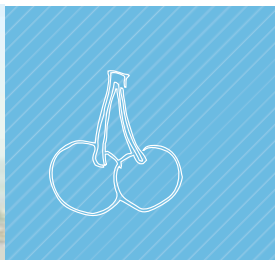


# YOUR BENEFITS. YOUR WAY.



## 2012 BENEFITS ENROLLMENT GUIDE

Effective January 1, 2012  
For Full-Time U.S. 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, log in to Benefits Central at [benefits.ehi.com](http://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](http://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](http://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 log in 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?

You are eligible if you are a regular, full-time employee scheduled to work 40 hours or more each week. You may also elect to cover your eligible dependents under certain benefit plans.

Eligible dependents for medical, prescription 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, coverage becomes effective on the first day of the third consecutive month following the first day of work as a full-time employee. Payroll deductions for benefit premiums begin 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/prescription drug/dental coverage will default to employee only coverage in the UHC PPO600 plan at the biweekly rate of \$51.10.
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 live in Massachusetts and 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 Health Insurance Responsibility Disclosure (HIRD) form, otherwise you will default to coverage as described above.

# Your Health Care Package ----->

Medical, prescription drug and dental benefits are bundled together into one benefit package. Employees electing UnitedHealthcare medical coverage automatically participate in the Express Scripts and Delta Dental plans. To decline health care coverage (medical, prescription drug, dental), you must select No Coverage on your Benefits Central screen. The EyeMed Vision Care plan (see page 8) is a separate program and not part of the health care package. (The medical, prescription drug and dental benefits described on this page do not apply to Hawaii or Puerto Rico employees.)

## MEDICAL

Choose from one of the following UnitedHealthcare options:

### PPO300 – CHOICE PLUS NETWORK (IN-NETWORK)

- Deductible: \$300 individual/\$600 family
- Out-of-Pocket Maximum: \$1,200 ind./\$2,400 family
- Office Visit Copay: \$20 primary care physician  
\$35 specialty care physician
- Coinsurance: 90%<sup>1</sup>
- Urgent Care: 90%<sup>1</sup> after \$40 copay
- Emergency Room: 90%<sup>1</sup> after \$100 copay
- Ambulance (Emergency): 90%<sup>1</sup>
- Outpatient Surgery Facility: 90%<sup>1</sup> after \$100 copay
- Inpatient Hospital: 90%<sup>1</sup> after \$100 per admission
- Wellness benefit

<sup>1</sup>Subject to deductible and copay /admission fee as listed above.

### PPO600 – CHOICE PLUS NETWORK (IN-NETWORK)

- Deductible: \$600 individual/\$1,200 family
- Out-of-Pocket Maximum: \$1,800 ind./\$3,600 family
- Office Visit Copay: \$25 primary care physician  
\$40 specialty care physician
- Coinsurance: 80%<sup>2</sup>
- Urgent Care: 90%<sup>2</sup> after \$50 copay
- Emergency Room: 90%<sup>2</sup> after \$100 copay
- Ambulance (Emergency): 90%<sup>2</sup>
- Outpatient Surgery Facility: 80%<sup>2</sup> after \$125 copay
- Inpatient Hospital: 80%<sup>2</sup> after \$250 per admission
- Wellness benefit

<sup>2</sup>Subject to deductible and copay/admission fee as listed above.

### EPO – CHOICE NETWORK

- No deductible
- Out-of-Pocket Maximum: \$1,500 ind./\$3,000 family
- Office Visit Copay: \$25 primary care physician  
\$50 specialty care physician
- Coinsurance: 90%<sup>3</sup>
- Urgent Care: 90%<sup>3</sup> after \$50 copay
- Emergency Room: 90%<sup>3</sup> after \$100 copay
- Ambulance (Emergency): 90%
- Outpatient Surgery Facility: 90%<sup>3</sup> after \$150 copay
- Inpatient Hospital: 90%<sup>3</sup> after \$250 per admission
- Wellness benefit

<sup>3</sup>Subject to copay/admission fee as listed above.

Out-of-network benefits are not available with the EPO plan.

## PRESCRIPTION DRUG

The Express Scripts prescription drug plan is a formulary drug plan with a generics preferred drug policy and a select home delivery program. You are automatically enrolled for this prescription drug benefit when you enroll for UnitedHealthcare PPO300, PPO600 or EPO medical benefits. Here are the prescription drug copays:

	Retail Network Pharmacy (up to 30-day supply)	Express Scripts Home Delivery (up to 90-day supply)
Generic	\$10	\$20
Formulary	\$40	\$80
Nonformulary	\$55	\$110

Review the 2012 prescription drug plan, find participating pharmacies, and learn about specific drug costs at <https://member.express-scripts.com/preview/ehi2012>.

## DENTAL

You are automatically enrolled in the Delta Dental Premier plan when you enroll for UnitedHealthcare medical benefits. This plan covers dental services and supplies up to \$1,000 per covered participant per calendar year and has a \$1,500 lifetime maximum orthodontia benefit for children through age 18. Dental benefits are paid at the following levels:

- Preventive Care — 100% (no deductible)  
(e.g.: check ups, x-rays)
- Basic Restorative Care/Oral Surgery — 80%\* (subject to deductible)  
(e.g.: fillings, root canals, extractions)
- Major Restorative Care — 50%\* (subject to deductible)  
(e.g.: bridges, dentures, crowns)
- Orthodontia Care — 50% (no deductible)  
(\$1,500 lifetime maximum for children through age 18)

\*Basic restorative care, oral surgery and major restorative care dental services are subject to a combined deductible of \$50 per individual or \$100 per family, per calendar year.

## U.S. Employee Health Care Premium Rates For 2012

Includes coverage for medical, prescription drug, and dental benefits. Rates quoted below are biweekly and payroll-deducted pretax. If you are paid other than biweekly, log in to Benefits Central at [benefits.ehi.com](http://benefits.ehi.com) to view your personalized benefits screens and health care premium rates.

Benefit Choices	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
UHC PPO300	\$56.70	\$165.60	\$144.10	\$272.90
UHC PPO600	\$51.10	\$147.00	\$128.10	\$242.40
UHC EPO	\$54.90	\$159.70	\$139.10	\$263.30

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.

# 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 two healthy behavior incentives to reduce your health care premiums.

## HEALTHY BEHAVIOR INCENTIVES

### INCENTIVE 1: 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](http://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)

### INCENTIVE 2: COMPLETE A HEALTH ASSESSMENT AT MYUHC.COM

During annual enrollment, employees currently enrolled in the UnitedHealthcare medical plan will have the opportunity to qualify for a \$100 reduction to their medical premiums for the next plan year. To qualify for this incentive you must complete a confidential health assessment online at [myuhc.com](http://myuhc.com) by the end of the annual enrollment period.

First-time users of the site will need to create a user name and password. Once logged on, click on the health assessment tab along the right-hand side of the page to begin.

This health assessment covers topics including exercise, nutrition, sleep and stress, and should take about 15 minutes to complete.

Although entering biometric numbers — things such as your blood pressure and cholesterol levels — is not required to complete the assessment, those who do will receive a more in-depth health analysis with more focused recommendations. After completing the assessment, participants will receive a report on what they're doing well and what they can do better, plus an overall wellness score. The health assessment results are confidential and the report is released only to the member. Qualifying for the incentive is not based on health assessment results, but only on its completion by the end of the annual enrollment period.

Confirmation of completing the health assessment will appear on the Benefits Enrollment Confirmation that will be mailed to your home. The \$100 incentive will be divided equally among the pay periods in the new plan year.

All members are encouraged to take the UnitedHealthcare health assessment but only enrolled employees completing the health assessment during the annual enrollment period are eligible for the financial incentive.

### Health Assessment Incentive Per Pay Period Premium Reduction

The health assessment incentive reduces your medical premium deductions and the credit appears on your Benefits Enrollment Confirmation:

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
(\$3.85)	(\$3.85)	(\$3.85)	(\$3.85)

Healthy behavior incentives quoted are biweekly. If you are paid other than biweekly, log in to Benefits Central at [benefits.ehi.com](http://benefits.ehi.com) to view your personalized benefits screens and healthy behavior incentives.

**UnitedHealthcare Medical Plans — Side-By-Side Comparison**

(UnitedHealthcare benefits described below in this comparison of medical plans do not apply to Hawaii or Puerto Rico employees.)

Plan Feature	PPO300		PPO600		EPO
	In-Network	Out-of-Network	In-Network	Out-of-Network	
<b>Lifetime Maximum (Individual)</b>	No	No	No	No	No
<b>Preexisting Condition Limitation</b>	No	No	No	No	No
<b>Annual Deductible</b>	\$300 individual \$600 family	\$600 individual \$1,200 family	\$600 individual \$1,200 family	\$1,200 individual \$2,400 family	None
<b>Annual Out-of-Pocket Maximum</b> (Excluding deductible/copays)	\$1,200 individual \$2,400 family	\$2,400 individual \$4,800 family	\$1,800 individual \$3,600 family	\$3,600 individual \$7,200 family	\$1,500 individual \$3,000 family
<b>Coinurance</b> (% plan pays)	90% <sup>1</sup>	60% <sup>1</sup>	80% <sup>2</sup>	60% <sup>2</sup>	90% <sup>3</sup>
<b>Office Visit Copay</b>	\$20 Primary Care \$35 Specialty Care	60% <sup>1</sup>	\$25 Primary Care \$40 Specialty Care	60% <sup>2</sup>	\$25 Primary Care \$50 Specialty Care
<b>YOUR PLAN PAYS</b>					
<b>Ambulance – Emergency</b> (Non-emergency ambulance benefits are reduced)	90% <sup>1</sup>	90% <sup>1</sup>	90% <sup>2</sup>	90% <sup>2</sup>	90%
<b>Chiropractic Treatment</b>	100% after office visit copay 20-visit limit per calendar year	60% <sup>1</sup> 20-visit limit per calendar year	100% after office visit copay 20-visit limit per calendar year	60% <sup>2</sup> 20-visit limit per calendar year	100% after office visit copay 20-visit limit per calendar year
<b>Durable Medical Equipment</b>	90% <sup>1</sup>	60% <sup>1</sup>	80% <sup>2</sup>	60% <sup>2</sup>	90% <sup>3</sup>
<b>Emergency Health Services</b> (If treatment is deemed not to be a true emergency, then benefits are reduced)	90% <sup>1</sup> after \$100 copay (copay waived if admitted)	90% <sup>1</sup> after \$100 copay (copay waived if admitted)	90% <sup>2</sup> after \$100 copay (copay waived if admitted)	90% <sup>2</sup> after \$100 copay (copay waived if admitted)	90% <sup>3</sup> after \$100 copay (copay waived if admitted)
<b>Home Health Care</b> (Up to 100 visits per year)	90% <sup>1</sup>	60% <sup>1</sup>	80% <sup>2</sup>	60% <sup>2</sup>	90%
<b>Hospice Care</b> (\$50,000 limit)	90% <sup>1</sup>	60% <sup>1</sup>	80% <sup>2</sup> (\$250 admission for inpatient hospice care)	60% <sup>2</sup>	90% <sup>3</sup> (\$250 admission for inpatient hospice care)
<b>Hospital Inpatient Stay</b>	90% <sup>1</sup> after \$100 per admission	60% <sup>1</sup>	80% <sup>2</sup> after \$250 per admission	60% <sup>2</sup>	90% <sup>3</sup> after \$250 per admission
<b>Lab and X-ray</b>	90% <sup>1</sup>	60% <sup>1</sup>	80% <sup>2</sup>	60% <sup>2</sup>	90%
<b>Maternity Services</b>					
<b>Initial visit to confirm pregnancy</b>	100% after office visit copay	60% <sup>1</sup>	100% after office visit copay	60% <sup>2</sup>	100% after office visit copay
<b>Delivery</b>	90% <sup>1</sup>	60% <sup>1</sup>	80% <sup>2</sup>	60% <sup>2</sup>	90%
<b>Hospital</b>	90% <sup>1</sup> Separate deductible and out-of-pocket maximum apply to mother and newborn	60% <sup>1</sup> Separate deductible and out-of-pocket maximum apply to mother and newborn	80% <sup>2</sup> after \$250 per admission Separate deductible, out-of-pocket maximum and \$250 admission apply to mother and newborn	60% <sup>2</sup> Separate deductible and out-of-pocket maximum apply to mother and newborn	90% <sup>3</sup> after \$250 per admission Separate out-of-pocket maximum and \$250 admission apply to mother and newborn
<b>Mental Health and Substance Abuse</b>					
<b>Outpatient</b>	100% after office visit copay	60% <sup>1</sup>	100% after office visit copay	60% <sup>2</sup>	100% after office visit copay
<b>Inpatient</b>	90% <sup>1</sup>	60% <sup>1</sup>	80% <sup>2</sup> after \$250 per admission	60% <sup>2</sup>	90% <sup>3</sup> after \$250 per admission

Preventive Care/Wellness	100%, birth through 36 months	60% <sup>1</sup> , birth through 36 months	100%, birth through 36 months	100%, age 3 and above	60% <sup>2</sup> , birth through 36 months	100%, birth through 36 months
<b>Well Baby Care</b> - Routine Preventive Care (including immunizations)	100%, birth through 36 months	60% <sup>1</sup> , birth through 36 months	100%, birth through 36 months	100%, age 3 and above	60% <sup>2</sup> , birth through 36 months	100%, birth through 36 months
<b>Well Child Care</b>						
<b>Well Woman Care</b> (Pap Test)						
<b>Well Man Care</b> (Prostate/PSA for men age 40 and above)						
Includes office visits, annual physical exams (including sports & school physical exams), immunizations, annual eye exam, hearing exams (hearing exams for dependent children birth through age 20)	Age 3 and above, 60% after deductible	Age 3 and above, 60% after deductible	100%, age 3 and above	Age 3 and above, 60% after deductible	Age 3 and above, 60% after deductible	100%, age 3 and above
<b>Mammograms</b>	100%	60% <sup>1</sup>	100%	100%	60% <sup>2</sup>	100%
<b>Prosthetic Devices</b>	90% <sup>1</sup>	60% <sup>1</sup>	80% <sup>2</sup>	80% <sup>2</sup>	60% <sup>2</sup>	90%
<b>Rehabilitation Services – Outpatient</b>						
<b>Physical, speech, occupational therapy</b> (combined)	100% after office visit copay, up to 60 visits per calendar year (combined)	60% <sup>1</sup> , up to 60 visits per calendar year (combined)	100% after office visit copay, up to 60 visits per calendar year (combined)	100% after office visit copay, up to 60 visits per calendar year (combined)	60% <sup>2</sup> , up to 60 visits per calendar year (combined)	100% after office visit copay, up to 60 visits per calendar year (combined)
<b>Cardiac Rehab</b> (limited to Phase I and Phase II therapy)	90% <sup>1</sup>	60% <sup>1</sup>	80% <sup>2</sup>	80% <sup>2</sup>	60% <sup>2</sup>	90%
<b>Pulmonary Rehab</b>	90% <sup>1</sup>	60% <sup>1</sup>	80% <sup>2</sup>	80% <sup>2</sup>	60% <sup>2</sup>	90%
<b>Second Opinions</b>	100% after office visit copay	60% <sup>1</sup>	100% after office visit copay	100% after office visit copay	60% <sup>2</sup>	100% after office visit copay
<b>Skilled Nursing</b>	90% <sup>1</sup> , up to 60 visits per calendar year	60% <sup>1</sup> , up to 60 visits per calendar year	80% <sup>2</sup> , up to 60 visits per calendar year (\$250 admission for inpatient skilled nursing care)	80% <sup>2</sup> , up to 60 visits per calendar year (\$250 admission for inpatient skilled nursing care)	60% <sup>2</sup> , up to 60 visits per calendar year	90%, up to 60 visits per calendar year (\$250 admission for inpatient skilled nursing care)
<b>Surgical Services</b>						
<b>Outpatient</b>	90% <sup>1</sup>	60% <sup>1</sup>	80% <sup>2</sup>	80% <sup>2</sup>	60% <sup>2</sup>	90% <sup>3</sup>
<b>Outpatient Surgery Facility</b>	90% <sup>1</sup> after \$100 copay	60% <sup>1</sup>	80% <sup>2</sup> after \$125 copay	80% <sup>2</sup> after \$125 copay	60% <sup>2</sup>	90% <sup>3</sup> after \$150 copay
<b>Inpatient</b>	90% <sup>1</sup>	60% <sup>1</sup>	80% <sup>2</sup>	80% <sup>2</sup>	60% <sup>2</sup>	90%
<b>Urgent Care</b> (if treatment is deemed not to be a true urgent situation, then benefits are reduced)	90% <sup>1</sup> after \$40 copay (copay waived if admitted)	90% <sup>1</sup> after \$40 copay (copay waived if admitted)	90% <sup>2</sup> after \$50 copay (copay waived if admitted)	90% <sup>2</sup> after \$50 copay (copay waived if admitted)	90% <sup>2</sup> after \$50 copay (copay waived if admitted)	90% <sup>3</sup> after \$50 copay (copay waived if admitted)
	<sup>1</sup> Subject to deductible and/or copay/admission fee as listed above.	<sup>1</sup> Subject to deductible and/or copay/admission fee as listed above.	<sup>2</sup> Subject to deductible and/or copay/admission fee as listed above.	<sup>2</sup> Subject to deductible and/or copay/admission fee as listed above.	<sup>2</sup> Subject to deductible and/or copay/admission fee as listed above.	<sup>3</sup> Subject to copay/admission fee as listed above.

## OUT-OF-AREA COVERAGE

If you live in an area not covered by the UnitedHealthcare Choice Plus PPO network, your Benefits Central personalized screen will indicate that an Out-of-Area medical plan (00A300 or 00A600) is an option for you. Enrolling in an Out-of-Area medical plan offers you access to the UnitedHealthcare Options PPO network and entitlements you to receive benefits at the same level as the corresponding in-network PPO300 or PPO600 plan (subject to charges considered reasonable and customary by the plan).

## ID CARDS

If you are enrolling in health care benefits for the first time, you will receive your medical, prescription drug, and dental ID cards in the mail from each vendor.

If you are currently enrolled in health care benefits, UnitedHealthcare will mail all members new medical ID cards for 2012 and you can continue to use your current ID cards from Express Scripts and Delta Dental of Missouri. If you need additional ID cards, please contact the vendors.

# Other Voluntary Benefits ----->

The company offers full-time 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

Full-time employees and their eligible dependents can enroll for this voluntary benefit. Rates quoted below are biweekly and payroll-deducted pretax. If you are paid other than biweekly, log in to Benefits Central at [benefits.ehi.com](http://benefits.ehi.com) to view your personalized benefits screens and health care premium rates.

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](http://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](http://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](http://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/](http://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](http://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](http://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](http://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 full-time 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](http://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. Full-time 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](http://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

### UNITEDHEALTHCARE PHYSICIAN

To find a UnitedHealthcare provider or to learn if your physician is in the UnitedHealthcare network, call UnitedHealthcare at 800-520-0746 or visit [www.myuhc.com](http://www.myuhc.com), log in using "ehi" as both the user name and password, and select the Physicians & Facilities tab to conduct a provider search. Always verify that your physician is in the UnitedHealthcare network and accepting new patients.

### DELTA DENTAL DENTIST

Visit [www.deltadentalmo.com/ehi](http://www.deltadentalmo.com/ehi), go to Delta Dental Premier Dentist Search and provide the required information. Or call Delta Dental at 800-995-5120 and follow the prompts to reach a customer service representative. When scheduling an appointment, always verify that the dentist participates in the Delta Dental Premier program.

### EXPRESS SCRIPTS PHARMACY

Take an interactive look at your prescription drug plan for 2012, find participating pharmacies, and learn about specific drug costs and how to save money at <https://member.express-scripts.com/preview/ehi2012>. If you have questions about your prescription drug plan or need assistance in locating a network pharmacy, call Express Scripts at 866-291-2607.

### 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 website, [www.enrollwitheyemed.com](http://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](http://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](http://benefits.ehi.com) immediately.

## Questions?

- Visit Benefits Central online at [benefits.ehi.com](http://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](http://YouDrive.EnterpriseHoldings.com), our employee website
- Refer to your Health and Welfare Benefits Summary Plan Description located on Benefits Central
- Contact the benefits vendors below

Plan	Vendor	Vendor Website	Phone Number
Medical	UnitedHealthcare	<a href="http://www.myuhc.com">www.myuhc.com</a>	800-520-0746
Prescription Drug	Express Scripts	<a href="http://www.express-scripts.com">www.express-scripts.com</a>	866-291-2607
Dental	Delta Dental of Missouri	<a href="http://www.deltadentalmo.com/ehi">www.deltadentalmo.com/ehi</a>	800-995-5120
Vision	EyeMed Vision Care	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>	800-841-1220
Flexible Spending Accounts	ADP Benefit Services	<a href="http://www.flexdirect.adp.com/ehi/">www.flexdirect.adp.com/ehi/</a>	800-550-0720
Life and AD&D Insurance	MetLife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	800-638-6420 (claims)
Long-Term Disability	Unum	<a href="http://w3.unum.com/enroll/enterprise/">w3.unum.com/enroll/enterprise/</a>	800-858-6843
LifeManagement Program	Magellan Health Services	<a href="http://www.magellanhealth.com/member">www.magellanhealth.com/member</a>	800-980-2273
Tobacco Cessation Program	Quit For Life	<a href="http://www.quitnow.net/ehi">www.quitnow.net/ehi</a>	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](http://YouDrive.EnterpriseHoldings.com).