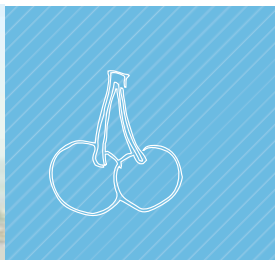


YOUR BENEFITS. YOUR WAY.



2012 BENEFITS ENROLLMENT GUIDE

Effective January 1, 2012
For Hawaii Employees



Enterprise Holdings offers a comprehensive package of benefits to our eligible employees. These benefit programs are carefully designed to protect your health and help you balance the needs of your work and family life.

Use this guide to review benefit options available to you and your eligible dependents. When you have made your decisions, login to Benefits Central at benefits.ehi.com to make your benefits elections.

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HOW TO ENROLL

Benefits Central »

EMPLOYEE SELF-SERVICE WEBSITE

Access Benefits Central online at benefits.ehi.com any time, day or night, 365 days a year. Use it to make or change your benefits elections during annual enrollment; make changes due to life-changing events such as marriage or the birth of a child; and update your life insurance beneficiary designations as you see fit.

To get started, simply:

1. Go to benefits.ehi.com.
2. Enter your employee ID (for example: E12345) and password. New users will create a password the first time they log in.
3. Your personalized home page will appear.
4. Follow the prompts in the Alerts box to start the enrollment process.

NEW USERS

When you first visit Benefits Central, you will need to create a password to begin. Click create or reset your password from the new users or new passwords box near the top right of the screen and follow the instructions. Employees must submit their employee ID, last four digits of their Social Security number, zip code and date of birth to meet Benefits Central's initial login requirements.

RETURNING USERS

Users who already have a password need only enter their employee ID and password before selecting login to access their benefits.

RESETTING A PASSWORD

Click create or reset your password from the new users or new passwords box that appears near the top right of your screen to create a new one.

CALL CENTER

Customer service representatives can assist you with any questions regarding your benefits or about navigating the Benefits Central website.

TOLL-FREE PHONE NUMBER

855-434-4236

(If you are calling from outside the U.S. dial 858-703-3275.)

CALL CENTER HOURS

Employees may reach a customer service representative Monday through Friday, 8 a.m. to 6 p.m. CST, excluding holidays. Those calling after hours may leave a message for a representative to return their call within the next business day. During annual enrollment, the call center's phone lines will remain open until 8 p.m. CST.

WHAT YOU NEED

When you call Benefits Central, you'll be asked to verify a few things for security purposes:

- Employee ID (for example: E12345).
- The last four digits of your Social Security number.
- Home zip code.
- Date of birth.

WHO IS ELIGIBLE FOR COVERAGE?

Hawaii employees are eligible for Kaiser Permanente medical/drug/dental coverage on the first day of the second consecutive month following the first day of work, and EyeMed Vision Care and the employee assistance program on the first day of the third consecutive month following the first day of work.

Full-time employees are also eligible for flexible spending accounts, life, AD&D, and LTD insurance on the first day of the third consecutive month following the first day of work as full-time employee.

You may also elect to cover your eligible dependents under certain benefit plans. Eligible dependents for medical, drug, dental and vision coverage include your lawful spouse, your same-sex or opposite-sex domestic partner, your children until their 26th birthday and your incapacitated children over age 26. If your child is incapacitated, you must notify Benefits Central and provide documentation within 31 days of the child's 26th birthday to continue coverage.

For child life insurance, unmarried dependent children are eligible for coverage through the end of the calendar year in which they reach age 23. For those dependents who have reached age 23 who have been enrolled in the company child life insurance plan and desire to continue coverage, please contact Benefits Central for portability or conversion forms to continue life insurance coverage on your child. Disabled children over the age of 23 are eligible for continued coverage provided they were already enrolled in the company child life insurance plan prior to becoming incapacitated. Upon disabled child's attainment of age 23, you must provide timely medical information satisfactory to MetLife for the child within 31 days of the end of the calendar year in which they reach age 23. Contact Benefits Central for required documentation to continue coverage.

Enterprise Holdings reserves the right to conduct dependent eligibility audits, as it deems appropriate, up to and including requiring employees to provide proof (e.g., marriage licenses, birth certificates, tax returns, etc.) that spouses, children and other covered dependents are eligible for company benefits as defined in the Enterprise Holdings Health and Welfare Benefits Summary Plan Description (SPD), available on Benefits Central, and reserves the right to request such documentation as it determines appropriate to confirm dependent status.

WHEN COVERAGE BEGINS

ANNUAL ENROLLMENT

Benefits elections made during annual enrollment become effective on Jan. 1 of the following year. Changes to payroll deductions begin the first paycheck in January.

LIFE-CHANGING EVENT

If you are adding or dropping coverage midyear due to a qualifying life-changing event (i.e., marriage, divorce, birth), changes to your coverage begins on the date of the event. Changes to payroll deductions begin the first full paycheck after the date of the event.

NEWLY ELIGIBLE FOR BENEFITS

If you are a new employee or newly eligible for benefits, your Kaiser

Permanente medical, drug and dental coverage becomes effective on the first day of the second consecutive month following the first day of work. You are also eligible for EyeMed Vision Care and the employee assistance program on the first day of the third consecutive month following the first day of work. Payroll deductions for these benefit premiums begin with the first full paycheck after these benefits go into effect.

Full-time employees are also eligible for flexible spending accounts, life, AD&D, and LTD insurance on the first day of the third consecutive month following your first day of work as a full-time employee. Payroll deductions for these benefit premiums begin with the first full paycheck after these benefits go into effect.

COVERAGE DEFAULTS

NEWLY ELIGIBLE FOR BENEFITS

If you are a new employee or newly eligible for benefits and you do not make benefit elections by the due date, the following will occur:

1. Medical/drug/dental coverage will default to employee only coverage in the Kaiser Permanente Hawaii medical plan at the biweekly rate of \$56.70.
2. You will not be able to take advantage of any healthy behavior incentives that may apply to your plan.
3. Premiums will be deducted from your paycheck until the end of the plan year.
4. Vision, flexible spending accounts and voluntary life insurance benefits will be waived.

DURING THE OCT. 10 – 28 ANNUAL ENROLLMENT

If you do not make any benefits elections by the Oct. 28 deadline:

1. Your current 2011 benefits elections will carry over to the 2012 plan year, based on the level of coverage you had along with any dependents enrolled under your plan as of Dec. 31.
2. You will default to the 2012 premium rates and will not be able to take advantage of any healthy behavior incentives that may apply to your plan. (In order to be eligible for the non-tobacco incentive, you must log in to Benefits Central during annual enrollment to indicate your tobacco usage and that of all dependents (18 years of age or older as of Jan. 1) covered under your medical plan.)
3. You will not be able to contribute to a health care or dependent care flexible spending account for 2012, unless you have a qualifying life-changing event.
4. You will not be able to change your benefits elections until next year's enrollment period, unless you have a qualifying life-changing event before that time.
5. Your current life insurance beneficiary designations will become null and void on Jan. 1, 2012, if you don't update them online through Benefits Central. In the event of your death, your life insurance policy will be paid according to the plan default (spouse, children and then estate).
6. If you waived coverage for 2011 and want to continue to waive coverage for 2012, you must log in to Benefits Central to elect No Coverage and complete the HC-5 form, otherwise you will default to coverage as described above.

Your Health Care Package ----->

Medical, drug and dental benefits are bundled together into one benefit package. You may elect health care coverage from Kaiser Permanente Added Choice with dental coverage through the Hawaii Dental Service. Coverage details and premium rates are outlined below. The EyeMed Vision Care plan (see page 8) is a separate program and not part of the Kaiser Permanente Added Choice health care package.

	In-network	Out-of-network Contracted‡	Out-of-network Non-contracted‡
Lifetime Maximum	None	\$1,000,000	
Annual Deductible: Individual/Family	None	\$100 (Individual) \$300 (Family)	
Annual Out-of-Pocket Max: Individual/Family	\$2,500 (Individual) \$7,500 (Family)	\$1,000 (Individual) \$3,000 (Family)	
Office Visits (Outpatient)			
Primary Care	\$20 per visit	20% of MAC	20% of MAC
Specialty Care	\$20 per visit	20% of MAC	20% of MAC
Preventive Care(1)	No charge	20% of MAC	20% of MAC
Well-Baby Care (18 months or younger)(2)	No charge	20% of MAC, deductible waived	20% of MAC, deductible waived
Well-Child Care (ages 2 years and older)(1)	No charge	20% of MAC	20% of MAC
Physical, Occupational, Speech Therapy	\$20 per visit	20% of MAC	20% of MAC
Outpatient/Ambulatory Surgery	\$20 per visit	20% of MAC	20% of MAC
Outpatient Lab and X-Ray			
Laboratory	10% of applicable charges	20% of MAC	20% of MAC
X-Ray	10% of applicable charges	20% of MAC	20% of MAC
MRI/CT/PET/Nuclear Medicine	10% of applicable charges	20% of MAC	20% of MAC
Emergency Care			
Ambulance (Ground or Air)	20% of applicable charges	20% of MAC	20% of MAC
Emergency Room(3)	\$75 per visit	\$75 per visit	\$75 per visit
Urgent Care	\$20 per visit at a Kaiser Permanente facility within the Hawaii service area 20% of applicable charges at a non-Kaiser Permanente facility outside the Hawaii service area		
Hospital Care (Inpatient)			
Inpatient	\$75 per day	20% of MAC	20% of MAC
Delivery	No charge	20% of MAC	20% of MAC
Inpatient Baby Care	\$75 per day	20% of MAC	20% of MAC
Mental Health and Chemical Dependency			
Mental Health Outpatient	\$20 per visit	20% of MAC	20% of MAC
Mental Health Inpatient	\$75 per day	20% of MAC	20% of MAC
Chemical Dependency Outpatient	\$20 per visit	20% of MAC	20% of MAC
Chemical Dependency Inpatient	\$75 per day	20% of MAC	20% of MAC

	In-network	Out-of-network Contracted‡	Out-of-network Non-contracted‡
Prescription Drugs			
Pharmacy/Retail: Generic	\$15 per prescription	20% of charge, but not less than \$10 per prescription for out-of-network contracted pharmacies	Not covered
Pharmacy/Retail: Brand	\$15 per prescription	20% of charge, but not less than \$10 per prescription for out-of-network contracted pharmacies	Not covered
Pharmacy/Retail: Day Supply(4)	30-consecutive day supply	30-consecutive day supply	Not applicable
Mail Order - Generic(5)	\$30 per prescription	Not covered	Not covered
Mail Order - Brand(5)	\$30 per prescription	Not covered	Not covered
Mail Order - Day Supply	90-consecutive day supply	Not applicable	Not applicable
Other			
Skilled Nursing Facility (SNF)	No charge limited to 60 days per benefit period	20% of MAC limited to a combined benefit maximum of 120 days per calendar year	
Infertility Services	\$20 per visit	20% of MAC	20% of MAC
Hospice Care	No charge	20% of MAC limited to a combined benefit maximum of 210 days while insured	
Home Health Care	No charge	20% of MAC limited to a combined benefit maximum of 150 days per calendar year	
Chiropractic Care	\$15 per visit, limited to 20 visits per calendar year. Must use American Specialty Health Network.		
Dental(7)	Plan Pays		
Annual exam (once per calendar year)	100% of eligible fees		
Bitewing X-rays (twice per calendar year)	100% of eligible fees		
Cleaning (twice per calendar year)	100% of eligible fees		
Restorative	70% of eligible fees		
Prosthodontics and crowns	50% of eligible fees		
Orthodontics – dependent child only, \$1000 lifetime, paid in 8 quarterly payments of \$125	50% of eligible fees		

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete explanation, please refer to the applicable EOC, or to the Member Handbook for Hawaii.

Table Notes:

‡Benefit payments are based on the Maximum Allowable Charge (MAC). The MAC is the lesser of (1) the usual and customary charge, (2) the negotiated rate, or (3) the actual billed charges. The member is responsible for charges that exceed the MAC when receiving services from non-participating providers.

(1) One well-woman office visit or office visit for physical exam per calendar year. Preventive screenings covered at no charge include all services mandated by

the Patient Protection and Affordable Care Act.

(2) At birth, ages 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, and 18 months.

(3) Emergency medical services are covered by Kaiser Foundation Health Plan, Inc. (KFHP). Nonemergency medical services received in an emergency care setting that are not covered by KFHP may be eligible for coverage by Kaiser Permanente Insurance Company (KPIC). Emergency Department surcharge fees are not covered by KPIC.

(4) Up to a 30-consecutive-day supply or an amount determined by the Health Plan formulary. Excludes contraceptive drugs and devices.

(5) Applies to refills for most maintenance drugs. The mail-order program does not apply to certain drugs and mailing is limited to addresses inside the Hawaii Service Area.

(6) Services by Hawaii Dental Service (HDS) (2890) network only. Maximum amount payable by HDS for covered dental benefits in a calendar year is \$1,200 per eligible patient.

HAWAII EMPLOYEE HEALTH CARE PREMIUM RATES FOR 2012

Includes coverage for medical, drug and dental benefits. Rates quoted below are biweekly and payroll-deducted pretax.

Benefit Choices	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Kaiser Permanente	\$56.70	\$165.60	\$144.10	\$272.90

*The "Employee Only" portion of the deduction will be capped at 1.5% of employee's gross wages each pay period. The total premium deduction for all coverage tiers will be the "Employee Only" portion (the lesser of the stated rate or 1.5% of gross wages) plus the "One Dependent" or "Two or More Dependents" portion of the premium cost.

Note: The company will establish new employee/employer cost sharing amounts at the start of each year or modify during the year as it deems appropriate.

ID CARDS

If you are enrolling in health care benefits for the first time, you will receive your ID cards in the mail from Kaiser Permanente and Hawaii Dental Service, and EyeMed (if applicable).

If you are currently enrolled in health care benefits you can continue to use your current ID cards from Kaiser Permanente and Hawaii Dental Service, and EyeMed (if applicable).

Always carry your ID cards and present the appropriate card when receiving care. If you need additional ID cards, please contact the vendors.

MANAGING YOUR HEALTH

In 2011 Enterprise Holdings rolled out Managing Your Health — a multifaceted and ongoing wellness campaign that encourages employees to take steps to make better choices and live happier, healthier lives.

In addition to providing you and your dependents with information, this year Enterprise Holdings is rewarding healthy lifestyles by offering a healthy behavior incentive to reduce your health care premiums.

HEALTHY BEHAVIOR INCENTIVE

BE TOBACCO-FREE OR COMPLETE THE QUIT FOR LIFE TOBACCO CESSATION PROGRAM

Enterprise Holdings offers a non-tobacco incentive to you and your eligible dependents. This incentive is in the form of a reduction to your per pay period medical premiums. Each year during annual enrollment you will be required to indicate tobacco usage status for yourself and all covered dependents (18 years of age or older) as of Jan.1 in order to receive the non-tobacco incentive for the next plan year.

Non-Tobacco Users: If you and your family members do not use tobacco products, you will receive reduced health care premiums for the plan year.

Tobacco Users: To help tobacco users qualify for the incentive, we provide Quit For Life, a tobacco cessation program offered by Alere Wellbeing.

How The Quit For Life Program Works For Tobacco Users

To receive the non-tobacco incentive, all enrolled tobacco users must register in the Quit For Life tobacco cessation program and complete five coaching calls with a Quit Coach. After all tobacco users have completed the five coaching calls, you will receive a Benefits Enrollment Confirmation in the mail indicating that you have qualified for the non-tobacco incentive and the company will reduce your medical premiums. The reduced premiums will remain in effect until the end of the plan year.

The earliest you can receive your non-tobacco incentive is the first full pay period after the month in which the tobacco user completes the fifth coaching call, after your benefits elections are in effect.

What does the Quit For Life program include?

Your easy-to-follow quitting plan includes:

- Access to Web Coach®
- An easy-to-use printed workbook
- Recommendations on type, dose and duration of nicotine replacement or medication)
- Free 8-week supply of nicotine replacement therapy (patch/gum)
- Unlimited toll-free access to Quit Coaches
- A 6-month program survey

Who is eligible for the program and what is the cost?

Enterprise Holdings offers this program at no cost to:

- All benefit-eligible Enterprise Holdings employees, and
- Dependents (18 years of age or older) only if they are enrolled in the company medical plan.

Benefit-eligible employees as well as their dependents (18 years of age or older) enrolled in the medical plan can participate in the Quit For Life program as soon as the benefits eligibility waiting period is met.

How do I register in the Quit For Life program?

Call 866-QUIT-4-LIFE (866-784-8454) or visit www.quitnow.net/ehi and click Enroll Online. A registration specialist will verify your eligibility and transfer you to a Quit Coach to get started.

Non-Tobacco Incentive Per Pay Period Premium Reduction

The non-tobacco incentive reduces your medical premium deductions and the applicable credit appears on your Benefits Enrollment Confirmation:

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
(\$23.10)	(\$54.10)	(\$48.30)	(\$89.70)

Other Voluntary Benefits ----->

The company offers eligible employees the opportunity to participate in the voluntary benefits described on pages 8–11. Premiums for these voluntary benefits are paid by the employee through payroll deductions.

EYEMED VISION CARE

Employees and their eligible dependents can enroll for this voluntary benefit. Rates quoted below are biweekly and payroll-deducted pretax.

Benefit Choices	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
EyeMed	\$2.07	\$3.91	\$4.52	\$7.67

SELECT NETWORK - MEMBER COST

- Annual vision exam: \$10 copay
- Frames: 80% of balance over \$120 (every other calendar year for adults) (every calendar year for children under age 19)
- Plastic Lenses*: \$10 copay
- Conventional Contact Lenses*: 85% of balance over \$115
- Disposable Contact Lenses*: Balance over \$115

*Either plastic lenses or contact lenses once every calendar year

This vision benefit also includes discounts on vision care services and hardware beyond plan coverage, a LASIK and PRK discount, continued eyewear savings plan and contact lens by mail program. EyeMed Vision Care's network of providers includes independent optometrists, ophthalmologists, opticians, and many retail chains, including the nation's leading optical retailer, LensCrafters®. A detailed description of your vision care benefit is available at YouDrive.EnterpriseHoldings.com.

If you are enrolling in the vision plan for the first time, you will receive an ID card from EyeMed Vision Care in the mail. If you are currently enrolled in the vision plan and will be continuing coverage, continue to use your current vision ID card.

FLEXIBLE SPENDING ACCOUNTS

HEALTH CARE SPENDING ACCOUNT

Set aside a minimum of \$130 and up to \$5,000 annually into a flexible spending account, on a pretax basis, to pay for health care expenses incurred by you or your dependents whether or not they are covered under your health care plan.

Eligible expenses for health care reimbursement generally fall into two categories:

1. The portion of covered expenses not paid by the health care plan such as:
 - Deductibles, copays or coinsurance
 - Charges above reasonable and customary amounts (medical, prescription drug, dental)
2. Charges for services and supplies not covered by a health plan and considered eligible by the IRS.

Depending on your health care coverage, these might include charges and services such as:

- acupuncture, diabetic supplies, routine foot care, contact lenses and solutions, eyeglasses and laser eye surgery

Over-the-counter medications without a written prescription from a physician are not eligible for reimbursement. However, certain over-the-counter medical supplies may be eligible for health care reimbursement. Check with ADP Benefit Services at 800-550-0720 or refer to IRS Publication 502, Medical and Dental Expenses available at www.irs.gov for a list of potential eligible health care expenses.

Contributions are deducted from each paycheck in equal amounts throughout the year. The entire amount you elect to deposit in your health care spending account is available to you any time after Jan. 1.

When you incur an eligible expense, you pay the bill as usual, then complete a health care spending account claim form, attach proof of service (insurance explanation of benefits or copy of a bill for service not covered by insurance) and mail/fax it to ADP Claims Processing using the address/fax number on the claim form.

Certain requirements apply when using the Health Care Spending Account:

- Expenses claimed from your account must be incurred during the Jan. 1 – Dec. 31 plan year while you were participating in the plan.
- Money not claimed for the plan year will be forfeited. You have three months after the end of the plan year (until March 31) to file claims for services incurred during the plan year. Claims filed after the cutoff (March 31) are not eligible for reimbursement.
- If you terminate participation in the plan at any time during the year, you will have 90 days to submit reimbursements for claims that occurred prior to termination.
- You cannot change your annual election amount midyear

Enrollment in the medical plan is not required to elect Flexible Spending Accounts

unless you experience a life-changing event that allows you to make an election change to your health care spending account.

- You may not claim any expenses reimbursed from this account as an itemized deduction on your tax return.

DEPENDENT CARE SPENDING ACCOUNT

Set aside a minimum of \$130 and up to \$5,000 annually into a flexible spending account, on a pretax basis, to pay for qualified dependent care expenses. These include expenses you incur for your dependent children (under age 13) so you can work, such as:

- babysitting in your home or someone else's home
- before and after-school care
- day camp during school or summer vacations (for children under age 13)
- payments to day care or elder day care centers
- certain expenses for a live-in, full-time housekeeper for a disabled dependent

Dependent care providers must supply their federal tax ID number or Social Security number.

NOTE: Dependent care spending accounts should not be elected in anticipation of a future birth or adoption. You will have the opportunity to enroll in a dependent care spending account or change your election amount within 31 days of the birth or adoption.

Expenses NOT eligible for dependent care reimbursement include:

- child care services provided by your spouse or domestic partner, by someone you claim as an exemption on your federal income tax return, or by one of your children under age 19
- dependent care expenses that you claim as a tax credit on your federal income tax return
- expenses for food, clothing, overnight camp, entertainment, activity, and book fees
- expenses for education beginning with kindergarten
- expenses for dependent care so that your spouse or domestic partner can perform volunteer work
- expenses for dependent care while you are on a leave of absence or sick leave
- cost for any person caring for your child when you or your spouse or domestic partner is not working
- transportation expenses between your home and the dependent care provider, including chauffeur services
- charges for a convalescent nursing home
- health care expenses for a dependent
- housekeeping expenses not related to dependent care

Refer to IRS Publication 503, Child and Dependent Care Expenses at: www.irs.gov for a list of potential eligible dependent care expenses.

When you incur an eligible expense, you pay the bill as usual, then complete a dependent care spending account claim form, attach

FILE A CLAIM. GET A REIMBURSEMENT. IT'S THAT QUICK AND EASY!

You may submit claims at any time by mail or fax. Please allow five business days for HCSA claims to be processed before the reimbursement is released. DCSA reimbursements are released at the end of the time period in which expenses were incurred. Claim checks can be deposited directly into your personal savings or checking account or mailed to your home address. Manage your account online and register for direct deposit at www.flexdirect.adp.com/ehi/.

a copy of your receipt or statement and mail/fax it to ADP Claims Processing.

Certain requirements apply when using the dependent care spending account:

- If your spouse or domestic partner participates in a dependent care spending account through his or her employer and you file your tax return jointly, the combined total of your reimbursements cannot exceed \$5,000 each year.
- Both you and your spouse or domestic partner must be employed (unless your spouse or domestic partner is a full-time student or incapable of self-care) and contributions are limited to the income of the lower paid spouse or domestic partner.
- Expenses claimed from your account must be incurred during the Jan. 1 - Dec. 31 plan year while you were participating in the plan.
- Money not claimed for the plan year will be forfeited. You have three months after the end of the plan year (until March 31) to file claims for services incurred while you were participating during that plan year.
- If you terminate participation in the plan at any time during the year, you will have 90 days to submit claims for reimbursement.
- You cannot change your annual election amount midyear unless you experience a life-changing event that allows you to make an election change to your dependent care spending account.
- Reimbursements are limited to the balance in your account.
- Dependent care expenses incurred while you are on a leave of absence are not reimbursable.

IRS REQUIRES BALANCED PROPORTION

By law, plans like the dependent care spending account and health care spending account must be used by a balanced proportion of employees at lower and higher salary levels. (IRS regulations view higher salaried employees at a level of \$110,000) If the contributions are not balanced, the pretax contributions of higher-paid employees may be reclassified as after-tax or cut back to permissible contribution levels. You will be notified if you are reclassified due to proportional limits.

Annual enrollment is required for Flexible Spending Accounts

Other Voluntary Benefits (continued) ----->

MetLife is the insurer for your Life and AD&D insurance program. The company provides Basic Life Insurance and Accidental Death and Dismemberment Insurance at no cost to you. (See page 12) The purchase of additional employee life insurance or life insurance coverage for a spouse or domestic partner or children – is a voluntary program that is funded through payroll deductions. Please visit Benefits Central at benefits.ehi.com to view your current level of participation, the options available to you for 2012 and the associated costs.

OPTIONAL LIFE INSURANCE (EMPLOYEE)

EMPLOYEE LIFE INSURANCE

- Sign up for employee Optional Life Insurance (If Optional Life coverage was waived at initial eligibility, plan entry is limited to 1x annual pay)
- Increase Optional Life Insurance coverage (Increase limited to next coverage level)
- Waive/drop Optional Life Insurance

Optional (Employee) Life Insurance may be purchased at levels of one to six times your annual pay (some enrollment limitations apply). Premiums for optional life are based on age, tobacco usage status, and annual fiscal pay. (See Premium Rates Table below.) Your use of any tobacco product within the past 12 months qualifies you for the tobacco rate. Being enrolled in the Quit For Life tobacco cessation program does not allow you to elect the non-tobacco rates for optional life insurance.

Premiums are payroll deducted on an after-tax basis and coverage cannot be changed or dropped during the plan year. Death benefit amounts are calculated using your actual gross earnings for the preceding calendar year (rounded up to the next \$1,000) and includes base pay, overtime pay, bonuses and commissions.

Your combined company-paid basic life and any employee-paid optional life coverage cannot exceed \$1.5 million.

**OPTIONAL LIFE INSURANCE - PREMIUM RATES TABLE
EMPLOYEE RATES PER \$1,000 - QUOTED BIWEEKLY**

Age Band*	Non-Tobacco Rate	Tobacco Rate**
<25	0.014	0.026
25 - 29	0.014	0.028
30 - 34	0.014	0.037
35 - 39	0.018	0.046
40 - 44	0.026	0.061
45 - 49	0.044	0.110
50 - 54	0.073	0.175
55 - 59	0.110	0.242
60 - 64	0.181	0.378
65 - 69	0.361	0.639
70 - 74	0.679	1.139
75 +	0.679	1.139

*Your rate is based on your "insurance" age as of the plan year. To determine your "insurance" age, take the plan year (2012), then subtract your birth year. The result is your "insurance" age for all of 2012. **Your use of any tobacco product within the last 12 months qualifies you for the tobacco rate.

DEPENDENT LIFE INSURANCE (SPOUSE/CHILD)

SPOUSE LIFE INSURANCE

- Enroll your spouse or domestic partner for Spouse Life Insurance (If Spouse Life coverage was waived at initial eligibility, plan entry is limited to first coverage level)
- Increase Spouse Life Insurance to next coverage level
- Waive/drop Spouse Life Insurance

Note: If you and your spouse or domestic partner are both employed by Enterprise Holdings you may not elect Spouse Life Insurance.

CHILD LIFE INSURANCE

- Enroll your children for Child Life Insurance (If Child Life coverage was waived at initial eligibility, plan entry is limited to first coverage level)
- Increase Child Life Insurance to next coverage level
- Waive/drop Child Life Insurance

Note: If you and your spouse or domestic partner are both employed by Enterprise Holdings only one parent may cover the dependent children.

Your unmarried dependent children are eligible for coverage through the end of the calendar year in which they reach age 23. For those dependents who have reached age 23 who have been enrolled in the company child life insurance plan and desire to continue coverage, please contact Benefits Central for portability or conversion forms to continue life insurance coverage on your child.

Disabled children over the age of 23 are eligible for continued coverage provided they were already enrolled in the company child life insurance plan prior to becoming incapacitated. Contact Benefits Central for required documentation required to continue coverage.

Your selected level of child coverage insures all of your eligible dependent children at the same level. One premium covers all of your eligible dependent children.

Premium rates are payroll deducted on an after-tax basis for the following coverage levels:

Spouse Coverage	Child Coverage
\$25,000/\$.53 biweekly	\$10,000/\$.46 biweekly
\$50,000/\$1.06 biweekly	\$20,000/\$.92 biweekly

Certain life-changing events may qualify for a midyear change in coverage. Please visit Benefits Central at benefits.ehi.com to make benefits elections changes due to a life-changing event. Benefits changes must be made within 31 days of the event date.

Employee Optional Life Insurance

Examples of Employee Optional Life Insurance Premium Rates Depending on Age, Coverage Level, Annual Pay and Your Tobacco Use

Non-Tobacco, age 25, \$30,000 income, your rate per biweekly paycheck would be:	1 x Salary \$.42	2 x Salary \$.84	3 x Salary \$1.26	4 x Salary \$1.68	5 x Salary \$2.10	6 x Salary \$2.52
Tobacco, age 25, \$30,000 income, your rate per biweekly paycheck would be:	1 x Salary \$.84	2 x Salary \$1.68	3 x Salary \$2.52	4 x Salary \$3.36	5 x Salary \$4.20	6 x Salary \$5.04
Non-Tobacco, age 36, \$80,000 income, your rate per biweekly paycheck would be:	1 x Salary \$ 1.44	2 x Salary \$2.88	3 x Salary \$4.32	4 x Salary \$5.76	5 x Salary \$7.20	6 x Salary \$8.64
Tobacco, age 36, \$80,000 income, your rate per biweekly paycheck would be:	1 x Salary \$ 3.68	2 x Salary \$7.36	3 x Salary \$11.04	4 x Salary \$14.72	5 x Salary \$18.40	6 x Salary \$22.08

*Examples shown illustrate biweekly pay period rates.
Premiums are deducted per paycheck on an after-tax basis and are approximate due to rounding.
Actual deductions may vary slightly.*

MetLife is the insurer for your life insurance program and offers the following services to employees:

- Free Will Preparation Service (provided by Hyatt Legal Plans, Inc.). Employees can take advantage of the following will preparation services at no charge: telephone and office consultations to discuss the preparation or updating of the employee's and/or spouse or domestic partner's will, living will and power of attorney; preparation and updating of the will(s), living will(s) and power of attorney; preparation of codicils. For free will preparation services, contact Hyatt Legal Plans at 800-821-6400 and provide the Enterprise Holdings Group Number: 118877.
- Access to online tools at www.metlife.com/mybenefits (key in Enterprise Holdings) to help you evaluate your life insurance needs.
- Access to MetDESK - Information for families of special needs children.



Company-Provided Benefits ----->

The company provides the following benefits at no cost to you. No election is required. Eligible employees are automatically enrolled for the benefits described below beginning on the first day of the third month following their first day of work.

BASIC LIFE INSURANCE

The company provides at no cost, the basic life insurance benefit of one and one-half times annual pay, rounded to the next highest \$1,000, for eligible full-time employees. (Annual pay is your actual gross earnings for the preceding calendar year and includes base pay, overtime pay, bonuses and commissions.)

The minimum benefit from this company-paid plan is \$25,000 and the maximum benefit is \$350,000.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

The company provides, at no cost to the employee, AD&D insurance equal to the basic life insurance benefit of one and one-half times annual pay for eligible full-time employees. Accidental death and dismemberment (AD&D) insurance is in addition to the basic life insurance and pays a benefit to your beneficiary(ies) if you die within 365 days of an accident or a benefit to you if you lose a limb, your eyesight, hearing or speech as a direct result of an accident. Unlike life insurance, additional AD&D insurance coverage cannot be purchased by employees through the company group plan.

The maximum benefit is \$350,000 over a lifetime.

LIFE INSURANCE BENEFICIARY DESIGNATIONS

Who will collect your life insurance benefit should you die while working for the company? It is important to name one or more beneficiaries so that your life insurance benefit can be paid quickly according to your wishes.

The beneficiaries you designate for your basic life and AD&D can be different from the beneficiaries you designate for any optional life insurance you choose to purchase for yourself. And you are always the sole beneficiary for any dependent life insurance that you purchase for a spouse/domestic partner or child. Log in at benefits.ghi.com any time to designate or update your life insurance beneficiaries as you see fit.

LIFE INSURANCE MAXIMUM

Overall Life Insurance maximum is \$1.5 million. This includes a combination of your company-paid basic life benefit of one and one-half times annual pay (capped at \$350,000) plus any optional life insurance (one to six times annual pay) that you choose to purchase.

LONG-TERM DISABILITY (LTD)

Long-Term Disability (LTD) coverage is designed to provide a portion of your income if you are disabled and cannot work. After 90 days of disability, you may begin receiving LTD benefits of 60 percent of your pre-disability pay. Unum administers the LTD plan and the company pays the full cost of this benefit. Employees are taxed on the monthly LTD premium and would, therefore, receive LTD benefits tax free. Employees cannot purchase additional LTD insurance coverage through the company group plan.

LIFEMANAGEMENT — EAP AND WORK/LIFE RESOURCES

Employee Assistance Program (EAP) and Work/Life resources are available through the LifeManagement Program which provides confidential counseling and a wide range of support services to help handle many ordinary as well as unique “real world” situations.

Magellan Health Services administers our LifeManagement Program and the company pays the full cost of this benefit. Employees are responsible for the costs associated with the services they select from any provider or organization beyond those provided under the LifeManagement Program.

This program is designed to help you get the most out of your work, family, and daily life by providing assistance with many of life’s issues. Employees, their eligible dependents and anyone living in the employee’s home can use the LifeManagement Program beginning on the first day of the third month following their first day of work.

LifeManagement professionals provide confidential consultation 24 hours a day, whether you are dealing with a change in the workplace, preparing for the arrival of a new child, or struggling with an emotional concern. One single call or website login to www.magellanhealth.com/member allows you access to both work/life specialists and licensed consultants who can provide specialized resource and referral assistance, in-person counseling, and more.

LOCATING HEALTH CARE PROVIDERS

KAISER PERMANENTE

Call the Kaiser Permanente customer service center for assistance locating a physician, Monday through Friday, 8 a.m. to 5 p.m., and Saturday, 8 a.m. to noon.

Oahu 432-5955
Neighbor Islands 800-996-5955
TTY 877-447-5990

HAWAII DENTAL SERVICE

Contact Hawaii Dental Service online at deltadentalhi.org or by phone at 529-9248 (Oahu) or 800-232-2533 x 248 to locate a participating dentist near you.

EYEMED VISION CARE PROVIDER

EyeMed Vision Care's network of providers includes private practicing optometrists, ophthalmologists, opticians, and many retail chains, including the nation's leading optical retailer, LensCrafters®. To locate a provider near you, call EyeMed at 800-841-1220 or visit their web site, www.enrollwitheyemed.com, choose the Select Network in the drop down box under Locate a Provider, and enter your zip code.

When completing your benefits enrollment or other benefits or employment forms, you are attesting to the truth of your statements. Enrolling ineligible dependents, failure to honestly report tobacco usage or making other misrepresentations about your status, claims or misrepresenting other information may subject you to discipline, up to and including termination.

KEEPING INFORMED ABOUT YOUR BENEFITS

Important and date-sensitive benefits information and announcements will be communicated to you via your company email address throughout the year. Since you are responsible for maintaining and updating your benefits elections, it is essential that you keep this email account activated by logging in and checking your emails weekly. After 90 days of non-use, your email password will expire and you will be required to contact the Technical Support Center to reactivate your email account.

Be sure to read your emails and follow instructions for managing your benefits on Benefits Central as outlined in How To Enroll on page 2 of this guide. Failure to respond to enrollment deadlines will impact benefits coverage for you and your dependents as described in Coverage Defaults on page 3 of this guide.

Be sure to log in to Benefits Central at benefits.ehi.com to complete the enrollment process.

After you enroll, you will receive a Benefits Enrollment Confirmation at your home address. This statement summarizes the benefits elections you made and the associated costs. It also lists your dependent information and life insurance beneficiary designations. If there are any discrepancies, contact Benefits Central at benefits.ehi.com immediately.

Questions?

- Visit Benefits Central online at benefits.ehi.com
- Contact Benefits Central by sending an email via the Message Center link at the top of your Benefits Central screen
- Call Benefits Central call center at 855-434-4236 (If you are calling from outside the U.S. dial 858-703-3275)
- Visit YouDrive.EnterpriseHoldings.com, our employee website
- Refer to your Kaiser Permanente Added Choice Member Handbook located on Benefits Central
- Contact the benefits vendors below

Plan	Vendor	Vendor Website	Phone Number
Medical and Drug	Kaiser Permanente	my.kaiserpermanente.org/hi/erac/	432-5955 (Oahu) 800-966-5955 (Neighbor Islands)
Dental	Hawaii Dental Service	deltadentalhi.org	529-9248 (Oahu) 800-232-2533 x 248
Vision	EyeMed Vision Care	www.eyemedvisioncare.com	800-841-1220
Flexible Spending Accounts	ADP Benefit Services	www.flexdirect.adp.com/ehi/	800-550-0720
Life and AD&D Insurance	MetLife	www.metlife.com/mybenefits	800-638-6420 (claims)
Long-Term Disability	Unum	w3.unum.com/enroll/enterprise/	800-858-6843
LifeManagement Program	Magellan Health Services	www.magellanhealth.com/member	800-980-2273
Tobacco Cessation Program	Quit For Life	www.quitnow.net/ehi	866-784-8454

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This 2012 Benefits Enrollment Guide presents a brief summary of your choices under the Enterprise Holdings Benefits Program. It is not intended as a complete description of each plan. Although every effort has been made to ensure that information in this enrollment guide is accurate, the provisions of the legal documents that describe the plans should be reviewed and will govern in the case of any discrepancy. The company reserves the right to change the program in any manner and at any time that it determines appropriate, with or without prior notice.

The company is committed to protecting medical information about you and your dependents and operates in compliance with the Health Insurance Portability and Accountability Act (HIPAA). You may obtain a copy of your privacy rights by visiting YouDrive.EnterpriseHoldings.com.