



2022 Pre-65 FedEx Retiree Health Plan Enrollment Guide

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

This communication is applicable to eligible retirees of Federal Express Corporation (excluding retirees residing in Puerto Rico); FedEx Corporate Services, Inc.; FedEx Corporation; FedEx Cross Border Holdings, Inc.; FedEx Cross Border Technologies, Inc.; FedEx Custom Critical, Inc.; FedEx Forward Depots, Inc.; FedEx Freight Corporation; FedEx Logistics, Inc.; FedEx Trade Networks Trade Services, LLC; FedEx Trade Networks Transport & Brokerage, Inc.; and World Tariff, Limited.

This enrollment guide is intended to be a summary of the retiree medical, dental and vision benefits effective Jan. 1, 2022, and offered to eligible pre-65 retirees and their eligible pre-65 Spouse and eligible children. The details of the FedEx Corporation Retiree Group Health Plan (“FedEx Retiree Health Plan” or “Plan”) can be found in the official Plan document. If there are any discrepancies between the information in this book and the official Plan document, provisions of the Plan document will govern.

Retirees eligible for the benefits described in this guide may include any former U.S.-based or domestic employee of Federal Express Corporation (excluding retirees residing in Puerto Rico); FedEx Corporate Services, Inc.; FedEx Corporation; FedEx Cross Border Holdings, Inc.; FedEx Cross Border Technologies, Inc.; FedEx Custom Critical, Inc.; FedEx Forward Depots, Inc.; FedEx Freight Corporation; FedEx Logistics, Inc.; FedEx Trade Networks Trade Services, LLC; FedEx Trade Networks Transport & Brokerage, Inc.; World Tariff, Limited and any other subsidiary that adopts the Plan who has satisfied the eligibility requirements for the Plan. Former employees of Federal Express Virgin Islands, Inc.; retirees domiciled in Guam and the U.S. Virgin Islands; and collectively bargained pilots are not eligible to participate. An individual who is classified by a participating employer as an independent contractor or leased employee is not eligible to participate in any benefit plans sponsored by the employer.

This booklet serves as a summary of material modifications to the FedEx Retiree Health Plan, but is not the Summary Plan Description. It must be understood that information contained in this booklet cannot alter, modify, or otherwise change conflicting information in the controlling legal documents in any way. **FedEx reserves the right to amend or terminate the Plan at any time and for any reason.**

As a participant in the FedEx Retiree Health Plan, it is your sole responsibility to manage the benefits for you and any eligible dependents.

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

Table of Contents

Tips for Enrollment	2
What’s New or Different This Year?	4
Who’s Eligible?	5
Change in Eligibility Status & Impact to Coverage.....	6
Return to Active-Employment Status & Impact to Coverage Eligibility.....	6
Medicare Eligibility & Impact to Coverage.....	6
Overview of Your Pre-65 Retiree Health Benefits	7
Quick Summary of Your FedEx Retiree Medical, Dental and Vision Coverage Options.....	7
How to Enroll.....	8
How Much It Costs.....	8
How to Pay for It.....	9
What Happens If You Don’t Enroll During Annual Enrollment?.....	9
Adding or Dropping Dependent Coverage.....	10
Your FedEx Retiree Medical Plan	11
Cigna.....	11
Kaiser (California Retirees only).....	32
Hawaii Medical Services Association (HMSA—Hawaii Retirees only).....	34
FedEx Retiree Health Premium Account (RHPA)—Cigna, Kaiser & HMSA.....	36
FedEx Medical Health Reimbursement Account (Medical HRA)— Cigna & Kaiser only.....	37
How Deductibles & Out-of-Pocket Maximums Work.....	39
ConsumerMedical—Lifestyle Services.....	40
Your FedEx Retiree Dental Plan	42
Your FedEx Retiree Vision Plan	45
Resources & Contact Information	49
Legal Notices	50
Premium Assistance Under Medicaid & the Children’s Health Insurance Program (CHIP)	54
Frequently Asked Questions	59
FedEx Corporation Retiree Group Health Plan.....	59
FedEx Corporation Retiree Health Reimbursement Arrangement and the Retiree Health Premium Account (RHPA).....	60
FedEx Medical Health Reimbursement Account (Medical HRA).....	61
Appendix	62
Who’s Not Eligible & How Does Medicare Eligibility Affect Retiree Health Benefits?.....	62
More About Child(ren) Dependents.....	64
Information for Retirees Approaching Age 65.....	64
Definitions.....	65

Enrollment Checklist

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



To Enroll Online:

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



To Enroll by Phone:

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



Remember: FedEx Retiree Medical Plans generally no longer cover out-of-network providers unless you reside in Alaska, are enrolled in Cigna's FedEx Retiree Out-of-Area option, **or** obtain care in certain emergency situations.



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



Turning 65 this year? Beware of potential coverage lapse! At age 65, you're no longer eligible for the pre-65 options described in this guide. You should contact Medicare (www.medicare.gov) at least three months before your 65th birthday and check enrollment dates to make sure you have no lapse in coverage as you age out of the FedEx Retiree Health Plan and into Medicare.

Important Action Item: Review your Enrollment Notice!

If you were enrolled in the FedEx Retiree Health Plan in 2021, the Enrollment Notice that was recently mailed to you will show your **default enrollment for 2022**. If you do not make changes during the Annual Enrollment period, your default enrollment is the coverage you will have for plan year 2022.

Additional Enrollment Options

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

- An individual health insurance plan through the public exchange administered by your state or the Federal Health Insurance Marketplace (if available*) at www.healthcare.gov
- An individual health insurance plan through a private exchange (if available*), for example, the Aon Retiree Health Exchange (ARHE) partner eHealth
- Coverage through a new employer or your Spouse's employer (if you're married)

Contact the provider directly for benefits information, enrollment materials and enrollment assistance.

** The number of plan choices available to you through the private or public exchanges is determined by the insurance carriers that do business in your area. Not all carriers participate in the exchanges in all locations and, in some cases, there may be no plan choices available through an exchange. Keep in mind: You will still have access to the FedEx Retiree Health Plan.*

What's New or Different This Year?

70 Broad is back! (Cigna only) Cigna's 70 Broad Plan Option is available for 2022. To enroll in the 70 Broad Plan Option, you must actively select it during Annual Enrollment or, if you're new to the FedEx retiree health plan, by the deadline in your retiree health enrollment packet. See page 11 for more information.

New lifestyle programs available. (Cigna only) Cigna members will have access to three virtual lifestyle programs: Omada, RecoveryOne and Foodsmart. See page 19 for more information.



Who's Eligible?

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

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

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

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

- Natural child
- Stepchild
- Legally adopted child, including a child placed in your home for the purpose of adoption*
- Child for whom you have legal guardianship*
- Child for whom you are required to provide coverage under a Qualified Medical Child Support Order (QMCSO), as long as the child meets the definition of an eligible dependent*
- Child over age 26 who meets the guidelines for mental or physical incapacitation before age 26 for medical, dental and vision coverage
- Child who is younger than age 26 for medical, dental and vision coverage (up to midnight on the last day of the month of the eligible child's 26th birthday)

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

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

IMPORTANT: If you are currently covering an individual who does not meet the definition of an eligible dependent, you should contact the FedEx RSC. Any misrepresentation of dependent information will be considered a deliberate falsification of company records and constitutes grounds for rejection of the dependent. You may be required to repay to the Plan any amount paid by the Plan for the ineligible dependent. You may be required to validate your dependents' eligibility annually.

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

**Legal documents must be provided.*

Change in Eligibility Status & Impact to Coverage

Coverage ends **automatically** when:

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

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

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

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

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

Return to Active-Employment Status & Impact to Coverage Eligibility

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

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

Medicare Eligibility & Impact to Coverage

You must notify the FedEx RSC if you or any of your covered dependents become eligible for Medicare due to disability. If you don’t notify the FedEx RSC of your Medicare eligibility status, you will still be responsible for reimbursing the Plan for any benefits the Plan paid that it would not have paid had your Medicare-eligible status been known to the Plan, **even if you do not enroll in Medicare**.

Once a Spouse or dependent becomes Medicare-eligible due to disability, the FedEx Retiree Health Plan becomes secondary coverage to Medicare and will pay benefits as if the individual is covered by Medicare—even if the individual has not enrolled in Medicare. Periodic audits are performed between the plan carriers and Medicare to identify covered participants who are Medicare-eligible.

Overview of Your Pre-65 Retiree Health Benefits

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

Talk to a Benefits Expert

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

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

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

Your **FedEx pre-65 retiree medical coverage** options are based on where you live.

Cigna plans are administered by Cigna, available to U.S.-based retirees (excluding Hawaii and Puerto Rico), include prescription drug coverage, and offer a Health Reimbursement Account (HRA). To learn more about the Cigna plans, refer to the “Your FedEx Retiree Medical Plan” Cigna section.

Kaiser plans are administered by Kaiser Permanente, available to California retirees only, include prescription drug coverage, and offer a Health Reimbursement Account. California retirees can choose either a Kaiser or Cigna plan option. Refer to the “Your FedEx Retiree Medical Plan” Kaiser section for more information.

HMSA plans are administered by the Hawaii Medical Services Association, available to Hawaii retirees only, include prescription drug coverage and do not offer a Health Reimbursement Account. HMSA plans are the only plan options available to Hawaii retirees. Refer to the “Your FedEx Retiree Medical Plan” HMSA section for more information.

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



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

How to Enroll

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

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

Phone: Speak with a benefits expert by calling the FedEx RSC at **1.855.604.6221** Monday–Friday from 7 a.m.–6 p.m., Central time.

 <p>Annual Enrollment for the FedEx Retiree Health Plan Enroll/Change your elections by Nov 15, 2021.</p>	<p>You can do more online. Review your current coverage, search for providers in your area, review plan options and conduct side-by-side comparisons of different plans at retirement.fedex.com/enroll.</p>	
--	--	---

Important Action Item:
Confirm that all your providers are in your Plan option!

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

How Much It Costs

Refer to the “Your FedEx Retiree Medical Plan,” “Your FedEx Retiree Dental Plan” and “Your FedEx Retiree Vision Plan” sections for benefit costs.



How to Pay for It

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

Don't forget about the RHPA and the Medical HRA—accounts funded by FedEx to help you pay for eligible health care expenses.

- If you have a Retiree Health Premium Account (RHPA), you can use it to help pay some or all of your eligible premium costs. Refer to the “FedEx Retiree Health Premium Account (RHPA)—Cigna, Kaiser & HMSA” section for more information.
- The Cigna and Kaiser plan options feature a Medical HRA. Refer to the “FedEx Medical Health Reimbursement Account (Medical HRA)—Cigna & Kaiser Only” section for more information.

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

	If you maintained coverage in 2021 in the FedEx Retiree Health Plan, this is what happens if you don't enroll during Annual Enrollment:	If you did not have or maintain retiree health coverage in 2021, this is what happens if you don't enroll during Annual Enrollment:
Medical Coverage	You'll have the same coverage election as you had in 2021. Remember! Participating providers and facilities can change from year to year, even if your plan does not change.	You will not have coverage in 2022, and you will not have another opportunity to enroll until next year's Annual Enrollment.
Dental & Vision Coverage	You'll have the same coverage election as you had in 2021. Refer to the “Dental” and “Vision” sections of this guide.	You will not have coverage in 2022, and you will not have another opportunity to enroll until next year's Annual Enrollment.

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

Important Action Item: Review your Confirmation Notice upon receipt!

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

Adding or Dropping Dependent Coverage

There are specific rules regarding adding or dropping coverage for your eligible dependents. To add coverage for an eligible dependent or drop coverage for a dependent, you must call the FedEx RSC at **1.855.604.6221**.

Changing Your Coverage Tier* *During Annual Enrollment for 2022*

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

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

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

Changing Your Coverage Tier *After Annual Enrollment for 2022*

Adding Dependent Coverage: If you did not elect coverage for your eligible dependents on the date you commenced FedEx Retiree Health Coverage, you can add them if there's a qualifying event or during the next Annual Enrollment (assuming your dependents meet the eligibility requirements). You must contact the FedEx RSC to add your dependents to your coverage.

Dropping Dependent Coverage: You can drop coverage for an eligible dependent at any time by calling the FedEx RSC.

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



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

Your FedEx Retiree Medical Plan

Before you enroll, it's important to note Plan changes, evaluate your needs and research the Plan options available to you. This section provides an overview of the **Cigna, Kaiser and HMSA medical plan options**.

Cigna

The FedEx Retiree Medical Plan options administered by Cigna encourage the use of in-network primary care providers and free in-network preventive care (not subject to the deductible). This section provides an overview of the Cigna medical plan options. For more detailed information about the Cigna plan options, go to **mycigna.com** (on your first visit, you'll need to create an account) or call Cigna at **1.800.589.2332**.

Cigna Plan Options				
FedEx Retiree 70 Broad	FedEx Retiree 80 Broad	FedEx Retiree 70 Narrow	FedEx Retiree 80 Narrow	FedEx Retiree Out-of-Area

Key Features:

- A medical Health Reimbursement Account (Medical HRA).
- Prescription drug benefit.
- **New!** Virtual lifestyle services (Omada, RecoveryOne and Foodsmart).
- Behavioral health services.
- Access to the FedEx Health Centers (Greater Memphis and Dallas/Irving areas).
- Certain services and procedures may require pre-certification from Cigna.



Questions?

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

FedEx Retiree Broad Plan Options

The FedEx Retiree Broad plan options—FedEx Retiree 70 Broad and FedEx Retiree 80 Broad—provide members with choice and convenience through access to our broad national provider network. Members have the option to choose a primary care physician (PCP) to serve as their personal physician and help coordinate health needs.

Cigna's Broad network, with national coverage, represents nearly one million providers and 6,300 facilities.

FedEx Retiree Narrow Plan Options

The FedEx Retiree Narrow plan options with limited-provider networks—FedEx Retiree 70 Narrow and FedEx Retiree 80 Narrow—are offered in certain areas by Cigna and designed to help improve the effectiveness of the health plan and save money through high-quality providers. These plan options have fewer providers (such as doctors, hospitals and labs) to choose from and free non-specialty generic prescriptions.* The limited-provider networks are available based on your home address. Refer to the coverage map and list to see if one is available in your area.

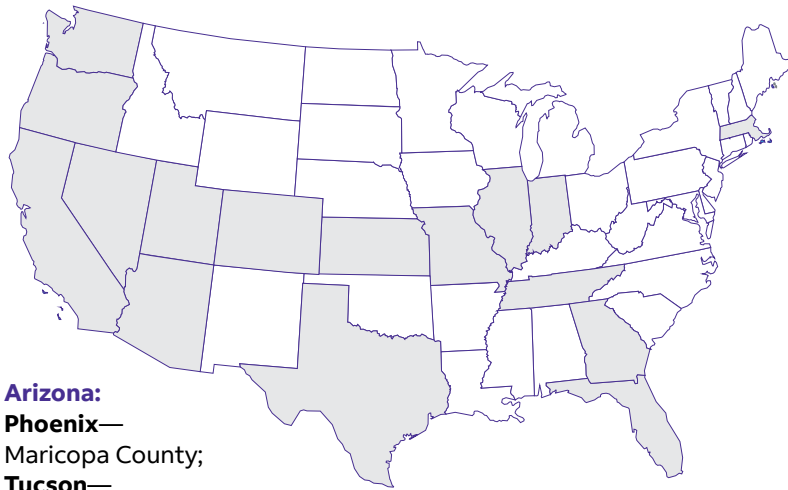


** The free generics offer includes non-specialty generics that currently have a \$7 copay for a 30-day supply or \$15 copay for a 90-day supply at Walgreens retail or through mail order; specialty generics are not included.*

12 | Annual Enrollment for the FedEx Retiree Health Plan is Nov. 1–15, 2021.

Enroll at retirement.fedex.com/enroll or call the FedEx RSC at 1.855.604.6221 Mon.–Fri. from 7 a.m.–6 p.m., CT..

Cigna—LocalPlus



Arizona:

Phoenix—

Maricopa County;

Tucson—

Pima County

California:

Bay Area—Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, and Sonoma counties;

Central Valley—San Joaquin and Stanislaus counties;

Greater

Sacramento Area—El Dorado, Placer, Sacramento, Santa Clara, Solano, Sutter, and Yolo counties;

Southern California—Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura counties

Colorado:

Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Eagle, Jefferson, La Plata, Larimer, Mesa, Montezuma, Routt, Summit, and Weld counties

Florida:

Orlando—Brevard, Flagler, Indian River, Lake, Orange, Osceola, Seminole, Sumter, and Volusia counties;

South Florida—Broward, Martin, Miami-Dade, Monroe, Palm Beach, and St. Lucie counties;

Tampa—Hernando, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota counties

Georgia:

Atlanta, Athens, Augusta, Columbus, Macon, NE Georgia, NW Georgia, and Savannah

Illinois:

Chicago—Cook, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, and Will counties

Indiana:

Lake, LaPorte and Porter counties

Kansas:

Wichita—Butler, Harvey, Kingman, Sedgwick, and Sumner

Massachusetts:

Statewide excl Dukes & Nantucket counties

Missouri:

Kansas City—

MO Counties: Cass, Clay, Jackson, Lafayette, Platte and Ray counties;
KS Counties: Johnson, Leavenworth, Wyandotte, and Douglas counties;

St. Louis—

MO Counties: Lincoln, Warren, St. Charles, St. Louis City, St. Louis, Franklin, Jefferson, Washington, Ste. Genevieve, St. Francois and Crawford. IL Counties: Calhoun, Jersey, Macoupin, Madison, Monroe and St. Clair

Nevada:

Las Vegas—Clark County

New Jersey:

Atlantic, Bergen, Burlington, Camden, Cape May, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Passaic, Somerset, Sussex, Union, and Warren counties

Oregon:

Statewide (excl. Malheur county);
Washington: Clark, Cowlitz, Klickitat, Skamania, and Wahkiakum counties

Rhode Island:

Statewide

South Carolina:

Greenville, Greenwood, Laurens, Oconee, and Spartanburg counties

Tennessee:

Statewide and some surrounding counties of Arkansas and Mississippi

Texas:

Dallas/Ft. Worth—Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Henderson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise counties;

Austin—

Hays, Travis, and Williamson counties;

San Antonio—

Bexar, Comal, and Guadalupe counties;

Houston—

Austin, Brazoria, Brazos, Burleson, Chambers, Fort Bend, Galveston, Grimes, Harris, Lee, Leon, Liberty, Madison, Montgomery, Robertson, San Jacinto, Walker, Waller, and Washington counties

Utah:

Box Elder, Cache, Davis, Salt Lake, Utah, and Weber counties

Washington:

Greater Seattle (King and Pierce counties)

If you live in an area that has one of these FedEx Retiree Narrow plan options, check to see if your providers (doctors, hospitals and labs) are in the Cigna LocalPlus limited-provider network. You can change providers (as long as the provider accepts new patients), so you can take advantage of the limited-provider network. Search for providers in the limited-provider networks by logging in to mycigna.com or by selecting the **Find a Doctor, Dentist or Hospital** tile at retirement.fedex.com/enroll. You also can contact Cigna at **1.800.589.2332** to find out if your current provider is in the limited-provider network.

IMPORTANT: If you select a Narrow network and see a provider outside the Narrow network in your area, the claim will be treated as out-of-network meaning, it will not be covered—even if the provider is part of the broader Cigna network—unless you're a retiree residing in Alaska, you're enrolled in the FedEx Retiree Out-of-Area plan option, and in cases of emergency.* When traveling, you still will have access to a Cigna network, including the FedEx Health Centers in the Greater Memphis and Dallas/Irving areas. Call Cigna to verify in-network providers before receiving care outside your limited-provider network area.

Pre-Certification—Before You Receive Medical Services

FedEx Retiree 70 Broad, FedEx Retiree 70 Narrow, FedEx Retiree 80 Broad, and FedEx Retiree 80 Narrow options

Pre-certification helps to ensure the medical services you or your eligible dependents receive are appropriate and meet the medical necessity guidelines. Cigna requires pre-certification of certain medical services.

However, the medical providers are responsible for obtaining the pre-certification when you access care from an in-network provider.

Out-of-network services are not covered. You are responsible for all out-of-network medical charges. Exceptions exist for eligible retirees residing in the state of Alaska and in cases of emergency.*

**Acute injury, a sudden illness, or an existing illness that quickly becomes much worse and requires immediate medical attention*

FedEx Retiree Out-of-Area Option

The Out-of-Area plan option is administered by Cigna based on your home ZIP Code. It's offered only where Cigna has determined there's provider network inadequacy. With FedEx Retiree Out-of-Area, you see the health care provider of your choice. In some cases, you may be required to pay for the health care service up-front, then file a claim for reimbursement.

Before medical benefits are paid (except preventive care), you must meet an annual deductible. After the deductible is met, you pay 20 percent of covered expenses—your coinsurance—up to the annual out-of-pocket maximum. In addition to your annual deductible and coinsurance, you are responsible for all expenses above the amount considered appropriate for the service provided according to Cigna's guidelines.

When you reach your individual annual out-of-pocket maximum limit, the Plan begins to pay 100 percent of covered expenses within Cigna's guidelines for Maximum Reimbursable Charges for the rest of the calendar year.

For FedEx Retiree Out-of-Area, if you use an out-of-network provider, Cigna will pay up to a percentage of the Maximum Reimbursable Charge on its respective fee schedules. If the amount is more than the Maximum Reimbursable Charge, the portion of the amount above the Maximum Reimbursable Charge will not be covered by the benefit plan, and the health care professional may bill you for the remaining amount.

Amounts over the limit are not considered covered charges and do not count toward your annual out-of-pocket maximum.

Cigna has PPO network providers available in many locations for retirees enrolled in the FedEx Retiree Out-of-Area option. You can take advantage of negotiated discounts by using Cigna's participating PPO providers. For a list of participating providers in your local area or in another area of the country, you can access Cigna's PPO Provider Directory at mycigna.com or by calling **1.800.589.2332**. As an alternative, you can log in to retirement.fedex.com/enroll and select the **Find a Doctor, Dentist or Hospital** tile.

When you use an in-network provider, you are not responsible for expenses above the amount considered appropriate. **If you use an out-of-network provider, you are responsible for pre-certification.**

Cigna Members

To make sure you're using only in-network providers:

1

Go to **mycigna.com** to search for in-network providers and facilities or call the number on the back of your medical ID card.

2

Download the Cigna mobile app on your smartphone to search for in-network providers. Search "myCigna" in the Google Play Store or the Apple App Store.



3

Remind your doctor and other health care providers to refer you to in-network providers, labs and facilities—**but remember, it's your responsibility to double check.** At the hospital, it's important to ask if all facility-based providers (radiologists, anesthesiologists, pathologists, etc.) are in network.

Remember! You are responsible for all out-of-network charges,* including seeing a provider outside your selected network (Narrow or Broad) or seeing a provider outside the Cigna network.



Need Help Enrolling?

Call the FedEx Retirement Service Center at **1.855.604.6221**

Monday–Friday 7 a.m.–6 p.m., CT

**There is an exception for eligible retirees residing in the state of Alaska or enrolled in the FedEx Retiree Out-of-Area Plan option and in cases of emergency.*

Cigna Prescription Drug Benefit

Cigna is the administrator of the prescription drug benefit for Cigna members. Your prescription drug benefit has a three-tier cost structure for both retail and home delivery. If you enroll in a FedEx Retiree Narrow plan option with a Narrow network, you will receive free non-specialty generic prescriptions.* Your in-network copayments and coinsurance are as follows:

	Retail (30-day supply)	Cigna Home Delivery Pharmacy or Walgreens Retail (up to a 90-day supply)	Specialty Medications (Cigna Home Delivery Pharmacy— 30-day supply)
Generic	\$7 copayment (FREE if enrolled in a Retiree Narrow plan option with a limited-provider network)	\$15 copayment (FREE if enrolled in a Retiree Narrow plan option with a limited-provider network)	50% coinsurance (\$125 max)
Preferred Brand	40% coinsurance (\$55 min/\$110 max)	30% coinsurance (\$113 min/\$225 max)	50% coinsurance (\$125 max)
Non-Preferred Brand	50% coinsurance (\$85 min/\$150 max)	40% coinsurance (\$188 min/\$325 max)	50% coinsurance (\$175 max)
Out-of-Pocket Maximum—\$1,600/\$3,200			



*The free generics offer includes non-specialty generics that have a \$7 copay for 30-day supply or a \$15 copay for a 90-day supply at Walgreens retail or through mail order; specialty generics are not included.

The Cigna prescription drug benefit includes these key features:

- **Retail Purchasing**—When purchasing your prescriptions from a retail pharmacy, visit any of Cigna’s nationwide network pharmacies and present your Cigna ID card. You will pay the applicable copayment or coinsurance as shown above.
- **Home Delivery**—You can receive up to a 90-day supply delivered to your doorstep and typically you save when compared to retail purchasing. Cigna will offer 90-day supplies of medications at Walgreens pharmacies for the same price as home delivery.
- **Prior Authorization**—If a medication prescribed by your health care provider requires a prior authorization, your provider must contact Cigna to obtain the necessary prior authorization.
- **Step Therapy Program**—Step Therapy requires the use of equally effective, lower-cost medication as the first line of therapy to ensure that safe and cost-effective medications are used based on recognized treatment guidelines and well-documented clinical studies.
- **Specialty Medications Program**—Retirees using specialty medications must purchase them through Cigna Home Delivery Pharmacy. Specialty medications usually treat complex medical conditions such as cancer, HIV, rheumatoid arthritis and multiple sclerosis. There is a Step Therapy Program for certain specialty medications.

For more detailed information about Cigna’s prescription drug benefit, contact Cigna at **1.800.589.2332** or go to **mycigna.com**.



New! Cigna Lifestyle Programs

Cigna now offers members access to three virtual lifestyle programs. Here's an overview.

Omada—Lifestyle management programs focused on nutrition and exercise. The results of the programs help prevent or reduce the impacts of chronic conditions such as diabetes and heart disease. Each member who participates will be connected to a certified coach, a specific group of individuals embarking on the same journey, recipes, fitness tips, and a digital weight scale. If you or your covered adult dependents are enrolled in a Cigna Plan Option, are at risk for type 2 diabetes or heart disease, and are accepted into the program, you'll receive the program at no additional cost.

Standard eligibility criteria: Offered to eligible pre-65 retirees, eligible Spouses and eligible dependents (age 18 and older).

RecoveryOne—A virtual physical therapy (PT) program focused on musculoskeletal (MSK) needs that includes over 180 clinical pathways addressing all areas of the body for a PT solution and is available via website and app. RecoveryOne uses a brief clinical screening upon customer enrollment (via **mycigna.com**) to drive the PT care pathway for the user and escalates any concerns. Customers can do PT any place at any time without a prescription from a provider—allowing customers to engage sooner when they have MSK pain.

Standard eligibility criteria: Offered to eligible pre-65 retirees, eligible Spouses and eligible dependents who are age 18 and older.



Foodsmart—Telenutrition guidance on eating healthy at home, meal planning, food ordering, and achieving health goals by our national network of Registered Dietitians (RDs). This program empowers members to improve their nutrition, better manage chronic conditions, and improve their overall health. The Foodsmart platform is personalized through Foodsmart digital and RD televisit experiences focusing on health, medical history and status, lifestyle, food preferences, activity, family trends, etc., to recommend a customized diet.

Standard eligibility criteria: Offered to eligible pre-65 retirees, eligible Spouses and eligible dependents (18 and older). Also offered to eligible dependents age 13–18 with parent/guardian participation.

Cigna Behavioral Health Services

Cigna Behavioral Health is the administrator of the Employee Assistance Program and Mental Health/Substance Use benefit. Take advantage of video sessions with certified counselors.

Employee Assistance Program (EAP)*	Mental Health/Substance Use Benefit
<p>The EAP provides 100 percent coverage for short-term counseling (up to eight sessions) for Retiree Health Plan participants, eligible dependents, and household members who are experiencing quality-of-life problems.</p> <p>The EAP provides confidential assistance 24 hours a day, every day of the year.</p> <p>In order to receive EAP services you must contact Cigna Behavioral Health at 1.800.274.4357 to obtain a referral to an in-network provider. All EAP services must be pre-authorized through Cigna Behavioral Health.</p>	<p>Mental Health/Substance Use (MHSU) benefits are administered by, and claims are processed through, your medical benefit. Get confidential assistance 24 hours a day.</p> <p>MHSU services include:</p> <ul style="list-style-type: none"> • A variety of treatments, including individual therapy, inpatient hospitalization, and day treatment • A national network of licensed, accredited providers, including psychiatrists, psychologists, social workers and counselors



Questions?

Call the FedEx Retirement Service Center at 1.855.604.6221

Monday–Friday 7 a.m.–6 p.m., CT

**Cigna's EAP is available to all eligible FedEx Retiree Health Plan participants, including HMSA and Kaiser.*

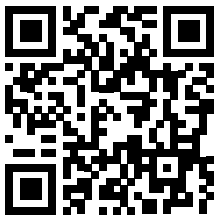
The FedEx Health Centers (Memphis, TN & Dallas/Irving, TX)

The FedEx Health Centers, which are in the Greater Memphis and Dallas/Irving areas, are operated by Premise Health and offer on-site Walgreens pharmacy services.

You and your eligible dependents (18 and older) may use the health centers, if you're enrolled in a FedEx Retiree Medical Plan administered by Cigna, regardless of where you're domiciled. Pharmacy services are available to you and your eligible dependents, including those under age 18, enrolled in a FedEx Retiree Medical Plan administered by Cigna.

The FedEx Health Center is in-network for all Cigna-administered plan options. All preventive care you receive there is covered 100 percent by FedEx, and other primary care you receive there isn't subject to the deductible. If you already have a primary care provider, you can use the FedEx Health Center as a supplement to your regular primary care provider.

FedEx Health Center Locations & Phone Numbers		
Memphis-Area FedEx Health Centers		Dallas/Irving FedEx Health Center
FedEx Health Center—West 3140 Tchulahoma Road Memphis, TN 38118 Phone: 1.901.260.0203 Fax: 1.901.260.0204 Pharmacy: 1.901.362.7390 Pharmacy Fax: 1.901.362.7197	FedEx Health Center—East 3145 Players Club Parkway Memphis, TN 38125 Phone: 1.901.261.8195 Fax: 1.901.261.8196 Pharmacy: 1.901.748.3249 Pharmacy Fax: 1.901.748.4807	FedEx Health Center—Irving 8700 Freeport Parkway, Ste 100 Irving, TX 75063 Phone: 1.469.284.9510 Fax: 1.469.284.9570 Pharmacy: 1.469.957.3937 Pharmacy Fax: 1.469.957.3938



Scan or go to
healthcenter.fedex.com
to schedule an appointment or
learn more about services
available through the
FedEx Health Center and Pharmacy.



Get the Most Out of Your Medical Plan

You can save time and money when you seek the right care at the right place at the right time. There is no cost to you for in-network preventive services such as annual physicals, flu shots, well-baby and well-child visits, routine vaccinations and screenings. And the emergency room is certainly the place to go in life-threatening or other emergency situations; but, for situations that aren't emergencies, consider using a less expensive, more convenient option such as an in-network primary care provider (PCP) or Telemedicine.

Remember: Out-of-network services are not covered, which means you are 100 percent responsible for all out-of-network medical charges.*



**There is an exception for eligible retirees residing in the state of Alaska, retirees enrolled in the FedEx Retiree Out-of-Area Plan option and in cases of emergency.*

22 | Annual Enrollment for the FedEx Retiree Health Plan is Nov. 1–15, 2021.

Enroll at retirement.fedex.com/enroll or call the FedEx RSC at 1.855.604.6221 Mon.–Fri. from 7 a.m.–6 p.m., CT.

The chart below can help you determine the right care at the right place.

Service or Provider	When to Use It
Preventive Care and Telemedicine—Covered 100%	
In-Network Preventive Care	Preventive services can help prevent disease and illness before they occur. Services include annual physicals, flu shots, well-baby and well-child visits, routine vaccinations and screenings.
Telemedicine/Telehealth	Telemedicine is offered 24/7 by Cigna for doctor visits by phone, web or video. You must use an MDLIVE for Cigna provider. To learn more, go to mycigna.com .
Primary Care Providers (PCPs)—Not subject to deductible; 20% or 30% coinsurance only	
In-Network Primary Care Physician	Visit your regular, in-network primary care physician when possible. Establishing an ongoing relationship with a regular primary care physician helps one doctor get to know your medical history and health goals so he/she can help you manage and track your overall progress.
Virtual/Online Care	Visit your health care provider by phone or web instead of the traditional office visit. You can be seen for medical or behavioral health needs and you might even be able to get a prescription, if needed. The good news is these visits may cost less than a traditional in-office visit, while keeping you safe in your home.
In-Network Convenience Care Clinic	When your regular physician isn't available, an in-network convenience care clinic (located in major pharmacies and retail centers) can provide quick access to cost-effective non-emergency medical services. They primarily treat common illnesses such as cold and flu, sore throat, headaches, etc., and can also provide vaccinations.
In-Network Urgent Care Clinic	Visit an urgent care clinic when you need non-emergency care for medical situations after hours, when you can't wait until an appointment with your primary care physician, or can't get to a mobile device for Telemedicine.
Emergency Room—Subject to deductible then coinsurance; \$500 copayment on third visit and each visit thereafter.*	
Emergency Room	Go straight to the emergency room in a life-threatening or other emergency situation.

*\$500 copay in addition to deductible and coinsurance on an individual's third visit and each visit thereafter each calendar year. If admitted, the copay will be waived.

Cigna Plan Options—At-A-Glance

Review the chart below for a brief description of some of the main features and coverages for each Cigna Plan option.

	FedEx Retiree 70 Broad & FedEx Retiree 70 Narrow	FedEx Retiree 80 Narrow	FedEx Retiree 80 Broad
	In-Network	In-Network	In-Network
Plan Type	FedEx Retiree Medical Plan options with a Health Reimbursement Account (HRA) administered by ConnectYourCare.		
Health Reimbursement Account (HRA) Credit	\$400 (Retiree or Spouse or Child Only) \$650 (Retiree or Spouse & Child[ren] or Two or More Children Only) \$800 (Retiree & Spouse or Retiree & Spouse & Child[ren])		
Annual Deductible	\$2,350 individual \$4,800 family	\$1,200 individual \$3,600 family	\$1,300 individual \$3,900 family
Annual Out-of-Pocket Maximum (including deductible)	\$4,850 individual \$9,700 family	\$3,200 individual \$9,600 family	\$3,200 individual \$9,600 family
	All coinsurance, excluding prescription drug, applies to the medical out-of-pocket maximum.		
No individual family member has to meet more than the individual deductible before the plan begins to pay. The family deductible can be met between multiple family members; however, no individual family member can have more than the individual deductible amount count toward the overall family deductible. Out-of-pocket maximums work the same. See page 39 for full details.			
Lifetime Maximum	No lifetime maximum benefit		
Preventive Care and Telemedicine (Through CIGNA)—100% Coverage (In-Network Services)			
Preventive Care	100% coverage	100% coverage	100% coverage
• Routine Preventive Exams (well-baby/well-child/well-person exams, including annual well-woman exam)	Not subject to deductible	Not subject to deductible	Not subject to deductible
• Immunizations			
• Health Screenings including colonoscopy, PSA for prostate cancer, etc., based on preventive care guidelines			
• Women's Preventive Health Services	For a complete list of Preventive Care services, see the Preventive Care Guidelines on Cigna's website.		
Telemedicine (through Cigna)*	100% coverage Not subject to deductible	100% coverage Not subject to deductible	100% coverage Not subject to deductible
Mammograms (Preventive and Diagnostic Screenings, regardless of place of service)	100% coverage Not subject to deductible <i>Breast ultrasound: 70% coverage after deductible</i>	100% coverage Not subject to deductible <i>Breast ultrasound: 80% coverage after deductible</i>	100% coverage Not subject to deductible <i>Breast ultrasound: 80% coverage after deductible</i>

*You must use an MDLIVE for Cigna provider. For more information and to find a provider, go to mycigna.com.

	FedEx Retiree 70 Broad & FedEx Retiree 70 Narrow	FedEx Retiree 80 Broad & FedEx Retiree 80 Narrow
	In-Network	In-Network
Primary Care Providers (PCPs)—Coinsurance, No Deductible (In-Network Services)		
Office Visit—Primary Care Physician (Includes: Family Practice, General Practice, Internal Medicine, Pediatrics, OB/GYN, and GYN.)	PCP: 70% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 70% coverage after deductible</i>	PCP: 80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Virtual Care	70% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 70% coverage after deductible</i>	80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Urgent Care Facility	70% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 70% coverage after deductible</i>	80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Convenience Care Clinic	70% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 70% coverage after deductible</i>	80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Mental Health/Substance Use—Individual or Group Office Visit See page 20 for details.	70% coverage Not subject to deductible	80% coverage Not subject to deductible
Specialist and Other Medical Services—Coinsurance After Deductible		
Office Visit—Specialist	70% coverage after deductible	80% coverage after deductible
Inpatient Hospital Services (Semi-private Room)	70% coverage after deductible <i>Provider handles pre-certification</i>	80% coverage after deductible <i>Provider handles pre-certification</i>
Outpatient Lab, Radiology, Diagnostic, and Pre-admission Testing	70% coverage after deductible if services provided in: <ul style="list-style-type: none"> • Independent Lab and/or X-ray Facility • Outpatient Hospital Facility • Outpatient Radiology Center (Cigna: Provider handles pre-certification) • Specialist’s Office • Primary Care Provider’s Office if billed separately from Office Visit <i>80% coverage if you use a preferred lab (LabCorp and Quest)</i>	80% coverage after deductible if services provided in: <ul style="list-style-type: none"> • Independent Lab and/or X-ray Facility • Outpatient Hospital Facility • Outpatient Radiology Center (Cigna: Provider handles pre-certification) • Specialist’s Office • Primary Care Provider’s Office if billed separately from Office Visit <i>90% coverage if you use a preferred lab (LabCorp and Quest)</i>

	FedEx Retiree 70 Broad & Retiree 70 Narrow	FedEx Retiree 80 Broad & FedEx Retiree 80 Narrow
	In-Network	In-Network
Specialist and Other Medical Services—Coinsurance After Deductible		
Outpatient Advanced Radiological Imaging (for example, MRIs, MRAs, CT Scans, PET Scans, Ultrasounds) in Outpatient Hospital Facility/ Independent Radiology Facility	70% coverage after deductible <i>Provider handles pre-certification</i>	80% coverage after deductible <i>Provider handles pre-certification</i>
Maternity (including Inpatient Hospital or Birthing Center)	70% coverage after deductible	80% coverage after deductible
Emergency Room Services (On the third ER visit and each visit thereafter per individual each calendar year, a \$500 copayment, in addition to deductible and/or coinsurance, is required; if admitted, the copayment is waived.)	70% coverage after deductible	80% coverage after deductible
Ambulance	70% coverage after deductible	80% coverage after deductible
Outpatient Surgery	70% coverage after deductible <i>Provider handles pre-certification</i>	80% coverage after deductible <i>Provider handles pre-certification</i>
Allergy Treatment/Injections (including serum)	70% coverage after deductible	80% coverage after deductible
Chiropractic Care (subject to a medical necessity review)	70% coverage after deductible. Limits apply. <i>25-day annual maximum</i>	80% coverage after deductible. Limits apply. <i>25-day annual maximum</i>
Short-term Rehabilitative Therapy • Inpatient and Outpatient (Physical, Speech, Occupational, Cardiac/ Pulmonary, and Cognitive)	70% coverage after deductible	80% coverage after deductible
Skilled Nursing Facility/Inpatient Rehabilitation Facility Stays (180-day maximum per calendar year)	70% coverage after deductible. Limits apply. <i>Provider handles pre-certification</i>	80% coverage after deductible. Limits apply. <i>Provider handles pre-certification</i>
Home Health Care	70% coverage after deductible <i>Provider handles pre-certification</i> <i>Unlimited days</i> <i>based on medical necessity</i>	80% coverage after deductible <i>Provider handles pre-certification</i> <i>Unlimited days</i> <i>based on medical necessity</i>

	FedEx Retiree 70 Broad & Retiree 70 Narrow	FedEx Retiree 80 Broad & FedEx Retiree 80 Narrow
	In-Network	In-Network
Specialist and Other Medical Services—Coinsurance After Deductible		
Hospice	Inpatient: 70% coverage after deductible Outpatient: 100% coverage <i>Provider handles pre-certification</i>	Inpatient: 80% coverage after deductible Outpatient: 100% coverage <i>Provider handles pre-certification</i>
Durable Medical Equipment (DME)	70% coverage after deductible	80% coverage after deductible
External Prosthetic Appliances (including cranial prosthesis [medically necessary wigs])	70% coverage after deductible	80% coverage after deductible
Organ Transplants (Includes all medically appropriate, non-experimental transplants)	Inpatient: 70% coverage after deductible When using a LifeSource facility, 100% coverage and Travel benefit (\$10,000 per transplant)—not subject to deductible <i>Provider handles pre-certification</i>	Inpatient: 80% coverage after deductible When using a LifeSource facility, 100% coverage and Travel benefit (\$10,000 per transplant)—not subject to deductible <i>Provider handles pre-certification</i>
Outpatient Dialysis	70% coverage after deductible	80% coverage after deductible
Hearing Aids	70% coverage after deductible	80% coverage after deductible \$5,000 maximum benefit every three years, including hearing aid, repairs and appliances.
Employee Assistance Program (EAP)	100% coverage for short-term counseling (up to 8 sessions) All services must be pre-certified through Cigna Behavioral Health at 1.800.274.4357 . In-network benefits only	
Mental Health/Substance Use	Individual or Group Office Visit: • 70% coverage. Not subject to deductible. • All other services (including inpatient hospital): 70% coverage after deductible <i>Provider handles pre-certification</i>	Individual or Group Office Visit: • 80% coverage. Not subject to deductible. • All other services (including inpatient hospital): 80% coverage after deductible <i>Provider handles pre-certification</i>
	Pre-certification is required for some services. If the service is provided by an in-network provider, the provider will handle pre-certification. If the service is provided by an out-of-network provider, you are responsible for all medical charges.	

For Prescription Drug Benefit see pages 17–18.

FedEx Retiree Out-of-Area	
Plan Type	FedEx Retiree Medical Plan option with a Health Reimbursement Account (HRA) administered by ConnectYourCare. You can see the health care provider of your choice. Cigna has PPO network providers available in many locations that provide medical services at discounted rates.
Health Reimbursement Account (HRA) Credit	\$400 (Retiree or Spouse Only) \$650 (Retiree or Spouse & Child[ren]) \$800 (Retiree & Spouse or Retiree & Spouse & Child[ren])
Annual Deductible	\$1,300 individual/\$3,900 family <i>All coinsurance, excluding Primary Care services and prescription drug, applies to the deductible.</i>
Annual Out-of-Pocket Maximum (including deductible)	\$3,200 individual/\$9,600 family <i>All coinsurance, excluding prescription drug, applies to the out-of-pocket maximum.</i>
Lifetime Maximum	No lifetime maximum benefit
Preventive Care and Telemedicine (Through Cigna)—100% Coverage	
Preventive Care • Routine Preventive Exams (well-baby/well-child /well-person exams, including annual well-woman exam) • Immunizations • Health Screenings, including colonoscopy, PSA for prostate cancer, etc. • Women’s Preventive Health Services	100% coverage Not subject to deductible <i>For a complete list of Preventive Care services, see the Preventive Care Guidelines on Cigna’s website.</i>
Telemedicine (through Cigna)*	100% coverage Not subject to deductible
Mammograms (Preventive and Diagnostic Screenings, regardless of place of service)	100% coverage Not subject to deductible <i>Breast ultrasound: 80% coverage after deductible</i>
Primary Care Providers (PCPs)—Coinsurance, No Deductible	
Office Visit—Primary Care Physician In-network PCPs include: Family Practice, General Practice, Internal Medicine, Pediatrics, OB/GYN, and GYN.	PCP: 80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Virtual Care	80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Urgent Care Facility	80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>

*You must use an MDLIVE for Cigna provider. For more information and to find a provider, go to mycigna.com.

FedEx Retiree Out-of-Area

Primary Care Providers (PCPs)—Coinsurance, No Deductible

Convenience Care Clinic	80% coverage Not subject to deductible <i>Lab and/or X-ray billed separately: 80% coverage after deductible</i>
Mental Health/Substance Use Outpatient Individual or Group Visits See page 20 for details.	80% coverage Not subject to deductible

Specialist and Other Medical Services—Coinsurance After Deductible

Office Visit—Specialist	80% coverage after deductible
Inpatient Hospital Services (Semi-private Room)	80% coverage after deductible <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
Outpatient Lab, Radiology, Diagnostic and Pre-admission Testing	80% coverage after deductible
Outpatient Advanced Radiological Imaging (for example, MRIs, MRAs, CT Scans, PET Scans, Ultrasounds) in Outpatient Hospital Facility/Independent Radiology	80% coverage after deductible <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
Maternity (including Inpatient Hospital or Birthing Center)	80% coverage after deductible
Emergency Room Services (On the third ER visit and each visit thereafter per individual each calendar year, a \$500 copayment, in addition to deductible and/or coinsurance, is required; if admitted, the copayment is waived.)	80% coverage after deductible
Ambulance	80% coverage after deductible
Outpatient Surgery	80% coverage after deductible <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
Chiropractic Care (subject to a medical necessity review)	80% coverage after deductible 25-day annual maximum
Short-term Rehabilitative Therapy— Inpatient and Outpatient (Physical, Speech, Occupational, Cardiac/Pulmonary, and Cognitive)	80% coverage after deductible <i>Pre-determination strongly recommended</i>

FedEx Retiree Out-of-Area

Specialist and Other Medical Services—Coinsurance After Deductible

Skilled Nursing Facility/Inpatient Rehabilitation Facility Stays (180-day maximum per calendar year)	80% coverage after deductible. Limits apply. <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
Home Health Care	80% coverage after deductible <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
Hospice	Inpatient: 80% coverage after deductible Outpatient: 100% coverage <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
Durable Medical Equipment (DME)	80% coverage after deductible <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
External Prosthetic Appliances (including cranial prosthesis [medically necessary wigs])	80% coverage after deductible <i>Provider responsible for pre-certification in-network. For the FedEx Retiree Out-of-Area Plan option, member responsible for pre-certification out of network.</i>
Organ Transplants (includes all medically appropriate, non-experimental transplants)	Inpatient: 80% coverage after deductible When using a LifeSource facility, 100% coverage and Travel benefit (\$10,000 per transplant)—not subject to deductible
Hearing Aids	80% coverage after deductible \$5,000 maximum benefit every three years, including hearing aid, repairs and appliances
Employee Assistance Program (EAP)	100% coverage for short-term counseling (up to 8 sessions) All services must be pre-certified through Cigna Behavioral Health at 1.800.274.4357 . In-network benefits only
Mental Health/Substance Use	Individual or Group Office Visit: 80% coverage. Not subject to deductible. All other services: 80% coverage after deductible Pre-certification is required for some services. If the service is provided by an in-network provider, the provider will handle pre-certification.

For Prescription Drug Benefit see pages 17–18.

Cigna Medical Plan Costs

2022 Pre-65 Plan Options	Coverage Tiers						
	Retiree	Spouse	Child(ren)	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Spouse & Child(ren)
FedEx Retiree 70 Broad	\$1,173	\$1,173	\$199	\$2,346	\$1,372	\$1,372	\$2,545
FedEx Retiree 70 Narrow	\$1,173	\$1,173	\$199	\$2,346	\$1,372	\$1,372	\$2,545
FedEx Retiree 80 Broad	\$1,424	\$1,424	\$242	\$2,848	\$1,666	\$1,666	\$3,090
FedEx Retiree 80 Narrow	\$1,424	\$1,424	\$242	\$2,848	\$1,666	\$1,666	\$3,090
FedEx Retiree Out-of-Area	\$1,424	\$1,424	\$242	\$2,848	\$1,666	\$1,666	\$3,090



Kaiser (California Retirees Only)

Retirees in California can choose either a Cigna or Kaiser plan option. This section provides a high-level overview of the Kaiser medical plan options. To get more detailed information or request an enrollment packet, go to www.my.kp.org/fedex or contact Kaiser at **1.800.464.4000**.

Kaiser Plan Options

FedEx Retiree 70 Kaiser

FedEx Retiree 80 Kaiser

Key Features:

- A medical Health Reimbursement Account (Medical HRA)
- Prescription drug benefit
- Behavioral health services
- Telemedicine/Telehealth

FedEx Retiree 70 Kaiser is similar to FedEx Retiree 70 Broad, and **FedEx Retiree 80 Kaiser** is similar to FedEx Retiree 80 Broad. Both options include a deductible and coinsurance. Refer to the Kaiser Plan Options At-A-Glance comparison chart for more information.

Kaiser Behavioral Health Services

Kaiser's behavioral health/mental health services are available through in-person, e-visit and video visit. Kaiser will work with you to create a treatment plan based on your unique needs, challenges and goals. Learn more at www.my.kp.org/fedex or call Kaiser at **1.800.464.4000**.

Cigna Employee Assistance Program (EAP)

Kaiser members may use the Cigna EAP, which provides 100 percent coverage for short-term counseling (up to eight sessions) for Retiree Health Plan participants, eligible dependents, and household members who are experiencing quality-of-life problems. To learn more about Cigna's EAP, refer to page 20.



Need Help Enrolling?

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

Kaiser Plan Options—At-A-Glance

	FedEx Retiree 70 Kaiser*	FedEx Retiree 80 Kaiser*
Plan Type	FedEx Retiree Medical Plan option with a Health Reimbursement Account (HRA) administered by ConnectYourCare.	
Health Reimbursement Account (HRA) Credit	\$400 (Employee Only)/ \$650 (Employee + Child[ren])/\$800 (Employee + Family)	
Annual Deductible	\$2,350 individual/\$4,800 family	\$1,300 individual/\$3,900 family
Annual Out-of-Pocket Maximum (including deductible)	\$4,850 individual/\$9,700 family (includes prescription drugs)	\$3,200 individual/\$9,600 family (includes prescription drugs)
Lifetime Maximum	No lifetime maximum benefit	
Services		
Preventive Care	100% coverage	100% coverage
Primary Care Provider (PCP) Visit (Generalists in Internal Medicine, Pediatrics, and Family Practice)**	70% coverage no deductible	80% coverage no deductible
All Other Visits (includes Specialists, non-preventive OB/GYN, Inpatient/Outpatient, Maternity, Physical & Occupational Therapy)	70% coverage after deductible	80% coverage after deductible
Emergency Room	70% coverage after deductible	80% coverage after deductible
Prescription Drugs	Deductible does not apply	
• Formulary Generic	\$10 for up to a 30-day supply	
• Formulary Brand Name	\$35 for up to a 30-day supply	
• Mail Order—Generic	\$20 for up to a 100-day supply	
• Mail Order—Brand Name	\$70 for up to a 100-day supply	
• Specialty	20% coinsurance (up to \$150 maximum out-of-pocket per prescription)	

Kaiser Medical Plan Costs

2022 Pre-65 Plan Options	Coverage Tiers						
	Retiree	Spouse	Child(ren)	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Spouse & Child(ren)
FedEx Retiree 80 Kaiser	\$1,424	\$1,424	\$242	\$2,848	\$1,666	\$1,666	\$3,090
FedEx Retiree 70 Kaiser	\$1,173	\$1,173	\$199	\$2,346	\$1,372	\$1,372	\$2,545

*SFO has different plan options from the FedEx Retiree 70 Kaiser and FedEx Retiree 80 Kaiser plan options. SFO Kaiser does not include an HRA.

**Telemedicine/Telehealth is also available; contact Kaiser for more information.

Hawaii Medical Services Association (HMSA—Hawaii Retirees Only)

Retirees in Hawaii have access to medical coverage through HMSA only. This section provides a high-level overview of the HMSA medical plan options. To get more detailed information or request an enrollment packet, go to www.hmsa.com or call HMSA at **1.800.776.4672**.

HMSA Plan Options
PPO (CompMed)
HMO (Health Plan Hawaii)

Key Features:

- Small copayments for most office-based physician services
- Prescription drug benefit
- Behavioral health services
- Telehealth and nurse/provider hotlines

Refer to the HMSA Plan Options Comparison Chart for more information.

HMSA Plan Options Comparison Chart

PPO (CompMed)	HMO (Health Plan Hawaii)
<p>Gives you access to HMSA's Preferred Provider Network. You can choose from a list of providers inside the PPO network. When you receive services from an in-network provider, you do not have to file a claim. Outside the PPO network, you are responsible for all costs.</p> <p>When you receive care from your PCP or are referred to a specialist by your PCP, you usually pay only a small copayment for most office-based physician services. For most other medical services, you pay a percentage of the covered expense—your coinsurance—up to the annual out-of-pocket maximum. (Preventive services are covered at 100 percent.) When you reach this annual limit, the Plan begins to pay 100 percent of covered expenses for the rest of the calendar year.</p>	<p>Gives you access to Health Plan Hawaii's HMO network. You must choose a primary care physician (PCP) or health care facility from Health Plan Hawaii's network of providers. Your PCP will coordinate all your care within the network. When you receive care from your PCP or are referred to a specialist by your PCP, you usually pay only a small copayment for most office-based physician services. For most other medical services, you pay a percentage of the covered expense—your coinsurance—up to the annual out-of-pocket maximum. (Preventive services are covered at 100 percent.) When you reach this annual limit, the Plan begins to pay 100 percent of covered expenses for the rest of the calendar year.</p> <p>If you go outside Health Plan Hawaii's network, the services are not covered and you are responsible for all medical charges.</p>

HMSA Behavioral Health Services

If you have mental health, behavioral health or substance abuse needs, in-person visits, telehealth and nurse/provider hotlines are effective ways to receive services. Learn more and find a participating provider at www.hmsa.com or by calling the HMSA hotline at **1.800.776.4672**.

Cigna Employee Assistance Program (EAP)

HMSA members may use the Cigna EAP, which provides 100 percent coverage for short-term counseling (up to eight sessions) for Retiree Health Plan participants, eligible dependents, and household members who are experiencing quality-of-life problems. To learn more about Cigna's EAP, refer to page 20.

HMSA Medical Plan Costs

Plan Options	Coverage Tiers						
	Retiree	Spouse	Child(ren)	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Spouse & Child(ren)
HMSA PPO	\$1,424	\$1,424	\$242	\$2,848	\$1,666	\$1,666	\$3,090
HMSA HMO	\$1,424	\$1,424	\$242	\$2,848	\$1,666	\$1,666	\$3,090



The FedEx Retiree Health Premium Account (RHPA)— Cigna, Kaiser & HMSA

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

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

Key Features:

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

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



**The RHPA credit can be used only to pay for eligible health care premiums, such as medical, prescription drug, dental, and vision premiums. If you enroll in a FedEx Retiree Medical Plan option administered by Cigna or Kaiser under the FedEx Corporation Retiree Group Health Plan, you also will have access to a Medical Health Reimbursement Account (Medical HRA) that is credited with a specified amount by FedEx. Refer to “The FedEx Medical Health Reimbursement Account” for more information.*

The FedEx Medical Health Reimbursement Account* (Medical HRA)—Cigna & Kaiser Only

A valuable feature of the Cigna and Kaiser plan options is the FedEx Medical HRA. The Medical HRA is an account credited by FedEx to help cover your and your family's eligible medical expenses when you enroll in a Cigna or Kaiser plan option. When you enroll in a FedEx Retiree Medical Plan option administered by Cigna or Kaiser, FedEx will provide you a credit on Jan. 1, based on your coverage tier.

Retiree Only	\$400	Spouse & Child(ren)	\$650
Spouse Only	\$400	Two or More Children Only	\$650
Child Only	\$400	Retiree & Spouse	\$800
Retiree & Child(ren)	\$650	Retiree & Spouse & Child(ren)	\$800

Key Features:

- ConnectYourCare (CYC), now part of Optum Financial, is the administrator for the Medical HRA.
- You can roll over up to \$1,000 (plus any amount that was grandfathered-in during 2021) each year.**
- It can be used for eligible medical expenses.
- It cannot be used for premiums or for dental, vision or prescription expenses.
- You'll be issued an HRA payment card by CYC, which provides a convenient way to pay for your medical expenses.
- Validation may be required for all HRA payment card charges, so save your receipts.
- You can upload substantiation documentation using your online CYC account or by using the myCYC mobile app.
- Go to www.connectyourcare.com/fedex to see your account balances, transactions and payment details.

Access Your Medical HRA Without Using the CYC Payment Card

You can submit claims through your CYC account online or through the myCYC mobile app. You have the option of submitting claims to be reimbursed directly or by requesting payment to be issued directly to your provider. However, using your payment card is the simplest way to pay for eligible health care expenses.

For more information about the Medical HRA, refer to the “Frequently Asked Questions” in the Appendix or contact ConnectYourCare at **1.833.298.9044** or www.connectyourcare.com/fedex.

*Not available for HMSA.

**Your HRA grandfathered balance will continue to be available until used in full or until such time as you terminate coverage in the FedEx Retiree Health Plan, including opting out of coverage.

How the FedEx Retiree Medical Plan Options Work With the HRA

1. Health Reimbursement Account

HRA available for those enrolled in a FedEx Retiree Medical Plan option administered by Cigna or Kaiser. If you had a CYC card when you were enrolled in a FedEx Medical Plan for Active employees, you won't get a new card, but you'll be able to use your existing payment card once CYC receives your retiree status.

2. Remaining Annual Deductible

You pay medical expenses until you reach the annual deductible. Your Medical HRA is available to use toward your deductible. The annual deductible is the amount you pay before FedEx pays for the benefits. Remember, prescription drugs and in-network primary care visits are not subject to the annual deductible.

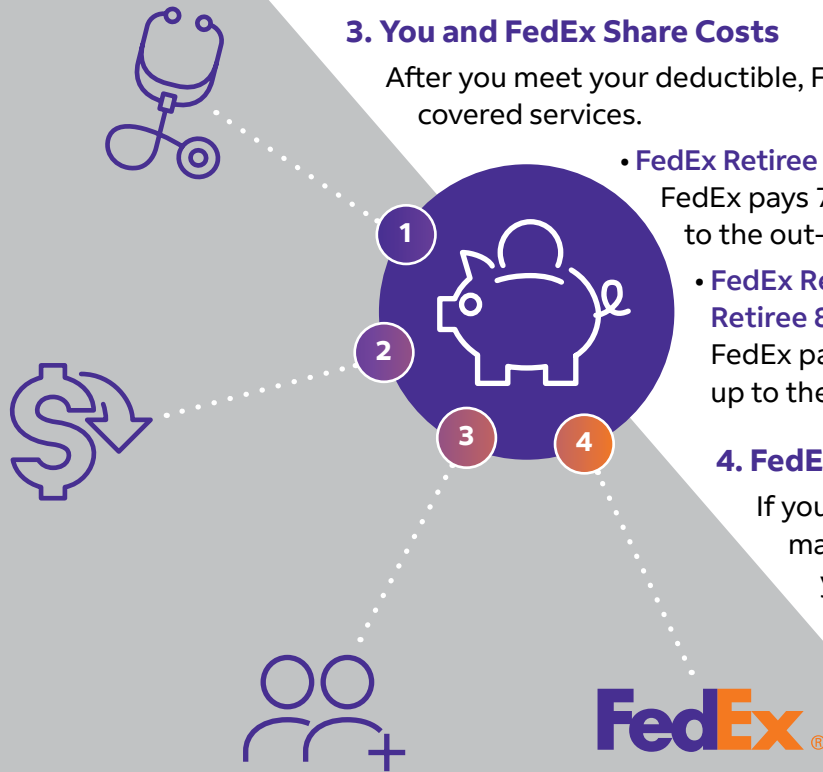
3. You and FedEx Share Costs

After you meet your deductible, FedEx shares the cost of your covered services.

- **FedEx Retiree 70 Broad and FedEx Retiree 70 Narrow:** FedEx pays 70 percent, and you pay 30 percent up to the out-of-pocket maximum (in-network).
- **FedEx Retiree 80 Broad and FedEx Retiree 80 Narrow:** FedEx pays 80 percent, and you pay 20 percent up to the out-of-pocket maximum (in-network).

4. FedEx Pays the Rest

If you meet the in-network out-of-pocket maximum, FedEx pays 100 percent of your eligible in-network medical costs for the rest of the plan year. You pay nothing more for in-network services (aside from your FedEx Retiree Health premiums). Remember, there is a separate annual out-of-pocket maximum for prescription drug expenses.



How Deductibles & Out-of-Pocket Maximums Work



Deductible

The deductible is an amount you pay each year toward the cost of certain covered care before the Plan begins to pay. In-network preventive care services, in-network primary care provider (PCP) visits, and prescription drugs have no deductible. There is a separate in-network deductible for each covered individual, as well as a family in-network deductible.

This means:

- No individual family member has to meet more than the individual deductible before the Plan begins to pay for that individual.
- The family deductible can be met among multiple family members; however, no individual family member can have more than the individual deductible amount count toward the overall family deductible.



Out-of-Pocket Maximum

Each FedEx Retiree Medical Plan option has an annual out-of-pocket maximum protecting you from high-cost medical expenses.

When your share of the cost of eligible, in-network medical expenses (your coinsurance and deductible) reaches the annual out-of-pocket maximum, the Plan pays 100 percent of your eligible, in-network medical expenses for the rest of the calendar year.

The Plan options have both an individual and a family out-of-pocket maximum.

The individual and family out-of-pocket maximums work the same way as the deductibles.

Remember, there is a separate prescription drug annual out-of-pocket maximum for all FedEx Retiree Medical Plan options. When you reach the prescription annual out-of-pocket maximum, the Plan pays 100 percent of eligible prescription costs.



ConsumerMedical—Health Advocacy Services (Cigna, Kaiser & HMSA)

ConsumerMedical services are offered through the FedEx Pre-65 Retiree Group Health Plan at no additional cost to pre-65 retirees and dependents enrolled in a FedEx Retiree Medical Plan option administered by Cigna, Kaiser or HMSA.

You can count on ConsumerMedical for expert health care guidance, reliable medical information, and personalized support from our team of doctors, nurses and researchers. ConsumerMedical can help you:

- Understand any medical condition.
- Learn about all available treatment options.
- Find the best doctors and hospitals in your area and insurance network.
- Get a second opinion from top specialists, either in person or virtually.
- Cope with stress and anxiety.

Call ConsumerMedical for details. Register at www.myconsumermedical.com (enter company code **FedEx**) for live events and webinars featuring top medical professionals and to receive helpful information about a variety of health-related topics.

Get Additional HRA Credits and Save Money* (Cigna & Kaiser only)

Receive a **\$100 HRA credit** for engaging with ConsumerMedical for coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD) or congestive heart failure (CHF). The \$100 HRA credit will be provided to members who (1) are identified for Condition Management by Cigna and (2) engage with ConsumerMedical to learn more about treatment options.

If you or your covered dependents 18 and older are considering elective lower back surgery, hip or knee replacement, weight loss surgery or hysterectomy, **you may have additional financial responsibility of up to \$1,000** toward the cost of the procedure at the time your claim is processed unless you complete the Surgery Decision Support® (SDS) program 30 days before the scheduled surgery. Upon completion of SDS, you also will receive a **\$400 HRA credit.**** The \$1,000 additional responsibility does not apply to emergency situations.

Also, as an added bonus, if you engage with ConsumerMedical to find and choose a Cigna Center of Excellence for hip replacement, knee replacement, lower back surgery or weight loss surgery, you could earn an additional **\$300 HRA credit.**

**Not available for HMSA.*

***To be eligible, contact ConsumerMedical at least 30 days prior to any scheduled surgery to engage with a ConsumerMedical specialist and complete a survey. Limitations apply. Call for more details.*

Connect with ConsumerMedical



By Phone	Online	Via the App
<p>1.888.361.3944 (Monday–Friday, 8:30 a.m.–11:00 p.m., ET)</p>	<p>www. myconsumermedical.com (To register, enter company code FedEx)</p>	<p>MyMedicalAlly app (Download free from the App Store or Google Play)</p> <p></p> <p></p>



Questions?

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

Your FedEx Retiree Dental Plan

Dental coverage is provided through Cigna. If you do not wish to continue your 2021 dental coverage, you must make an active election to discontinue or change it.

Dental Plan Options

Cigna Dental PPO Plan

Comprehensive benefits delivered via a nationwide network of preferred provider dentists who provide dental care at negotiated (discounted) fees to those covered by the plan. You'll need to stay in-network to receive a higher level of coverage. While you can still use an out-of-network dentist, you will receive less coverage and pay more. If you live in an area without enough in-network providers, your Dental PPO Plan will continue to have the same benefit in or out of network; and you will see Dental PPO Out-of-Area as your plan option at retirement.fedex.com/enroll.

Cigna Dental Care (DHMO) Plan (available only in certain areas)

Costs less than the Dental PPO Plan and only offered in certain areas based on your home ZIP Code. You're required to select a dentist in the Cigna Dental Care (DHMO) network and receive all your dental care from the dentist you select, but you can change your selected dentist at any time by contacting Cigna. Important! Not all Cigna Network dentists participate in the DHMO.

Dental Assistance Program

A bare-bones dental benefit at a very low cost (and lowest premiums of the three options). This program provides coverage for routine cleanings, but very limited coverage for other services.

The FedEx Retiree Dental Plan Comparison Chart can help you better understand your dental plan options. If you have questions or need assistance, call Cigna at **1.800.589.2332**.



FedEx Retiree Dental Plan Comparison Chart

	Cigna Dental PPO Plan*		Cigna Dental Care (DHMO)	Dental Assistance Program
Overview	Provides comprehensive benefits, delivered via a nationwide network of preferred provider dentists who provide dental care at negotiated (discounted) fees to those covered.		Provides comprehensive benefits delivered via a Dental Health Maintenance Organization in which a network of dentists offers discounted rates to those covered. You select a Cigna Dental Care Access Plus dentist to provide all of your care.	A low-cost dental program that provides coverage for routine cleanings and very limited coverage for other services.
Annual Maximum	Limited (\$2,000)		Unlimited	Limited (\$1,000)
Orthodontics Lifetime Maximum	\$2,000 Lifetime Limit		Unlimited (24-month maximum treatment limit)	\$1,000 Lifetime Limit
Deductible	\$50 per person		No deductible	\$50—individual; \$150—family
Provider Selection	You have the freedom to select any dentist you choose, in- or out-of-network. Your out-of-pocket costs are lower, however, if you choose a dentist in the Cigna Dental Network who provides services at a discounted rate.		You must select a Cigna Dental Care Access Plus dentist to provide all of your dental care. You can select a new dentist at any time by contacting Cigna. If specialty dental care is necessary, a referral from your dentist is required.	You have the freedom to select any dentist you choose, in- or out-of-network.
What You Pay for Care	In-Network You pay a percentage of the Cigna-negotiated fee for covered procedures; Cigna pays the remaining balance.	Non-Network Your out-of-pocket costs will be higher because the dentist will charge non-negotiated fees for procedures.	You know your costs upfront. You pay the fixed dollar amount or copayment that is listed on your Patient Charge Schedule for covered services. This helps you avoid any surprise costs related to your dental care!	The plan pays a fixed amount for service. You pay the dentist the remaining balance.
Diagnostic and Preventive	100% coverage (no deductible)	100% coverage (after deductible)	100% coverage (no deductible)	100% coverage (no deductible)

**If you live in an area determined to have inadequate network access, you may qualify for the Dental Out-of-Area option. For more information on the Dental Out-of-Area criteria, contact Cigna.*

	Cigna Dental PPO Plan*		Cigna Dental Care (DHMO)	Dental Assistance Program
Basic Restorative** (fillings, simple extractions, repairs to crowns/ inlays/bridges, periodontic scaling)	Plan pays 80% (after deductible)	Plan pays 70% (after deductible)	You pay a copay on most services	Plan pays up to a scheduled amount after deductible. In-network: Member owes difference between scheduled amount and dentist's negotiated fee. Out-of-network: Member owes balance for any amounts over the plan's schedule. Dental implants are not covered.
Major Restorative (crowns, inlays/ onlays, dentures, bridges, oral surgery, implants, general anesthesia)	Plan pays 50% (after deductible)	Plan pays 40% (after deductible)	You pay a copay on most services	
Orthodontics	Plan pays 50% (after deductible)	Plan pays 40% (after deductible)	Copays apply (24-month maximum treatment limit)	

Claims

Claims must be submitted within one year of the date the charge was incurred. Charges for eligible services are allowed only when deemed necessary for treatment of dental disease or injuries. It is strongly recommended that you obtain a pre-determination of benefits before incurring significant dental expenses.

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

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

2022 FedEx Retiree Dental Plan Monthly Costs							
Plan Options	Retiree	Spouse	Child(ren)	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Spouse & Child(ren)
Dental PPO Incentive Plan	\$50	\$50	\$45	\$100	\$95	\$95	\$145
Dental PPO Passive OOA	\$50	\$50	\$45	\$100	\$95	\$95	\$145
Dental HMO	\$22	\$22	\$20	\$44	\$42	\$42	\$64
Dental Assistance Plan	\$13	\$13	\$11	\$26	\$24	\$24	\$37

**If you live in an area determined to have inadequate network access, you may qualify for the Dental Out-of-Area option. For more information on the Dental Out-of-Area criteria, contact Cigna.*

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

Your FedEx Retiree Vision Plan

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

You may use in-network or out-of-network eye care providers. However, when you use in-network providers, the amount you pay may be less than if you use out-of-network providers, and there are no claim forms to complete. To locate an in-network provider in your area, call Davis Vision at **1.888.343.3451** or go to **www.davisvision.com**.



FedEx Retiree Vision Plan At-A-Glance

Feature	In-Network Provider	Out-of-Network Provider
One routine eye examination, including dilation when indicated by your provider, once every 12 months	100% coverage after \$10 copayment	Up to \$50 reimbursed
One pair of frames once every 24 months	100% coverage for selection from the Davis Vision frames available at most in-network offices and all frames at Visionworks, or 100% coverage up to \$120 retail value*	Up to \$90 reimbursed
One pair of standard glass, plastic or safety lenses once every 12 months		
Note: You cannot receive benefits for contact lenses and spectacle lenses during the same 12-month period.		
Lens Options: Single	100% coverage after \$10 copayment, regardless of lens type	Up to \$45 reimbursed
Bifocal		Up to \$60 reimbursed
Trifocal		Up to \$75 reimbursed
Lenticular		Up to \$90 reimbursed
One pair of contact lenses once every 12 months	Choose from a special contact lens collection	Up to \$120 reimbursed
Note: You cannot receive benefits for contact lenses and spectacle lenses during the same 12-month period.	or 100% coverage up to \$120 for non-plan lenses and related expenses (for example, fitting fee). You must pay costs in excess of \$120. New (to the provider or first-time) contact lens wearers receive an initial supply (two multipacks) of disposable lenses. Existing contact lens wearers receive four multipacks of disposable lenses.	
Lens options for spectacle lenses:	100% coverage after \$10 copayment	Covered up to allowances noted above for lens options
• Standard Progressive Lenses		
• Premium Progressives		
• Intermediate-Vision Lenses		
• Oversize Lenses		
• Tinting of Plastic Lenses		
• Scratch-Resistant Coating		
• Polycarbonate Lenses		
• Ultraviolet Coating		
• Blended Lenses		

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

46 | Annual Enrollment for the FedEx Retiree Health Plan is Nov. 1–15, 2021.

Enroll at retirement.fedex.com/enroll or call the FedEx RSC at 1.855.604.6221 Mon.–Fri. from 7 a.m.–6 p.m., CT.

Feature	In-Network Provider	Out-of-Network Provider
<p>Additional lens options:</p> <ul style="list-style-type: none"> • Standard Anti-Reflective Lenses (AR) Coating (\$35 copayment) • Premium AR Coating (\$48 copayment) • Ultra AR Coating (\$60 copayment) • High-Index Lenses (\$55 copayment) • Polarized Lenses (\$75 copayment) • Plastic Photosensitive Lenses (\$65 copayment) • Ultra progressive addition multifocal lenses (\$50 copayment) 	<p>100% coverage after additional copayment noted in 1st column</p>	<p>Covered up to the allowances noted above for lens options</p>

Note: Davis Vision will repair or replace any damaged or destroyed frame or spectacle lens (totally provided by Davis) for a period of one year from the delivery date, regardless of the cause of such damage. You must return the damaged or destroyed frame and/or lens to Davis Vision in order to take advantage of this warranty.

Buy-Up Option

The buy-up option includes an enhanced frame benefit (every 12 months compared to 24) and contact lens benefit (up to eight boxes compared to four).

Advantage Eye Care Program

You and your eligible dependents have access to the Advantage Eye Care Program through Davis Vision to purchase vision care services and eyewear at specially negotiated prices. These services must be received from an in-network provider.

To use the Advantage Eye Care Program, call Davis Vision at **1.888.343.3451** before you schedule your appointment. You will need to provide them with your Member Identification number and your dependent’s Social Security number and date of birth. You must let them know what services you expect to receive and make an advance payment to Davis Vision.

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

To locate an in-network provider in your area, call Davis Vision at **1.888.343.3451** or go to **www.davisvision.com**. If you receive services from an out-of-network provider, you can file a claim for reimbursement at the levels shown in the chart below. Claims must be submitted within one year of the date the charge was incurred.

Feature	Your Cost*
Eye examination	\$50–\$78 based on the area of the country
Single vision lenses and frames	\$121.70
Bifocal lenses and frames	\$134.76
Trifocal lenses and frames	\$147.82
Frames only	\$71.88
Contact lenses (new wearers)	\$142.60

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



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

Resources & Contact Information

Retiree Health Benefits	
FedEx Retirement Service Center (RSC)	1.855.604.6221
FedEx Annual Enrollment Website	retirement.fedex.com/enroll
Medical, Pharmacy & Employee Assistance Program (EAP)	
Cigna FedEx Retiree 70 Narrow FedEx Retiree 80 Narrow FedEx Retiree 70 Broad FedEx Retiree 80 Broad FedEx Retiree Out-of-Area	Cigna 1.800.589.2332 mycigna.com (You will have to register the first time.) Cigna Home Delivery Pharmacy through Express Scripts 1.800.835.3784 mycigna.com Cigna EAP 1.800.274.4357 mycigna.com Employer ID: fedex
Kaiser Permanente FedEx Retiree 70 Kaiser FedEx Retiree 80 Kaiser	1.800.464.4000 www.my.kp.org/fedex
Hawaii Medical Services Association PPO (CompMed) HMO (Health Plan Hawaii)	PPO (CompMed) 1.808.948.6111 or 1.800.776.4672 www.hmsa.com HMO (Health Plan Hawaii) 1.808.948.6372 or 1.800.776.4672 www.hmsa.com
Dental	
Cigna (Cigna, Kaiser & HMSA)	1.800.589.2332 mycigna.com
Vision	
Davis Vision (Cigna, Kaiser & HMSA)	1.888.343.3451 www.davisvision.com
Other Benefits	
ConnectYourCare (now part of Optum Financial) (FedEx Medical HRA)	1.833.298.9044 www.connectyourcare.com/fedex
ConsumerMedical (Cigna, Kaiser & HMSA)	1.888.361.3944 www.myconsumermedical.com
Cigna EAP (Cigna, Kaiser & HMSA)	Cigna EAP 1.800.274.4357 mycigna.com Employer ID: fedex

Legal Notices

Notice of Special Enrollment Rights

If you decline enrollment in medical coverage for you or your dependents (including your Spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in FedEx medical coverage (or “the Plan”) as long as you request enrollment no more than 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in the Plan as long as you request enrollment by contacting the FedEx Benefits Center no more than 31 days after the marriage, birth, adoption or placement for adoption. If you and your eligible dependents are not already enrolled in the Plan, you may be able to enroll yourself and your eligible dependents if (1) you or your dependents lose coverage under a state Medicaid or children’s health insurance program (CHIP), or (2) you or your dependents become eligible for premium assistance under state Medicaid or CHIP, as long as you request enrollment no more than 60 days from the date of the Medicaid/CHIP event. For more information, contact the FedEx Benefits Center at **1.800.888.5622**.

Women’s Health and Cancer Rights Act of 1998

The FedEx Corporation Retiree Group Health Plan provides benefits for mastectomy and mastectomy-related services, including: reconstruction and surgery to achieve symmetry between breasts; prosthesis; and treatment of physical complications of all stages of mastectomy, including lymphedemas. Coverage is provided in accordance with your Plan option and subject to limitations, copayments, deductibles, coinsurance and referral requirements, if any, as outlined in the Summary Plan Description. You can contact Cigna via the toll-free number on your medical ID card for more information.

COBRA Rights

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), federal law makes it possible for certain participants, including their eligible spouses and dependents, to continue participating in health care plans if coverage would otherwise terminate. If you enroll in medical, dental or vision coverage, you should be aware of your rights under COBRA. Among other things, COBRA mandates that an employer give the eligible spouse of a retiree participating in the Plan the ability to continue Retiree Health Plan coverages after a divorce from the retiree, and that an employer give the eligible child of a retiree participating in the Plan the ability to continue retiree health coverages after attaining age 26. You can obtain more information about your rights under COBRA in the Summary Plan Description or by calling the FedEx RSC at **1.855.604.6221**.

HIPAA Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) notice explains your rights under HIPAA and the requirements of the Plan to protect the Protected Health Information (“PHI”) obtained about you relating to your health coverage, and how the Plan may use and disclose this information. PHI includes individually identifiable information which relates to your past, present, or future health, treatment, or payment for health care services. FedEx and the Plan strongly believe in protecting the confidentiality and security of information received about you during the course of administering the Plan.


This Notice is available in the Summary Plan Description. You may obtain a copy by contacting the FedEx RSC at **1.855.604.6221** beginning Nov. 1. For additional information regarding the Plan’s HIPAA Privacy Policy or general privacy policies, you may consult the Privacy Policies and Procedures maintained by FedEx Corporation. You may contact the FedEx RSC at **1.855.604.6221** beginning Nov. 1, or you may write directly to:

FedEx Retirement Services
30 FedEx Pkwy
2nd Floor Horizontal
Collierville, TN 38017-8711

Important Notice from FedEx About Your Prescription Drug Coverage If You Are Eligible for Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with FedEx and about your options under Medicare’s prescription drug coverage. This information can help you decide whether 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:

	<p style="text-align: center;">1</p> <p>Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.</p>	<p style="text-align: center;">2</p> <p>FedEx has determined that the prescription drug coverage offered by the FedEx Corporation Retiree Group Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.</p>
---	--	---

When Can You Join a Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare, and each year from Oct. 15–Dec. 7.

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

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

If your Spouse or Dependent decides to join a Medicare drug plan, their current FedEx coverage will coordinate benefits with Medicare, with FedEx coverage as secondary. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you do decide to join a Medicare drug plan and drop your current FedEx coverage, be aware that you and your dependents will not be able to get this coverage back until the next Annual Enrollment period unless a special family status event occurs earlier.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan? You should also know that, if you drop or lose your current coverage with FedEx and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month you did not have that coverage. For example, if you go 19 months without Creditable Coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium.

You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact the FedEx RSC at **1.855.604.6221** for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through FedEx changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

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

For more information about Medicare prescription drug coverage:

- Go to **www.medicare.gov**.
- Call your state Health Insurance Assistance Program (see the inside back cover of your copy of the *Medicare & You* handbook for their telephone number) for personalized help.
- Call **1.800.MEDICARE (1.800.633.4227)**. TTY users should call **1.877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, go to Social Security on the web at **www.socialsecurity.gov**, or call them at **1.800.772.1213** (TTY **1.800.325.0778**).

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).

FedEx Retirement Services
30 FedEx Pkwy
2nd Floor Horizontal
Collierville, TN 38017-8711

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

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

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

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

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



Need Help Enrolling?

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your state for more information on eligibility.

<p>ALABAMA—Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>FLORIDA—Medicaid</p> <p>Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p>ALASKA—Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>GEORGIA—Medicaid</p> <p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, ext 2131</p>
<p>ARKANSAS—Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>INDIANA—Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
<p>CALIFORNIA—Medicaid</p> <p>Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov</p>	<p>IOWA—Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>
<p>COLORADO—Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442</p>	<p>KANSAS—Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>

KENTUCKY—Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: **1-855-459-6328**
Email: KIHIP.PROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: **1-877-524-4718**
Kentucky Medicaid Website:
<https://chfs.ky.gov>

LOUISIANA—Medicaid

Website: <https://www.medicaid.la.gov> or www.ldh.la.gov/lahipp
Phone: **1-888-342-6207** (Medicaid hotline) or **1-855-618-5488** (LaHIPP)

MAINE—Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: **1-800-442-6003**
TTY: Maine relay **711**
Private Health Insurance Premium Website:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: **1-800-977-6740**
TTY: Maine relay **711**

MASSACHUSETTS— Medicaid and CHIP

Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>
Phone: **1-800-862-4840**

MINNESOTA—Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: **1-800-657-3739**

MISSOURI—Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: **1-573-751-2005**

MONTANA—Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: **1-800-694-3084**

NEBRASKA—Medicaid

Website:
<http://www.ACCESSNebraska.ne.gov>
Phone: **1-855-632-7633**
Lincoln: **1-402-473-7000**
Omaha: **1-402-595-1178**

NEVADA—Medicaid

Medicaid Website: <http://dhcftp.nv.gov>
Medicaid Phone: **1-800-992-0900**

NEW HAMPSHIRE—Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
Phone: **1-603-271-5218**
Toll free number for the HIPP program:
1-800-852-3345, ext 5218

NEW JERSEY—Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: **1-609-631-2392**
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: **1-800-701-0710**

NEW YORK—Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: **1-800-541-2831**

NORTH CAROLINA—Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: **1-919-855-4100**

NORTH DAKOTA—Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: **1-844-854-4825**

OKLAHOMA—Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: **1-888-365-3742**

OREGON—Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: **1-800-699-9075**

PENNSYLVANIA—Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
Phone: **1-800-692-7462**

RHODE ISLAND—Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: **1-855-697-4347**, or
1-401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA—Medicaid

Website: <https://www.scdhhs.gov>
Phone: **1-888-549-0820**

SOUTH DAKOTA—Medicaid

Website: <http://dss.sd.gov>
Phone: **1-888-828-0059**

TEXAS—Medicaid

Website: <http://gethipptexas.com/>
Phone: **1-800-440-0493**

UTAH—Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: **1-877-543-7669**

VERMONT—Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: **1-800-250-8427**

VIRGINIA—Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: **1-800-432-5924**
CHIP Phone: **1-800-432-5924**

WASHINGTON—Medicaid

Website: <https://www.hca.wa.gov/>
Phone: **1-800-562-3022**

WEST VIRGINIA—Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: **1-855-MyWVHIPP**
(**1-855-699-8447**)

WISCONSIN—Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: **1-800-362-3002**

WYOMING—Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: **1-800-251-1269**

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration

www.dol.gov/ebsa

1.866.444.EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1.877.267.2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email **ebsa.opr@dol.gov** and reference the OMB Control Number 1210-0137.

Frequently Asked Questions

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

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

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

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

If you don't enroll in other coverage, you will not have health insurance. However, you will be able to enroll in the FedEx Retiree Health Plan each plan year during Annual Enrollment, until you turn age 65.

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

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



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

1. How can I check my RHPA balance?

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

2. What can I pay for with the RHPA?

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

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

If you have an eligible Spouse who survives you, the balance of your RHPA will be credited to your Spouse's RHPA for their continued use. If you don't have an eligible Spouse, the credits will be forfeited and won't be paid out as part of your estate.

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

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

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

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



FedEx Medical Health Reimbursement Account (Medical HRA) (administered by ConnectYourCare [CYC], now part of Optum Financial) (for eligible Cigna and Kaiser members)

1. Do participants from the active group health plan who had an HRA card get a new Medical HRA card for the Retiree Group Health Plan?

Retirees enrolled in the retiree medical plan do not get a new card and will be able to use their existing payment card once CYC receives their retiree status.

2. What expenses can be paid from the Medical HRA?

The Medical HRA can be used to pay for qualifying medical expenses, including your share of your deductible and your coinsurance. The Medical HRA cannot be used for premiums or for dental, vision or prescription expenses.

3. How can I view my Medical HRA balance?

You can view your Medical HRA balance through the mobile app myCYC or by going to www.connectyourcare.com/fedex.

4. How will the Medical HRA work when I go to the doctor?

You are responsible for your out-of-pocket costs, such as copays and deductibles. You can present your Medical HRA payment card for any amount up to your HRA balance.

5. When do I receive the Medical HRA credit if I enroll in medical coverage outside of Annual Enrollment?

If you enroll in medical coverage outside of Annual Enrollment, you will receive your Medical HRA credit at the beginning of the next plan year. If you enroll in a FedEx Retiree Medical Plan option after Jan. 1, any Medical HRA balance from your active FedEx medical plan will roll over to your retiree coverage.

6. What other factors can affect my Medical HRA?

If you add coverage for an eligible dependent, the Medical HRA credit will be prorated accordingly.

7. Can I add money to my Medical HRA amount?

No, you cannot add money to the Medical HRA.

8. Are there any tax implications for me with the Medical HRA?

Generally, there are no federal tax implications to you with the Medical HRA.



Questions?

Call the FedEx Retirement Service Center at **1.855.604.6221**

Monday–Friday 7 a.m.–6 p.m., CT

Appendix

Who's **Not** Eligible & How Does Medicare Eligibility Affect Retiree Health Benefits?

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

Retiree and Spouse at Age 65 and Older

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

Retiree and/or Spouse Under Age 65 and/or Dependent Who Is Eligible for Medicare Due to Disability

If you or your Spouse under age 65, or your other covered dependent, becomes eligible for Medicare due to disability, you must call the FedEx RSC at **1.855.604.6221** within 31 days of your Medicare coverage effective date.

Retirees under age 65 who become eligible for Medicare due to disability are not eligible for the FedEx Retiree Health Plan and will receive an enrollment guide from the Aon Retiree Health Exchange.

Any Spouse or dependent under age 65 who is eligible for Medicare due to disability continues to be eligible for the FedEx Retiree Health Plan, with the FedEx Retiree Health Plan paying secondary to Medicare.

If you are determined to be Medicare disabled, your eligible covered dependents under age 65 may continue medical, dental, and vision coverage under your FedEx Retiree Health Coverage, assuming your FedEx Retiree Health Coverage premiums/contributions are paid.

IMPORTANT: If you do not notify the FedEx RSC of your Medicare eligibility status, you will still be responsible for reimbursing the Plan for any benefits the Plan paid that it would not have paid had your Medicare-eligible status been known to the Plan, **even if you do not enroll in Medicare.**

Once a Spouse or dependent becomes Medicare-eligible due to disability, the FedEx Retiree Medical Plan becomes secondary coverage to Medicare and will pay benefits as if the individual is covered by Medicare even if the individual has not enrolled in Medicare. Periodic audits are performed between the Plan carriers and Medicare to identify covered participants who are Medicare-eligible.

Child(ren) Dependent(s) Who Turn Age 26

Medical, dental and vision coverage end automatically at midnight on the last day of the month of the child's 26th birthday, unless incapacitated as described in the "Who's Eligible?" section. Following the date of coverage termination, medical, dental and vision coverage may be continued for up to 36 months under COBRA by paying the full cost of the coverage.

Retiree or Spouse or Child(ren) Dependent(s) Who Become Covered by a FedEx Health Plan for Active Employees

After you have commenced your FedEx Retiree Health Coverage, you must suspend coverage in the following situations:

- If you become covered as a dependent of an active participant in any FedEx health plan, or
- If you become employed by any FedEx company, whether you participate in that company's active health plan or not.

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



More About Child(ren) Dependent(s)

Provided your child meets the eligibility requirements, you can cover him/her up to midnight on the last day of the month of the child's 26th birthday for medical, dental and vision, without regard to:

- **Student status:** The child does not have to be a full-time student.
- **Marital status:** The child can be married; you cannot cover your child's dependents—Spouse or children—on your plan.
- **Tax dependency:** You do not have to claim the child for tax purposes.
- **Employment status**
- **Residency:** The child does not have to reside with you or, in the case of a stepchild, your Spouse.
- **Financial dependency:** The child does not have to be financially dependent on you or your Spouse.
- **Other employer-sponsored coverage:** You can cover the child even if he/she is eligible for other coverage.

Medical, dental and vision coverage end automatically at midnight on the last day of the month of the child's 26th birthday, unless incapacitated as described in this section under "Child(ren) Dependent(s) Who Turn Age 26." Following the date of coverage termination, medical, dental and vision coverage may be continued for up to 36 months under COBRA by paying the full cost of the coverage. See the Summary Plan Description for details.

Information for Retirees Approaching Age 65

FedEx Retiree Health Plan participants age 65 and older are not eligible to participate in the pre-65 medical, dental and vision plan options summarized in this guide. Approximately 60 days before you or your covered Spouse turns 65, information will be mailed directly to you from the Aon Retiree Health Exchange.

The Aon Retiree Health Exchange can assist you and/or your Spouse in evaluating Medicare supplemental coverage options and enrolling in a plan. To enroll in a supplemental coverage option (that is not prescription drug only), you must enroll in Medicare Parts A and B.

The Aon Retiree Health Exchange offers dental and vision coverage. Also, you may elect COBRA continuation of dental and vision coverage.

Definitions

A–C

Alight Solutions

Enrollment administrator of the FedEx Retiree Health Plan.

Aon

Administrator of the Aon Retiree Health Exchange.

Coinsurance

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

Copayment

A fixed dollar amount you pay for certain services at the time of service, each and every time you access that service.

Coverage Tier

Coverage tier indicates whether you are covering yourself only or covering your Spouse and/or children for medical, dental and vision. The coverage tiers are:

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

D–G

Deductible

The amount you pay for covered services each year before the Plan begins to pay benefits.

Dependent(s)

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

eHealth

eHealth is the Aon Retiree Health Exchange partner for access to pre-Medicare health plans. eHealth is considered the nation’s leading online marketplace for individual and family health insurance products.

Exchange

A marketplace where consumers can review/purchase individual insurance plans offered by various commercial insurance providers. Exchanges can be public or private, and vary by state. A public exchange is run by either a state or the federal government. A private exchange is run by a private company.

Emergency

An unforeseen medical condition that, if not treated immediately, could seriously jeopardize or impair your health, such as a suspected heart attack, severe lacerations, or broken bones.

FedEx Medical Plan Options

The plans available to you to provide medical benefits for eligible pre-65 retirees and eligible dependents. Your FedEx Medical Plan options are based on your home ZIP Code and include one or more of the following:

- FedEx Retiree 70 Broad
- FedEx Retiree 70 Narrow
- FedEx Retiree 80 Broad
- FedEx Retiree 80 Narrow
- FedEx Retiree Out-of-Area

FedEx Retiree 70 Kaiser and FedEx Retiree 80 Kaiser are additional options in California only. HMSA has two plan options for retirees in Hawaii.

FedEx Retiree Health Plan

This ongoing health plan is available to eligible FedEx pre-65 retirees and offers a selection of FedEx Retiree Medical Plans administered by Cigna, Kaiser (for retirees in California) and Hawaii Medical Services Association (for retirees in Hawaii).

Formulary

A list of “preferred” medications that are determined to be clinically effective, in addition to being cost-effective, when compared to similar-acting drugs.

Generic Drug

A generic drug is equivalent to a brand name drug in dosage, safety, strength, how it is taken, quality, performance and intended use. Before approving a generic drug product, FDA requires many rigorous tests and procedures to assure the generic drug can be substituted for the brand name drug.

H–K

Health Reimbursement Account (HRA) (Cigna & Kaiser Only)

Also referred to as a **Medical Health Reimbursement Account (Medical HRA)**; FedEx will credit a specified dollar amount to this account for retirees and their covered, eligible dependents to help cover the cost of qualifying medical expenses. Credit amounts are based on coverage tier. Refer to the “Medical Health Reimbursement Account” section for more information.

In-Network Provider

A physician, hospital, lab, pharmacy or other health professional or facility that participates in a medical plan administrator’s provider network.

L–N

Lifetime Maximum Benefit

FedEx Medical and Dental Plan options do **not** have a lifetime maximum benefit—the maximum dollar amount a health plan will pay in benefits to an insured individual during that individual’s lifetime.

Maximum Reimbursable Charge (MRC)

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

Medical Health Reimbursement Account (Medical HRA)—Cigna & Kaiser Only

FedEx will credit a specified dollar amount to this account for retirees and their covered, eligible dependents to help cover the cost of qualifying medical expenses. Credit amounts are based on coverage tier. Refer to the “Medical Health Reimbursement Account” section for more information.

Medically Necessary

Criteria for determining medical necessity, including but not limited to care that is:

- Commonly recognized in the health care industry by the appropriate medical specialist as a standard of good practice,
- Appropriate, effective, and consistent with the diagnosis,
- Not primarily for convenience, and
- Not primarily for medical or other research.

Network

The doctors, hospitals and other health care providers with which the claims-paying administrator has contracted to deliver health care services to its members.

O–Q

Out-of-Network Provider

A physician, hospital, lab, pharmacy or other health professional or facility that does not participate in a medical plan administrator’s provider network.

IMPORTANT! Out-of-network services are not covered. You are 100 percent responsible for all out-of-network medical charges, unless you’re a retiree residing in Alaska, you’re enrolled in the FedEx Retiree Out-of-Area plan option, and in cases of emergency.

Out-of-Pocket Maximum

The most you will have to pay toward covered expenses in a calendar year. Once you meet the out-of-pocket maximum, the plan begins to pay 100 percent of covered expenses for the rest of the calendar year, with the exception of copayments and prescription drug costs—unless any annual maximums apply. Charges that exceed the amount considered appropriate for the medical service according to your medical plan administrator’s guidelines are not considered covered expenses and do not apply to the maximum out-of-pocket.

Pre-Certification

A review for medical appropriateness before a medical service is rendered. When receiving in-network services in FedEx Retiree 70 Broad, FedEx Retiree 70 Narrow, FedEx Retiree 80 Broad, or FedEx Retiree 80 Narrow, your physician coordinates pre-certification if Cigna is your medical plan administrator. Otherwise, it is your responsibility.

Pre-Determination of Benefits

A written determination from your medical plan administrator that you and your health care provider can request before treatment begins and expenses are incurred. It explains whether a planned course of treatment is a covered medical service and if charges are appropriate for the medical service provided in your geographic area according to your medical plan administrator's guidelines.

Preventive Care

Health care services intended to prevent illness or injury or to detect problems early. Preventive care includes routine physical exams or checkups, well-person exams, well-baby care, and immunizations.

Primary Care Physician

A doctor who typically serves as your personal physician and provides or coordinates your overall medical care. Although not required, you and each of your covered dependents are encouraged to select a primary care physician from your medical plan administrator's network. Physicians may include physicians in the areas of Family Practice, General Practice, Internal Medicine, Pediatrics, OB/GYN, and GYN.

Primary Care Provider (PCP)

PCPs include all primary care physicians, as described herein, as well as mental health/substance use providers, convenience care clinics, urgent care facilities, and virtual care. When you use an in-network PCP, charges are not subject to the deductible and you pay only your coinsurance.

Provider

A PCP, specialist, hospital, lab, pharmacy, or other health professional or facility that provides health care services or supplies. All charges are subject to the deductible unless provided by a PCP as stated herein.

R–T**Retiree Health Premium Account (RHPA)**

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

U–Z**Urgent Care**

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

The FedEx Corporation Retiree Group Health Plan (into which the FedEx Custom Critical, Inc., Early Retiree Medical, Dental and Vision Care Plan has merged) and the FedEx Corporation Retiree Health Reimbursement Arrangement and the Retiree Health Premium Account (“Plans”) are governed by formal Plan documents and, in the event of any conflict between this guide and the Plan documents, the formal Plan documents will control. This guide does not alter any terms of the Plans or related agreements. FedEx reserves the right to amend or terminate any of its employee benefit plans, in whole or in part, at any time and for any reason.

Aon Retiree Health Exchange is a trademark of Aon Corporation. Your Spending Account is a trademark of Alight Solutions LLC. eHealth is a trademark of eHealthInsuranceServices, Inc.

Aon Retiree Health Exchange is available through Aon Hewitt Health Market Insurance Solutions Inc., an Aon company.

