance after deductible		
Emergency Room	20% coinsurance after deductible		
Urgent care	\$15 or 20% coinsurance after deductible (Out-of-Network)		

Effective January 1, 2017, as mandated by the state, all AutoZoners residing in Hawaii will receive coverage through Kaiser.

- Additional outreach will be done by Kaiser to ensure proper transition of care.
- For more detailed information, see the Benefits Guide, available in the AutoZone Benefits Center in 2017.

*Deductible HMO

NEW! HealthCare Resources

HealthSherpa and Med-Enroll are resources available to Part-Time and Full-Time AutoZoners who qualify for assistance. Information will be accessible **during** and **after** Annual Enrollment. Access this information in the AutoZone Benefits Center.

HealthSherpa - Part-Time AutoZoners

HealthSherpa is a FREE resource available to help AutoZoners navigate the Affordable Care Act (ACA/"Obamacare") to find the best Marketplace plan to fit their budget plus health care needs and to help avoid the fine for not having health insurance.

HealthSherpa is available to help the following groups of AutoZoners and their families find quality, affordable health insurance:

- Newly-hired part-time AutoZoners
- Newly-hired full-time AutoZoners waiting for benefits to begin
- Part-time AutoZoners who have experienced a Qualifying Life Event* and could qualify for better coverage at a lower price
- HealthSherpa representatives are available to assist AutoZoners by phone, email, and chat Monday-Friday, from 7am-5pm PT.
- HealthSherpa representatives are available year round to answer AutoZoners' health insurance questions and support health insurance needs.



HealthSherpa is a FREE service, certified as a HealthCare.gov web broker, and operates as a secure website that complies with all federal laws to protect the privacy and security of its users.

To get started: Go to AutoZone.HealthSherpa.com or call (855) 935-5622. Support is available in Spanish and 272 other languages.

HealthSherpa's FREE assistance is optional for AutoZoners, who can also seek coverage on their own at healthcare.gov.

Med-Enroll - Full or Part-Time AutoZoners (See states below)

State Sponsored Health Plans

AutoZone has partnered with Med-Enroll to help AutoZoners understand their health insurance options. Med-Enroll is free for AutoZoners and specializes in assisting people with State Sponsored Health Insurance Plans.

These plans may be the best option for some AutoZoners. Those who qualify for a state plan can benefit significantly through **very low or no premiums** (a bigger paycheck!), no deductibles, and very low co-pays. Coverage includes medical, dental, prescription drugs, and vision.

Eligibility is based upon state of residence, household size and income. It is quick and easy to see if you and your family are eligible:

Access this information in the AutoZone Benefits Center *or* call Med-Enroll at (844) 330-7629

You will be prompted to participate in the screening process for eligibility. This process is confidential and just takes a few minutes. You will be advised if you are eligible for the State Sponsored Health Insurance Plan based upon your answers. If you are potentially eligible, you will be asked to speak to a Benefits Counselor, who will:

Confirm your eligibility

Review the State Health Insurance Plan option with you

Prepare and submit an application for you, if you would like

Assign a case manager to work with you through-out the year

Med-Enroll services are available in the following states. AK, AZ, AR, CA, CO, CT, DE, DC, IL, IN, IA, KY, LA, MD, MA, MI, MN, MT, NV, NH, NJ, NM, NY, ND, OH, OR, VT, WA, WV.

Health Care Flexible Spending Account (FSA)

What is it?

This is a pre-tax account that comes with a debit card and is available to full-time AutoZoners (with or without AutoZone medical coverage) that can be used to pay for qualified medical, dental, and vision expenses for themselves and their eligible dependents. See www.irs.gov for a full list of qualified expenses. (If you are enrolled in the Economy or Basic Plan, you are not eligible for this. Flexible Spending Account – but you can elect a **Limited Purpose Flexible Spending Account**).

For more information, visit www.spendingaccounts.info



Important Notes:

- A Health Care FSA is not a savings account.
- You must use all of your contributions each year or risk losing any unused balance at the end of the benefit plan year.
- To participate, you must contribute at least \$100 annually, which equates to approximately \$3.85 per paycheck.
- Health Care FSA funds cannot be used for insurance premiums.
- Health Care FSA contributions are limited to \$2,600 per year.

Limited Purpose Flexible Spending Account (FSA)

What is it?

If you are enrolled in a HSA, you may also enroll in a **Limited Purpose FSA (LPFSA)** and remain eligible to make pre-tax HSA contributions. This type of FSA is a flexible spending account that you may use to pay for eligible out-of-pocket dental and vision expenses only. This allows you to preserve and grow your savings in your HSA. Health Care Flexible Savings Account limits also apply to the Limited Purpose Flexible Spending Account. See "Important Notes" above.

Dependent Care Flexible Spending Account (FSA)

What is it?

This is also a pre-tax account available to full-time AutoZoners (with or without AutoZone medical coverage) that allows you to save on the care and supervision of your eligible dependents which may include:

- Your child(ren) under age 13
- dependents of any age who are mentally or physically incapable of care for themselves, and who you claim on your federal tax return
- An adult may qualify as your dependent if you provide more than half that person's maintenance costs per year.

Whether you're a single parent or you and your spouse work or attend school full-time, providing supervised care for your dependents is essential to your livelihood. Expenses such as daycare, before and afterschool care or even day camps can amount to significant costs paid directly from your pocket. For more information, visit www.spendingaccounts.info

Important Notes:

- A Dependent Care FSA is NOT a savings account and is not to be used for dependent health care expenses.
- You must use all of your contributions each year or risk losing any unused balance at the end of the benefit plan year.
- To participate, you must contribute at least \$100 annually, which equates to approximately \$3.85 per paycheck.
- Receive reimbursement through simple claims filing.
- ADP processes your request and promptly reimburses you through direct deposit or by check.
- Savings depend on your personal tax situation.
- \$5,000 is the annual regulatory maximum per household for Dependent Care FSA contributions. (\$2500 if married and filing separately)
(2017 limits have not been released at date of publication)



Aflac® Voluntary Supplemental Insurance (for Part-Time & Full-Time AutoZoners)



ALL AutoZoners*, their spouses, and dependent children (under the age of 26) have the option to purchase Group Hospital Indemnity, Group Accident and Group Critical Illness Supplemental Insurance provided by Aflac. When you get sick or hurt, Aflac® pays cash benefits directly to YOU (unless otherwise assigned) - NOT to doctors or hospitals, which means you can have cash on hand to pay for things like childcare, utilities, transportation costs, and mortgage or rent payments. This insurance allows you to focus on recovery and not financial stress. When added to government provided health care plans and plans with high deductibles, Aflac Voluntary Supplemental Insurance can offer additional peace of mind. **Reminder: If you enrolled in Aflac plans in 2016, you will need to enroll again for 2017.** For more information, visit www.aflac.com/autozone.

**Part-time AutoZoners are eligible on their hire date and full-time AutoZoners are eligible at 30 or 60 days of service. See Eligibility Section on page 3 for Waiting Period.*

Group Hospital Indemnity Insurance

Group Hospital Indemnity Insurance plan helps with the out-of-pocket costs associated with a covered hospital stay, including benefits for hospital admission, confinement, and intensive care. It provides financial assistance to enhance your current coverage if you are hospitalized due to a covered accident or covered sickness. *Residents of Massachusetts are not eligible for Group Hospital Indemnity Insurance.

Benefits for hospital stays and expenses:

- Hospital Admission - \$1,000 per admission
- Hospital Confinement - \$100 per day up to 180 days per confinement
- Hospital Intensive Care Unit - \$100 per day 30 day maximum per confinement

Group Accident Insurance

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you through the many stages of care. Group Accident insurance helps with out-of-pocket costs that arise when you have a covered accident such as a fracture, dislocation, or laceration.

Benefits:

- More than 50 events that trigger benefits payments, including Fractures, Dislocations, Ambulance, and Physical Therapy, among others.
- Medical Fees Benefit
- Accidental Death Dismemberment Benefit
- Hospital Admission Benefit
- Hospital Confinement Benefit

Group Critical Illness Insurance

Group Critical Illness insurance plan can help with the treatment costs of covered critical illnesses, such as cancer, a heart attack, or a stroke. More importantly, the plan helps you focus on recuperation instead of the distraction and stress over the costs of medical and personal bills. With group Critical Illness Insurance, you receive cash benefits directly (unless otherwise assigned) - giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Benefits:

- Lump-sum benefit for a covered critical illness such as: cancer, heart attack, stroke, major organ transplant, and end-stage renal failure
- Guaranteed-issue coverage is available in the amount of \$5,000 for AutoZoner and \$5,000 for spouse or \$10,000 for AutoZoner and \$5,000 for spouse. Dependent children under the age of 26 are automatically covered at 50% of the AutoZoner's chosen benefit amount.
- Benefit payable for a recurrence of the same critical illness if the dates of diagnosis are separated by at least 6 months or an additional diagnosis of a different critical illness if separated by at least 30 days.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company, Columbia, South Carolina.

Your 2017 Dental Coverage

The BCBST PPO dental plan is designed to allow you the choice of receiving your dental care from any licensed dentist you choose. You receive the maximum benefits and discounts when you choose an In-Network dentist.

PLAN HIGHLIGHTS	In-Network	Out-of-Network
Deductible	\$50 Individual / \$100 Family	\$50 Individual / \$100 Family
Waived for Preventive Services	Yes	Yes
Calendar Year Maximum	\$1,500 per Person (Excludes Deductible)	\$1,500 per Person (Excludes Deductible)
Preventive Care (Cleanings, Basic X-Rays, etc.)	Covered 100%	Covered 100%
Basic Restorative (Fillings, Extractions, etc.)	Covered 75% (After Deductible)	Covered 50% (After Deductible)
Major Restorative (Crowns, Dentures, etc.)	Covered 60% (After Deductible)	Covered 50% (After Deductible)
Orthodontia (\$1,500 Lifetime Maximum In Network and \$1,000 Out of Network)	Covered 50% (After Deductible)	Covered 50% (After Deductible)

Your 2017 Vision Plan Options

You may use any vision provider for vision care; however, when you use a VSP Choice provider, you'll save money on exams and eyewear, and there are no claim forms. **New for 2017: Save even more on vision care! Sam's and Costco Wholesale Clubs will join the VSP provider network. Visit vsp.com/choice for a full list of participating providers.** The table below provides an overview of the key benefits provided through the AutoZone vision plans. Please refer to the Summary Plan Description (SPD) located on the AutoZone Benefits site for a complete description of benefits including terms of coverage, exclusions and limitations.

NOTE: Premiums remain unchanged for 2017.

Important Note: To find a member doctor, or print your member card (VSP does not mail member cards), visit www.vsp.com. Forget to print your card? Your provider can search for your coverage using your basic personal information.

VSP Vision Benefits			
PLAN HIGHLIGHTS	Plan A (Lenses Every 12 Months)	Plan B (Lenses Every 24 Months)	Out-of-Network Reimbursement
Eye Exam	\$5 Copay every calendar year	\$5 Copay every other calendar year	Up to \$35
Single Vision Lenses	\$10 Copay	\$10 Copay	Up to \$25/pair
Bifocal Lenses	\$10 Copay	\$10 Copay	Up to \$40/pair
Trifocal Lenses	\$10 Copay	\$10 Copay	Up to \$55/pair
Frames	Up to \$120 allowance every year and 20% off amount over allowance	Up to \$120 allowance every 2 years and 20% off amount over allowance	Up to \$45/pair
Contact Lenses (in lieu of glasses)	Up to \$120 allowance every year and 15% off fitting & evaluation	\$120 allowance every 2 years and 15% off fitting & evaluation	Elective—Up to \$105; Medically Necessary—Up to \$210

Additional Benefits:

- Glasses and Sunglasses Discounts: average 35% - 40% savings on non-covered lens options
- Laser Vision Correction:
VSP members can receive an average 15% off regular price or 5% off the promotional price at contracted facilities

VSP & NON-VSP members can receive a 25% discount on Lasik eye surgery procedures from The Lasik Vision Institute. For details and a list of participating locations, visit www.lasikvisioninstitute.com/autozone.

Kaiser Members:

Kaiser Members are eligible to receive routine eye exams with a Plan Optometrist at no charge. (Excludes frames and lenses).

For more information on covered services and exclusions, visit AZPeople under the Forms & Resources Directory to review the full Health and Welfare Summary Plan Description (SPD).

Your 2017 Disability Benefit Options

In the event you are unable to work due to a serious health condition, AutoZone offers company-paid short-term and long-term disability programs to full-time AutoZoners through Aetna. These programs are designed to work together to provide income protection while you are unable to work. **Premiums remain unchanged in 2017 for Short-Term Disability.**

PLAN NAME	SALARIED—PLAN HIGHLIGHT
Company-Paid Short-Term Disability	\$150 per week from the 15th day of illness/injury up to 11 weeks
Company-Paid Long-Term Disability	60% of base monthly earnings up to 2 years
Optional Short-Term Disability	60% of base weekly earnings from 15th day of illness/injury, up to 11 weeks
Optional Long-Term Disability	60% base monthly earnings up to age 65

AutoZoners that reside in California, New Jersey, New York, Rhode Island, and Hawaii are eligible for state disability benefits. You may purchase optional STD coverage, however you should evaluate this coverage based on your earnings and the coverage provided by your state's plan.

Can you live on \$150 per week? Consider purchasing Optional Short Term Disability (STD) Coverage. The purchase of this coverage will provide 60% of your weekly base pay.

Your 2017 Life & Employee Assistance Plans

AutoZone provides basic life insurance for full-time AutoZoners. The chart below lists your coverage amount:

IF YOU ARE ...	THEN YOUR AMOUNT OF COVERAGE IS
Full-time Hourly	\$20,000
Full-time Salaried	2 times your base annual earnings*
Employee Assistance Program	This feature of the basic life plan provides free telephonic and online resources to help with some of life's more difficult concerns, including: short term counseling, financial resources, parenting resources, free online will preparation, and more. This service is available 24/7 and is also available to your covered dependents.
*Actual annualized earnings for the prior calendar year, excluding all stock plans, plus actual commissions & bonuses received.	

Premiums remain unchanged for 2017.

Need more than Basic Life Insurance? You may purchase optional insurance for:

- Yourself: 1, 2 or 3 times your base annual earnings, up to \$5,000,000 combined with the company-paid benefit
- Your Spouse: \$20K, \$30K, \$40K or \$50K
- Your Dependent: \$5K or \$10K

See the AutoZone Benefits Center for full details.

Important Notes: Don't forget to update your Life Insurance Beneficiary(ies). Evidence of Insurability may be required for the optional life plan.

Your 2017 AD&D Benefit Options

Accidental Death and Dismemberment (AD&D) coverage provides benefits to you or your beneficiary if you are dismembered or die in an accident. You must elect coverage for yourself to enroll your eligible dependents.

Premiums remain unchanged for 2017.

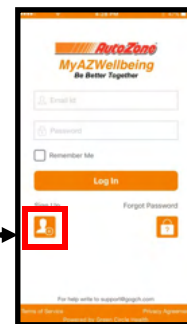
YOU MAY ELECT FOR:	IN THE AMOUNTS OF:
Yourself	1, 2 or 3 times base annual earnings, to a maximum of \$2.0 million
Your spouse	50% of your coverage
Your dependent child(ren)	15% of your coverage

2017 MyAZWellbeing

Take control of your health with the **MyAZWellbeing** mobile application, created for AutoZoners by AutoZoners. This is not just an app, it is a secure* and powerful interaction tool to help us “**Be Better Together!**”

MyAZWellbeing allows you to enter to create a personal profile, set wellness goals and manage your health on the go. It can reach AutoZoners in more than 5,000 locations in real-time and can collect feedback. Most importantly, it was created and will evolve to take great care of AutoZone’s most valuable asset – YOU!

Download the **MyAZWellbeing** app, available from the App Store or Google Play or scan this QR Code or visit **MyAZWellbeing.com** online.



Have you joined the FY17 Healthy Competition?

The FY17 Healthy Competition is a voluntary wellness competition open to all AutoZoners and runs through the end of the fiscal year. The team with the highest participation percentage during the Competition period, October 3, 2016 – August 26, 2017, will win a trophy. Winners will be as follows: Top Region Chain-wide, Top DC, Top Department from ALLDATA, AutoAnything, IMC and SSC.

Help your team win! Get started with the **MyAZWellbeing** app to set and track wellness goals on the go or website or visit **MyActiveHealth.com/AutoZone** to participate using alternative options. (The FY17 Healthy Competition is open to all AutoZoners, who can earn 100 points maximum for participation each quarter of the Competition.)

*MyAZWellbeing is a secure HIPAA Compliant platform powered by Green Circle Health (GCH) . Your information is secure and private, and can only be accessed by you and those you elect to share it with. Please see terms and conditions for additional security information.

2017 Other Wellness Offerings

AutoZoners enrolled in BCBST medical plans can control chronic conditions and take advantage of LifeStyle Management coaching services offered at no cost through ActiveHealth Management. Create an account at **MyActiveHealth.com/AutoZone** to get started. MyActiveHealth also offers alternative ways to participate in the FY17 Healthy Competition for AutoZoners that elect this option. Visit **MyActiveHealth.com/AutoZone** for details.

FREE Condition Coaching	Heart & Blood Vessel; Diabetes; Lung Conditions; High Blood Pressure, and more
Online Web Portal	Free health risk assessment, resources and guidance to improve or maintain the status of your health
Personalized Health Coach	Helps you understand and manage your condition, as well as answers questions about medications, such as side effects
FREE LifeStyle Coaching	Coaching (telephone and online) for conditions such as: Tobacco cessation, weight and stress management, nutrition, and physical activity.
To get started:	Visit myactivehealth.com/AutoZone or call (877) 749-6994

2017 PhysicianNowSM Powered by MDLIVE Telemedicine Benefits

PhysicianNowSM Powered by MDLIVE (Telemedicine) is a unique service that BCBST members (MDLIVE for Kaiser and Triple S members) and their enrolled family members can use for non-emergency medical issues, anywhere, anytime. The program allows you to connect with a board-certified physician or licensed therapist through secure video, phone or email—**24/7/365**. You can use this service while traveling, and often the physician can call in a prescription for you to the pharmacy of your choice. Next time you’re sick, use MDLIVE for assistance and avoid the waiting room and save money!

Conditions Treated	Allergies, sinus problems, headaches/migraines, infections, nausea, pediatric issues, and more
Cost	\$5 Copay for BCBST Standard/Choice, Kaiser, & Triple-S Members; \$38 for BCBST Economy/Basic Plan Members
To Register	BCBST members can register at bcbst.com/members/autozone or mdlive.com/AutoZone or call (888) 632-2738 . Kaiser & Triple S members: Call (888) 632-2738 or go to mdlive.com/AutoZone . Registration is FREE, but you must register before you can use the service—so sign up today!

New! AutoZoner Discounts & Perks Program

Powered by



Welcome to an exciting new way to access discounts for AutoZoners, powered by **BenefitHub**! Grab discounts on thousands of items from brands you love. Receive cash back on everyday purchases and big ticket items, from appliances, to school supplies.

Access **BenefitHub** with one click from the **Benefitfocus** site - **AFTER** you have completed your 2017 benefits enrollment. While on **BenefitHub**, access a variety of discounts like auto insurance quotes, saving you time and money on the insurance you need. One simple click will take you back to Benefitfocus site. *(Note: After five minutes of inactivity, the system will log you out.)*

You will also have access to side-by-side insurance quotes saving you time and money on the insurance you need. *(Note: AutoZoners are **not** required to participate in AutoZone medical coverage to take advantage of savings offered through BenefitHub.)*



2017 Bi-Weekly Payroll Deductions

MEDICAL

	BCBST: Non-Tobacco Rates				BCBST: Tobacco User Rates			
	Economy HSA	Basic HSA	Choice HRA	Standard HRA	Economy HSA	Basic HSA	Choice HRA	Standard HRA
AutoZoner Only	\$24.53	\$ 36.89	\$ 62.85	\$ 96.06	\$ 33.12	\$ 49.80	\$ 84.85	\$129.68
AutoZoner + Spouse	\$55.81	\$ 81.67	\$136.19	\$205.83	\$ 75.34	\$110.25	\$183.86	\$277.87
AutoZoner + Child(ren)	\$46.62	\$ 70.06	\$119.42	\$182.54	\$ 62.93	\$ 94.58	\$161.22	\$246.43
AutoZoner + SP & 1 or 2 CH	\$77.90	\$114.84	\$192.76	\$292.28	\$105.16	\$155.03	\$260.23	\$394.58
AutoZoner + SP & 3+ CH	\$87.71	\$129.58	\$217.90	\$330.71	\$118.41	\$174.93	\$294.17	\$446.46

	Kaiser HMO	Kaiser DHMO (Hawaii Only)
AutoZoner Only	\$126.11	\$9.00
AutoZoner + Spouse	\$264.83	\$88.88
AutoZoner + Child(ren)	\$239.61	\$88.88
AutoZoner + SP & 1 or 2 CH	\$378.33	\$133.32
AutoZoner + SP & 3+ CH	\$378.33	\$133.32

NOTE: As noted, an additional \$50 (per bi-weekly pay period) surcharge will be added to all those covering an eligible working spouse under the applicable tiers. The surcharge will **ONLY** apply if a spouse is eligible for ACA compliant coverage through his or her employer and still chooses to come onto the AutoZone Plan.

Note: You must advise whether you or any of your eligible dependents who are enrolling in the medical benefit program have used tobacco products in the past 90 days. If you are able to certify that you and all of your eligible dependents have not used tobacco products in the past 90 days, you will be charged the non-tobacco rates. If you are not able to certify that you and all of your eligible dependents have been tobacco-free for at least 90 days, you can seek help quitting tobacco through MyActiveHealth.com/AutoZone after enrolling in the plan.

The non-tobacco rates are available to all AutoZoners who participate in the medical benefit program. AutoZoners who are not able to meet the initial standard for the non-tobacco rates are offered a reasonable alternative. If the reasonable alternative is determined by your doctor to be medically inappropriate for you, we will work with you to provide an appropriate alternative. Contact us at (844) 396-1089 for additional information.

2017 Bi-Weekly Payroll Deductions

DENTAL & VISION

	BCBST– Dental	VSP – Plan A (12 Months)	VSP – Plan B (24 Months)
AutoZoner Only	\$8.34	\$5.87	\$2.93
AutoZoner + Spouse	\$19.99	\$12.75	\$6.36
AutoZoner + Child(ren)	\$19.99	\$12.75	\$6.36
AutoZoner + SP & 1 or 2 CH	\$19.99	\$12.75	\$6.36
AutoZoner + SP & 3+ CH	\$19.99	\$12.75	\$6.36

SUPPLEMENTAL SHORT- AND LONG-TERM DISABILITY

Aetna—Bi-Weekly Rates per \$100 of Base Earnings		
	Salary	Hourly
Short-Term (Annual Earnings \$35,000 or Less)	\$0.22 per \$100	\$0.29 per \$100
Short-Term (Annual Earnings Higher than \$35,000)	\$0.35 per \$100	\$0.42 per \$100
Long-Term Disability	\$0.275 per \$100	\$0.376 per \$100

STD Rates: Revised formula and calculation resulting in no payroll contribution or benefit change.

SUPPLEMENTAL LIFE and ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Life per \$1K Base Earnings		Spouse Life Flat Rate		Dependent Child Life Flat Rate		Accidental Death & Dismemberment	
Age	Rate	Coverage	Rate	Coverage	Rate	AutoZoner Only	Family
29 & Under	\$0.042	\$20,000	\$3.69	\$5,000	\$0.969	\$0.007 per \$1,000	\$0.016 per \$1,000
30-34	\$0.051	\$30,000	\$5.54	\$10,000	\$1.940		
35-39	\$0.060	\$40,000	\$7.38				
40-44	\$0.068	\$50,000	\$9.23				
45-49	\$0.102						
50-54	\$0.166						
55-59	\$0.263						
60-64	\$0.395						
65-69	\$0.586						
70 & Over	\$1.062						

Legend: **Red = Increase**

2017 Bi-Weekly Payroll Deductions

AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity Insurance	
AutoZoner Only	\$6.50
AutoZoner + Spouse	\$12.78
AutoZoner + Children	\$9.27
AutoZoner + SP & 1 or 2 CH	\$15.55

AFLAC GROUP ACCIDENT INSURANCE

Accident Insurance	
AutoZoner Only	\$3.39
AutoZoner + Spouse	\$5.47
AutoZoner + Children	\$7.77
AutoZoner + SP & 1 or 2 CH	\$9.85

AFLAC GROUP CRITICAL ILLNESS INSURANCE

Critical Illness Insurance - AutoZoner Only		
Attained Age	\$5,000	\$10,000
18-30	\$0.84	\$1.68
31-40	\$1.44	\$2.87
41-50	\$2.26	\$4.52
51-60	\$3.96	\$7.90
61-65	\$8.23	\$16.44
65+	\$14.59	\$29.17

Critical Illness Insurance		
	AutoZoner + Spouse	AutoZoner (\$10,000) + Spouse (\$5,000)
Attained Age	\$5,000	\$10,000
18-30	\$1.68	\$2.52
31-40	\$2.88	\$4.31
41-50	\$4.52	\$6.78
51-60	\$7.92	\$11.86
61-65	\$16.46	\$24.67
65+	\$29.18	\$43.76

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company, Columbia, South Carolina.

Glossary of Health Insurance Terms

This glossary has many commonly used terms, but it isn't a full list. These are not contract terms. Those can be found in your insurance policy or certificate. You can obtain a copy of the policy on AZPeople under the Forms & Resources Directory or you may call the Benefits Service Center at (844)-396-1089.

Affordable Care Act (ACA)

Signed into law in 2010 by President Obama, the ACA provides low-income purchasers with subsidies to make buying health insurance more affordable through Health Insurance Exchanges. It imposes a tax penalty on those who are uninsured, and prevents insurers from refusing to cover people with a pre-existing condition, or from charging them higher premiums because of a pre-existing condition. The ACA eliminates annual and lifetime caps on how much an insurance company will pay for a policy holder's covered healthcare, and limits out-of-pocket maximums. It also eliminates copayments, deductibles, and coinsurance for basic preventive care services.

Accident Insurance

This insurance enhances primary medical coverage by helping you with expenses should you have an accident (covered by the plan) without having to remove funds from other sources such as a retirement fund or a Health Savings Account (HSA).

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

Appeal

A request for your health insurer or plan to review a decision.

Balance Billing

When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you.

Coinsurance

Costs of a covered health care service shared between the company and you, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. Your company-provided health insurance plan would pay the rest of the allowed amount, which would be \$80.00.

Copay

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Critical Illness Insurance

This insurance enhances primary medical coverage by helping you with the treatment costs of a critical illness (covered by the plan) without having to remove funds from other sources such as a retirement fund or a Health Savings Account (HSA).

Deductible

The amount you owe before your health insurance plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Dependent Care Flexible Spending Account (FSA)

Pre-tax account that allows you to set aside a portion of your paycheck to pay for dependent care. **For 2017, IRS regulations allow up to \$5,000.00 per calendar year, per family.** It is not a savings account and you must use all of your contributions each year or risk losing any unused balance at the end of the benefit plan year.

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Embedded Out-of-Pocket Maximum

Any amount paid toward an *individual's* deductible/out-of-pocket maximum also applies toward the *family's* deductible/out-of-pocket maximum. This allows individuals in the family to have their costs covered before the family deductible/out-of-pocket maximum has been met. Once the family deductible/out-of-pocket maximum are met, the plan covers charges for any family member.

Glossary of Health Insurance Terms (continued)

This glossary has many commonly used terms, but it isn't a full list. These are not contract terms. Those can be found in your insurance policy or certificate. You can obtain a copy of the policy on AZPeople under the Forms & Resources Directory or you may call the Benefits Service Center at 1-800-311-6975.

Excluded Services

Health care services that your health insurance or plan does not cover.

Grievance

A complaint that you communicate to your health insurer or plan.

Health Care Flexible Spending Account (FSA)

Pre-tax account that allows you to set aside a portion of your paycheck to pay for certain out-of-pocket health care costs. **In 2017, Health Care FSAs are limited to \$2,550 per year and funds cannot be used for insurance premiums.** You must use all of your contributions each year or risk losing any unused balance at the end of the benefit plan year.

Health Reimbursement Account (HRA)

The Health Reimbursement Account works like a credit account, offering you the opportunity to earn credit by completing wellness activities such as preventive care exams, health screenings, and health assessments, etc. Credit earned for these may be applied to the future medical expenses. (The IRS refers to this as a Health Reimbursement Arrangement).

Health Savings Account (HSA)

A triple tax-advantaged health savings account available to those who are enrolled in a high-deductible health plan such as the BCBST Economy HSA or Basic HSA plan. **In 2017, annual combined contributions and wellness dollars earned are limited to \$3,400 for an individual and \$6,750 for a family.**

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospital Indemnity Insurance

This Insurance enhances your primary medical coverage by helping you with expenses should you be admitted to the hospital for an accident or illness (covered by the plan) without having to remove funds from other sources such as a retirement fund or a Health Savings Account (HSA).

Limited Purpose Flexible Spending Account (LFSA)

A pre-tax account that you may use to pay for eligible out-of-pocket dental and vision expenses only. It allows you to preserve and grow your savings in your HSA.

Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, disease or its symptoms and that meet accepted standards of medicine.

Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Preauthorization

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Out-of-Pocket Maximum

The most you pay during a plan year before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments or other expenses toward this limit. The In-Network limit is separate from the Out-of-Pocket Maximum.

Summary of Benefits Changes (SBC)

The **Summary of Benefits Changes** is an easy-to-read summary that lets you make apples-to-apples comparisons of costs and coverage between health plans. You can compare options based on price, benefits, and other features that may be important to you. You will get the "Summary of Benefits and Coverage" (SBC) when you shop for coverage on your own or through your job, renew or change coverage, or request an SBC from the health insurance company.

Summary of Material Modification (SMM)

The **Summary of Material Modification** describes material modifications to a benefit plan. These changes in the information are required to be in the SPD and are automatically provided to participants and pension plan beneficiaries receiving benefits no later than 210 days after the end of the plan year in which the change is adopted.

Summary Plan Description (SPD) for Health Plans

The **Summary Plan Description, or SPD** is the main vehicle for communicating **plan** rights and obligations to participants and beneficiaries. As the name suggests, it is a **summary** of the material provisions of the **plan** document, and it should be understandable to the average participating AutoZoner.

Legal Notices

Overview	Listed below are legal notices that AutoZone is required to distribute. These notices are informational only and require no action. Copies of the full notices are available on AZPeople, Forms and Resources Directory. To request a copy contact the AutoZone Benefits Service Center at (844) 396-1089 .
Disclaimer	<p>Your participation in the Benefits Plan(s) does not guarantee your continued employment with the Company. All AutoZoners remain subject to discharge, discipline or layoff to the same extent as if the Benefit Plan(s) had not been put in effect. The benefits offered under the Benefit Plan(s) are in no way vested or guaranteed.</p> <p>This guide provides a brief summary of the insurance programs and benefits referenced herein. For detailed information, please refer to the applicable Summary Plan Description (SPD), plan document or insurance certificate. These documents provide more detailed information on benefit provisions, including a conditions, limitations and exclusions that apply.</p> <p>If there is a discrepancy between the information in this summary and the SPD, the plan document or insurance certificate, the SPD, plan document or insurance certificate will govern. The SPD can be found in the Benefits Center on the Benefitfocus site. Access it by logging in to azpeople.autozone.com or access it on the Benefitfocus mobile app.</p> <p>AutoZone reserves the right to amend, modify, reduce, discontinue or terminate its benefit plans at any time.</p>
Women’s Health and Cancer Rights Act of 1998 (WHCRA)	<p>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 patient, for:</p> <ul style="list-style-type: none"> ▪ 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; and ▪ treatment of physical complications of the mastectomy, including lymphedema <p>These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical benefit programs sponsored by AutoZone, Inc.</p>
Newborn and Mothers Health Protection Act	<p>Group health plans, such as the medical benefit programs sponsored by AutoZone, Inc., 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, group health plans and insurance 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).</p>

Legal Notices, *Continued*

Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW MEDICAL, PRESCRIPTION, DENTAL AND VISION INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

AutoZone, Inc. (the "Company") sponsors the AutoZone, Inc. Welfare Benefit Plan (the "Plan"), which offers an array of welfare benefits to certain Company employees, which may include medical, prescription drug, dental, vision, health care flexible spending account, health reimbursement account and wellness benefits ("health benefits"). The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and the rules to carry out this law ("Privacy Rules"), require health plans to notify participants and beneficiaries (through a "Notice of Privacy Practices") about the policies and practices the Plan has adopted to protect the confidentiality of their health information, including health care payment information. The Notice of Privacy Practices describes the privacy policies of the portion of the Plan that provides self-insured health benefits. A copy of the Notice of Privacy Practices can be found on AZPeople, and AutoZoners may request a paper copy at any time by contacting the AutoZone Benefits Service Center at (844) 396-1089 .

Special Enrollment Rights Notice:

You and your eligible dependents may enroll in the medical benefit program under the following circumstances:

Individuals Losing Other Coverage. If you declined coverage under the medical benefit program when it was first available because of other health coverage, and that coverage is later lost on account of: exhaustion of COBRA Continuation Coverage, Lost Eligibility for Other Coverage, or termination of employer contributions towards the other coverage, you and your eligible dependents may enroll in the medical benefit program on or before the date that is 60 days after the date you lost that other coverage.

New Eligible Dependents. If you initially declined enrollment for yourself or your eligible dependents and you later have a new eligible dependent because of marriage, birth, adoption, or placement for adoption, you may enroll yourself and your new eligible dependents (including an eligible dependent spouse if you have a new eligible dependent child), as long as you request enrollment on or before the date that is 60 days after the marriage, birth, adoption, or placement for adoption.

Medicaid and CHIP. If you or your eligible dependent children are eligible for, but not enrolled in, the medical benefit program and you or your Eligible Dependent Children: lose coverage under Medicaid or a State child health plan ("CHIP"), or become eligible for a premium assistance subsidy through Medicaid or CHIP, you and your eligible dependent children may enroll in the medical benefit program. However, you will need to request enrollment on or before the date that is 60 days after the loss of coverage or the date you or your Eligible Dependent Children became eligible for the premium subsidy.

These 60-day periods are "**Special Enrollment Periods.**" To request special enrollment or obtain more information, contact the AutoZone Benefits Service Center at (844) 396-1089 .

MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) NOTICE

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage under the AutoZone, Inc. Welfare Benefit Plan (the “Plan”), 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, you can 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, you can 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, you can ask the 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 and you are eligible for the Plan, the Plan is required to permit you and your dependents to enroll in the Plan’s medical benefit option – if you are not 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, 2016. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS – Medicaid	NEVADA – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
NEBRASKA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
RHODE ISLAND – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH CAROLINA – Medicaid	WASHINGTON – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
SOUTH DAKOTA - Medicaid	WEST VIRGINIA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
TEXAS – Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
UTAH – Medicaid and CHIP	WYOMING – Medicaid
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VERMONT– Medicaid	
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa www.cms.hhs.gov
1-866-444-EBSA (3272)

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

Creditable Coverage Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the BCBST medical plans **through CVS Health**, Kaiser HMO, and Triple S under the AutoZone, Inc. Associates Medical Benefit Plan ("Plan") and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. AutoZone, Inc. has determined that the prescription drug coverage offered by the BCBST Standard HRA and Choice HRA plans through CVS Caremark, Kaiser HMO and Triple S medical benefit options under the Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current AutoZone coverage will not be affected. A description of the prescription drug coverage offered by the Plan can be found in the Plan's summary plan description.

If you do decide to join a Medicare drug plan and drop your current AutoZone coverage, be aware that you and your dependents may not be able to get his coverage back unless you enroll during annual enrollment, during a HIPAA special enrollment period, or you experience another event that would permit you to enroll in this coverage during the plan year.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the department listed below for further information. **NOTE:** You will receive this notice each year. You will also receive this notice before the next period you can join a Medicare drug plan, and if the prescription drug coverage under the AutoZone Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	October 2016
Name of Entity/Sender:	AutoZone, Inc.
Contact—Position/Office:	AutoZone Benefits Center
Address:	123 S. Front Street Memphis, TN 38103
Phone Number:	(844) 396-1089

Non-Creditable Coverage Notice

Important Notice From AutoZone, Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Economy Plan & HSA medical benefit option and Basic Plan & HSA medical benefit option **through CVS Health** under the AutoZone, Inc. Associates Medical Benefit Plan ("Plan") and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. AutoZone, Inc. has determined that the prescription drug coverage offered by the Economy Plan & HSA medical benefit option and Basic Plan & HSA medical benefit option **through CVS Health** under the Plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered **Non-Creditable Coverage**. This is important, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the BCBST Basic HSA and Economy HSA medical benefit options under the Plan. It may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

3. You can keep your current coverage from the Economy Plan & HSA medical benefit option and Basic Plan & HSA medical benefit option **through CVS Health**. However, your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, when and if, you join a drug plan. Once, you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully as it explains your options.

When Can You Join A Medicare Drug Plan?

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

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under the Economy Plan & HSA medical benefit option and Basic Plan & HSA medical benefit option **through CVS Health**, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

If you decide to join a Medicare drug plan, your current AutoZone coverage will not be affected. A description of the prescription drug coverage offered by AutoZone can be found in your summary plan description.

If you do decide to join a Medicare drug plan and drop your current AutoZone coverage, be aware that you and your dependents will not be able to get this coverage back unless you enroll during annual enrollment, during a HIPAA special enrollment period, or you experience another event that would permit you to enroll in this coverage during the plan year.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the department listed below for further information. **NOTE:** You will receive this notice each year. You will also receive it before the next period you can join a Medicare drug plan and if the prescription drug coverage under the AutoZone Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage: Visit www.medicare.gov. Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: October 2016

Name of Entity/Sender: AutoZone, Inc.

Contact-Position/Office: AutoZone Benefits Center

123 S. Front Street

Memphis, TN 38103

Health Care Reform—Eligibility Notice

This notice is to inform you of an important change that affects your eligibility for company-sponsored medical benefits. AutoZone Parts, Inc. (“AutoZone”), like many employers, is making changes to our policies and benefits in order to comply with the mandates of the Patient Protection and Affordable Care Act (PPACA). PPACA mandates started in 2010 and were enacted to help give people access to affordable healthcare. One of the mandates impacting AutoZoners and AutoZone is the **definition of full-time**:

Under federal law the definition of a full-time employee for the purposes of employer-sponsored medical plan eligibility is someone working an average of 30 hours a week or more over a defined period of time (a “measurement period”).

To comply, AutoZone’s measurement period for determining medical plan eligibility effective January 1, 2017 is the 52 weeks between **October 11, 2015 and October 8, 2016**. Once eligible and enrolled, AutoZoners remain eligible for medical benefits for a period equal to the measurement period (52 weeks); this is known as a “stability period.” To determine your benefits eligibility for plan year 2017, AutoZone will consider the average number of hours you worked over the 52-weeks measurement period.

If you have been employed for at least 52 consecutive weeks as of October 8, 2016, and ...	Then ...
worked an average of 30 hours or more per week	you will be eligible to enroll in comprehensive health benefits effective January 1, 2017
worked less than an average of 30 hours per week	you will be considered part-time and will not be eligible to enroll in comprehensive health benefits for 2017

Unique consideration is given to those AutoZoners who have been classified in our payroll system as full-time for less than 52 consecutive weeks, or who have not yet been employed by AutoZone for 52 consecutive weeks of employment.

If you have been in a full-time status for less than 52 consecutive weeks (or employed less than 52 weeks, as of October 8, 2016), and ...	Then ...
are classified in our payroll system as full-time	you will be eligible to enroll in comprehensive health benefits effective January 1, 2017
are classified in our payroll system as part-time	you will not be eligible for comprehensive benefits unless and until you gain full-time status, or following 52-consecutive weeks with AutoZone, AutoZone determines you are working an average of 30 or more hours per week

If you are currently enrolled in our benefit plans, **and** you are no longer eligible due to the number of hours worked, **then** you will be notified in October 2016.

You may, however, be eligible to continue your medical, dental, and vision benefits under COBRA. You will not be eligible for comprehensive benefits again unless and until you gain full-time status or AutoZone determines you are working an average of 30 hours 30 hours or more per week the next time hours are calculated. Hours are calculated annually in October for all AutoZoners with 52 weeks of service, and at the end of each pay period throughout the year when an AutoZoner reaches 52 consecutive weeks.

For more information about health care coverage requirements under the PPACA, go to www.healthcare.gov.

For more information about AutoZone coverage and eligibility, refer to the AutoZone Benefits Guide which can be located on the AutoZone Intranet on the Benefits tab.

Health Care Reform—Exchange Notice

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

The Health Insurance Marketplace offers a new way to provide health insurance. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment--based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. The 2017 open enrollment period for the Marketplace is November 1, 2016 through January 31, 2017.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than a specified percentage of your household income for the year (the percentage is 9.66% in 2016 and 9.69% in 2017), or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. An employer-sponsored health plan meets the "minimum value" standard if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage— is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the AutoZone Benefits Service Center at (844) 396-1089 .

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Continued on next page

Health Care Reform—Exchange Notice, cont'd.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer Name: AutoZone, Inc.

Employer Identification Number: 62-1482048

Employer Address: 123 S. Front Street

Employer City/State/Zip: Memphis, TN 38103

Phone Number: (844) 396-1089

Email Address: hr.benefits@autozone.com

Here is some basic information about health coverage offered by this employer:



- As your employer, we offer a health plan to: All eligible employees.
- Eligible employees are: All Full-Time, Eligible AutoZoners
- With respect to dependents: We do offer coverage to Eligible Dependents.
- This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

The eligibility requirements for AutoZone's medical benefits are described in more detail in the summary plan description for the medical benefit program.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.

2017 Benefits Contact Directory

Plan/Provider	Policy Number	Telephone	Website	Mobile App
Enrollment & Eligibility – AutoZone Benefits Service Center	Employee ID #	Phone: (844) 396-1089 Fax: (901) 495-8335	azpeople.autozone.com/or autozoneenroll.com to download the app	Benefitfocus® 
Medical – BlueCross BlueShield of Tennessee (BCBST)	130401	(844) 900-9663	www.bcbst.com/members/autozone	myBlueTN
Health Savings Account – Account Data Processing (ADP)		(888) 557-3156	https://myspendingaccount.adp.com Educational tools: www.spendingaccounts.info/	ADP Mobile Solutions
Flexible Spending Accounts— Health Care, Limited Purpose & Dependent Care		(888) 557-3156	https://myspendingaccount.adp.com Educational tools: www.spendingaccounts.info/	ADP Mobile Solutions
Medical (CA & HI Only) – Kaiser Permanente	S. CA: 225776 N. CA: 38693	(800) 464-4000	www.kp.org	
Medical (Puerto Rico Only) – Triple S	1-13541	(800) 255-4375	www.ssspr.com	
Aflac Supplemental Insurance (Group Hospital Indemnity, Accident, and Critical Illness)	22128	(888) 367-4611	www.aflac.com/autozone	
Pharmacy – CVS Health	AZONE	(877) 668-8982	www.caremark.com/autozone	CVS/pharmacy
MyAZWellbeing – Green Circle Health			www.myazwellbeing.com For Technical Support, email to: support@gogch.com	MyAZWellbeing 
MyActiveHealth - ActiveHealth Management	BCBST member ID	(877) 749-6994	myactivehealth.com/autozone	
PhysianNow (Telemedicine) MDLive (Telemedicine)	BCBST, Kaiser or Triple S member ID	(888) 632-2738	www.mdlive.com/autozone	MDLIVE Telehealth
Dental – Dental Blue (BCBST) Preferred Choice	130401	(800) 523-1478	www.bcbst.com/members/autozone	myBlueTN
Vision – Vision Service Plan	12079672	(800) 877-7195	www.vsp.com	
Life and Accidental Death & Dismemberment – Dearborn National	F019108	(888) 908-9979	www.dearbornnational.com	
Disability – Aetna	N/A	(888) 807-3761	www.aetnadisability.com	
Employee Assistance Program – ComPsych	AutoZone	(877) 237-3954	www.guidanceresources.com	
401(k) – Prudential Retirement	768062	(877) 778-2100	www.prudential.com/online/retirement	
Puerto Rico Retirement Savings Plan – Pension Administrators Group (PAG)	N/A	(787) 977-8496	www.pagi.biz	
HealthSherpa— Assists PT Auto-Zoners find the best Marketplace plan & determine if they qualify for a subsidy	N/A	(855) 935-5622	AutoZone.HealthSherpa.com	
Med-Enroll— Helps PT & FT Auto-Zoners determine if they qualify for low or no cost coverage through state sponsored health plans	N/A	(844) 330-7629	www.azpeople.autozone.com	



AutoZone Benefits Service Center

(844) 396-1089

Monday—Friday from 7:00 am to 7:00 pm (CST)

Or

email autozonebenefitshelp@benefitfocus.com

or

Chat Online with a Representative

