

Benefits That Take You Places

DESTINATION: YOUR 2009 BENEFITS









METROPOLITAN WASHINGTON AIRPORTS AUTHORITY

WWW.MWAA.COM

This booklet highlights some of your Airports Authority benefits. Official plan and insurance documents actually govern your rights and benefits under each plan. If any discrepancy exists between this booklet and the official documents, the official documents will prevail.

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DESTINATION: Your 2009 Benefits



Welcome to the Metropolitan Washington Airports Authority

The Airports Authority's business is getting people from where they are to where they want to be. That's also our benefits philosophy. Whether you are striving to be at your healthiest, save money, plan for the future, or all of the above, your Airports Authority benefits can help take you there.

We're proud to offer you a comprehensive benefits package to help you manage life's expected and unexpected challenges.

This booklet provides a summary of your Airports Authority benefits, as well as instructions on how to enroll for your benefits for the rest of 2009. Also, throughout this booklet, you will learn about the ways in which your benefits can help you better control your costs and everyday expenses.

Please review the information in this booklet carefully – especially the section on enrolling for benefits. And, you should keep this booklet in a safe place and refer to it when you have questions.



DESTINATION: Enrollment

THE ENROLLMENT PROCESS

Enrolling in your Airports Authority benefits for 2009 is easy – follow the step-by-step instructions below.

Your benefits will become effective on your first day of work provided you complete the enrollment process within 31 days of your date of hire. Benefits for your eligible dependents will go into effect on the day your benefits become effective, as long as you enter their information when you enroll.

To enroll, you will need the following information:

- Your User Name (this is your clock number)
- Your Password (created at employee orientation)
- Dependent information, including Social Security numbers and dates of birth

Here is How to Enroll:

Step 1	Log onto the Airports Authority Ceridian Self-Service site at https://sss2.ceridian.com/mwaa . Your username is your "clock number" and for first-time users, your password is "Welcome1." (If you have already logged in before, use the password you created then. If you can't remember your password, contact HRIS at extension 70096.) Once you are logged in, click on Please Enroll Now .
Step 2	Add your dependents by opening a New Dependent page. Enter your dependent's personal information, including date of birth and Social Security number. Your request to add a dependent will be forwarded to a member of the Human Resource staff for approval. Check back in 24 hours to review the status of your request. Once the request is approved, you can complete the rest of the enrollment process.
Step 3	On the Current Elections Page , scroll down to the Medical Insurance section and click on Change to select a medical option and/or coverage level, then click Save . If enrolling dependents, click on the Covered Dependents tab and select Dependent from the drop-down box. Next, click the Cover box and when all dependents are entered, click on Save .
Step 4	The next section is Dental Insurance . Click on Change to select dental coverage. Select the dental option and coverage level you want, then click Save . Please note that you may enroll in the dental plan even if you are not enrolled in an Airports Authority medical option. Also, your coverage level (i.e. employee only, employee plus spouse, etc.) may be different from the coverage level you select for medical benefits. If enrolling dependents, click on the Covered Dependents tab and select the Dependent from the drop-down box. Next, click the Cover box and when all dependents are entered, click on Save .
Step 5	If you wish to participate in a Health Care FSA or Dependent Care FSA , click on Change in the appropriate section and enter your annual contribution amount (see page 12 for contribution limits).
Step 6	On the Life Insurance page, select from the Basic and Supplemental Life Insurance options.
Step 7	On the Dependent Life Insurance page, select from the Dependent Life Insurance options.
Step 8	On the Long-Term Disability Insurance page, click Change and select from the LTD options.
Step 9	Summary is the final section. Review the information in this section carefully. Click on Complete Enrollment if you are finished with your selections. If you think you will make changes to your elections or if you have not completed your enrollment, click on Save Selection and Enroll Later . Or, you may click on Start Over to begin the enrollment process again from the beginning. Once you click on Complete Enrollment , you will not be able to change your elections unless you contact HRIS.
Step 10	Print a copy of your benefit elections. Under the Benefits section, click on Benefits Summary . Above the Cancel button, you will see a message with a link that allows you to review/print the benefits you elected for the 2009 plan year.



DESTINATION: Enrollment

IMPORTANT ENROLLMENT INFORMATION

Tax-Free Benefit Contributions

Later in this booklet, you will see information about the per pay cost of your medical and dental benefits. The amount you pay depends on the coverage level you elect.

Under Section 125 of the Internal Revenue Service (IRS) code, you are allowed to pay for medical and dental benefit contributions, as well as contributions to an FSA, with tax-free dollars. This means your premium deductions are taken before federal income and Social Security taxes are calculated. Depending on your tax bracket, your savings could be significant.

However, you must make your benefit elections carefully, including the choice to waive coverage, because your tax-free elections for medical, dental, and your FSAs will remain in effect until the next Open Season period, unless you experience an IRS-approved qualifying change in status. Qualifying change in status events include, but are not limited to:

- Marriage, divorce, or legal separation
- Death of a spouse or other dependent
- Birth, adoption of a child, or placement for adoption
- A spouse's employment begins or ends
- A dependent's eligibility status changes due to age, student status, marital status, or employment
- You or your spouse experience a change in work hours that affect benefit eligibility
- Relocation into or outside of your plan's service area

Please note that your qualifying status change must be consistent with the event. For example, if you get married, you may add your spouse to your current medical coverage, but you cannot switch medical plans. Also, you must notify the Benefits and Retirement Department within 31 days of your qualified status change.

Special Enrollment Rights

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides you with certain special enrollment rights pertaining to your health care coverage.

You may choose not to enroll in Airports Authority medical benefits when you first become eligible because you have coverage through another source. If the other coverage ends, you may enroll in Airports Authority medical benefits, provided you enroll within 31 days of when the other coverage ends.

If you gain a new dependent through marriage, birth, adoption, or placement for adoption, you may add this dependent to your medical coverage, provided you enroll your dependent within 31 days of the marriage, birth, adoption, or placement for adoption.

Women's Health Notice

The Airports Authority medical benefits provide coverage for mastectomy-related services, including:

- Reconstruction and surgery to achieve symmetry between the breasts;
- Prostheses; and
- Complications resulting from mastectomy (including lymphedema).

This care is covered in the same manner as other medical care, and deductibles, copays, and co-insurance may apply.

Please note: In 2009, there will be 26 paychecks and contributions will be deducted from every paycheck.



DESTINATION: Eligibility

WHO IS ELIGIBLE

You are eligible for the benefits described in this booklet if you are a Metropolitan Washington Airports Authority employee who works at least 20 hours per week. Your dependents are eligible for medical and dental coverage if they are your:

- Legally-married husband or wife;
- Unmarried children until the end of the month in which they reach age 25;
- Unmarried children age 25 or over who:
 - You claim as dependents on your income tax return; and
 - Have a permanent physical or mental handicap that began before age 19; and
 - Became handicapped while covered under this Plan or any other group plan;
- Children who are otherwise eligible and who are alternate recipients under a Qualified Medical Child Support Order; and
- Domestic partner.

Subject to the above requirements, your children include:

- Your natural children;
- Your stepchildren who live with you;
- Legally adopted children (beginning on the date the legal adoption proceedings started) and children placed for adoption; and
- Other children related to you by blood or marriage (such as grandchildren), provided the children live with you and you have been awarded legal guardianship.

Note: Eligibility requirements for Dependent Life Insurance are different from the ones at the left. Please see page 11 for more information.

Money Saving Tip #1! Look At The Big Picture.

When making the decision about the medical option that is best for you, consider your total annual costs. This includes your per pay contributions over the year, plus your out-of-pocket costs, such as copays and co-insurance. Looking back at last year's medical expenses may help you predict what you are likely to spend in 2009. It may take you a few minutes to do the math, but it will be worth it to know that you are in the best plan for your medical needs and your budget.



DESTINATION: Your Good Health

MEDICAL BENEFITS

The Airports Authority offers you three medical benefit options:

- Aetna Select (Open Access)
- Aetna Choice POS II (Open Access)
- Kaiser Permanente HMO*

*If you choose Kaiser Permanente HMO, you must choose a PCP for yourself and covered family members.

See the chart that follows for the amount you will pay, depending on the option you select and your coverage level.



DESTINATION: Your Good Health

MEDICAL BENEFITS

Plan Feature	Aetna Choice POS II (Open Access)	Aetna Select (Open Access)	Kaiser Permanente HMO
Per pay cost	Employee only: \$49 Employee + child(ren): \$92 Employee + spouse: \$102 Family: \$145	Employee only: \$44 Employee + child(ren): \$83 Employee + spouse: \$92 Family: \$131	Employee only: \$36 Employee + child(ren): \$69 Employee + spouse: \$77 Family: \$110

Plan Feature	Aetna Choice POS II (Open Access)		Aetna Select (Open Access)	Kaiser Permanente HMO
	In-Network	Out-of-Network		
Calendar year deductible	Employee only: \$100 Employee + child(ren): \$200 Employee + spouse: \$200 Family: \$200	Employee only: \$500 Employee + child(ren): \$1,000 Employee + spouse: \$1,000 Family: \$1,000	None	None
Annual out-of-pocket maximum expenses	Employee only: \$1,500 Employee + child(ren): \$3,000 Employee + spouse: \$3,000 Family: \$3,000	Employee only: \$3,000 Employee + child(ren): \$6,000 Employee + spouse: \$6,000 Family: \$6,000	Employee only: \$1,500 Employee + child(ren): \$3,000 Employee + spouse: \$3,000 Family: \$3,000	Employee only: \$3,500 Employee + child(ren): \$9,400 Employee + spouse: \$9,400 Family: \$9,400
Office visit or specialist visit	\$10 copay	Plan pays 70% after deductible	PCP: \$5 copay Specialist: \$10 copay	\$10 copay \$0 copay for children under age 5 for non-specialist visit
Referral to specialist required	No	No	No	Yes
Preventive care Well child care Adult physical Routine OB/GYN Mammogram Cancer Screening	No copay	No copay	No copay	No copay
Diagnostic services	Plan pays 90% after deductible	Plan pays 70% after deductible	No copay at approved locations	No copay



DESTINATION: Your Good Health

MEDICAL BENEFITS

Plan Feature	Aetna Choice POS II (Open Access)		Aetna Select (Open Access)	Kaiser Permanente HMO
	In-Network	Out-of-Network		
Outpatient surgery	Plan pays 90% after deductible	Plan pays 70% after deductible	No copay at approved locations	\$10 copay
Outpatient chiropractic, speech, occupational, physical therapy	Plan pays 90% after deductible	Plan pays 70% after deductible	\$15 copay	\$10 copay, limited to 90 days
Emergency room (true emergency only)	\$25 copay (waived if admitted)	\$25 copay (waived if admitted)	\$25 copay (waived if admitted)	\$50 copay
Inpatient surgery/services	Plan pays 90% after deductible	Plan pays 70% after deductible	No copay	\$250 copay per admission
Inpatient mental health (limited to 45 days per benefit period)	Plan pays 90% after deductible	Plan pays 70% after deductible	No copay	\$250 copay per admission
Routine eye exam (once every 12 months, excludes contact lens exam)	\$10 copay	Plan pays 100%, no deductible, up to \$33	\$10 copay	\$10 copay
Eyeglasses and contact lenses	Aetna vision discount program	Aetna vision discount program	Aetna vision discount program	Kaiser vision discount program

Money Saving Tip #2!

Save The ER For Emergencies.

You can save money and get better health care when you use the Emergency Room for medical emergencies only. For example, the Aetna Select ER copay is \$25, two and a half times higher than the \$10 copay to see your primary care physician. Plus, when you go to your regular doctor, instead of the ER, you wait less time and generally receive better care. Of course, in the case of a true medical emergency, call 911 or go immediately to the Emergency Room.





DESTINATION: Your Good Health

MEDICAL BENEFITS

NETWORK OF HIGH-PERFORMING SPECIALISTS

Participants in the Aetna Select and Choice POS II plans can choose to see specialists in the Aetna Aexcel network. Aexcel-designated doctors are some of the best performers in their specialty and have consistently met demanding clinical standards.

To be designated in the Aexcel network, a doctor must show that the care he/she provides helps to reduce complications, have higher quality outcomes, and better manage medical costs.

And, these doctors are evaluated against special criteria, including:

- How often a doctor's patients are re-admitted to the hospital within 30 days of patient discharge;
- How frequently a doctor's patients experience complications during hospital care; and
- The types of other treatments shown to improve health outcomes that are recommended by the doctor.

HOW TO FIND AN AEXCEL-DESIGNATED DOCTOR

Currently, Aexcel-designated doctors are limited to the following specialty areas:

- Cardiology
- Cardiothoracic surgery
- Gastroenterology
- General surgery
- Neurology
- Neurosurgery
- Obstetrics and gynecology
- Orthopedics
- Otolaryngology/ENT
- Plastic surgery
- Urology
- Vascular surgery

To locate an Aexcel specialist near you or to see if your doctor has an Aexcel designation:

- Call Aetna Member Services toll-free at 800-962-6842; or
- Visit the Aetna website (www.aetna.com or www.aetnavigators.com) and follow these steps:
 1. Click on [Find A Doctor](#) (under Shortcuts)
 2. Enter the requested information (hint – when selecting a plan name, choose one of the following: SelectSM (Open Access) Plan or Aetna Choice[®] POS II (Open Access) Plan)
 3. Look for the blue Aexcel star next to the doctor's information



DESTINATION: Your Good Health

PERScription DRUG BENEFITS

PRESCRIPTION DRUG BENEFITS

As part of your Airports Authority medical benefits, you will also receive the following prescription drug coverage.

Aetna Select and Aetna Choice POS II Options (administered through CVS Caremark)		
	Filled at Participating Retail Pharmacy (up to a 34-day supply)	Mail Order (up to a 90-day supply)
Generic	\$10 copay	\$20 copay
Preferred Brand	\$20 copay	\$40 copay
Non-Preferred Brand	\$40 copay	\$80 copay

If you have a prescription filled with a preferred or non-preferred brand name drug when a generic is available, and your doctor writes the prescription to be dispensed as written (DAW), you will pay the appropriate brand name drug copay.

However, if you have a prescription filled with a preferred or non-preferred brand name drug when a generic drug is available, and you request the brand name drug, you will pay the appropriate copay plus the difference in cost between the brand name drug and the generic drug.

Kaiser Permanente HMO			
	Filled at Kaiser Facility	Filled at Participating Retail Pharmacy	Mail Order (up to a 90-day supply)
Generic	\$10 copay	\$20 copay	\$8 copay
Preferred Brand	\$20 copay	\$40 copay	\$18 copay
Non-Preferred Brand	\$35 copay	\$55 copay	\$33 copay

Money Saving Tip #3! Go Generic.

If you haven't tried a generic drug in the past, here is your chance to do so and save money. The copay for a generic drug is at least half the cost of a brand name drug. And, in the last few years, the patents on many brand name drugs have expired, paving the way for cheaper generic drugs. For example, a popular asthma drug, Advair, became available in generic form in 2008. So, when your doctor prescribes a medicine for you, ask him/her to write the prescription for a generic drug – it's a savings you can't afford to miss.

Money Saving Tip #4! Mail Order Drugs.

Having prescriptions for maintenance medicines filled through mail order saves you money on copays. The copay for a 90-day supply is much less than the cost of multiple refills at a retail pharmacy. Plus, these drugs are delivered right to your door, so you don't have to waste gas driving to the store to pick them up.



DESTINATION: Your Good Health

DENTAL BENEFITS

You may enroll in the MetLife Dental Plan even if you do not participate in one of the Airports Authority medical benefit options. You may elect a different coverage level in the dental plan than the coverage level you elect for Airports Authority medical benefits. For example, you may elect family dental coverage and employee only medical coverage.

You will receive the highest level of benefits when you receive care from a participating MetLife network dentist. To determine if your dentist is in the MetLife dental network, go to <https://mybenefits.metlife.com> or call 800-942-0854.

The following is a summary of your dental benefits:

Plan Feature	Benefits*
Per pay cost	Employee only: \$6 Employee + child(ren): \$13 Employee + spouse: \$12 Family: \$22
Calendar year deductible	Employee only: \$50 Employee + one (spouse or child): \$100 Employee + two or more: \$150
Annual benefit maximum	\$2,000 per person
Preventive services (twice yearly oral exams, cleanings, X-rays, lab tests, fluoride for children under age 25)	Plan pays 100% of allowed benefit amount, no deductible
Basic services	Fillings: Plan pays 80% of allowed benefit amount after deductible Non-surgical periodontic services: Plan pays 50% of allowed benefit amount after deductible
Major services	Endodontics, general anesthesia, complex oral surgery: Plan pays 80% of allowed benefit amount after deductible Surgical periodontic services: Plan pays 50% of allowed benefit amount after deductible Crowns, inlays, bridges, dentures, prosthodontic services, implants: Plan pays 50% of allowed benefit amount after deductible
Orthodontics	Plan pays 50% of allowed benefit amount, no deductible Maximum lifetime per person benefit: \$2,000

Money Saving Tip #5! Use A Flexible Spending Account To Save On Medical, Dental, And Vision.

Participating in a Health Care Flexible Spending Account (FSA) is a great way to save money on out-of-pocket medical, dental, and vision costs not covered by insurance. Money you contribute to a Health Care FSA is tax-free, so using money from this account to pay for this care can save you as much as 30% (depending on your tax situation) on these expenses.

* Out-of-network dentists may bill you the difference between their charges and the MetLife allowed benefit amount.



DESTINATION: Saving Money

FLEXIBLE SPENDING ACCOUNTS

When making your benefit choices for the 2009 plan year, keep in mind that you may also enroll in a Health Care FSA and/or a Dependent Care FSA for the rest of 2009. These accounts allow you to pay for eligible health care and dependent care expenses on a tax-free basis. Depending on your tax bracket, your savings can be significant!

Health Care FSA

You may set aside up to \$2,500 per year into a Health Care FSA on a tax-free basis and use this money to pay for eligible out-of-pocket health care costs that are not covered by medical, dental, or vision benefits. Examples of eligible health care expenses include:

- Deductibles
- Copays
- Co-insurance
- Eyeglasses
- Contact lenses and solutions
- Laser eye surgery
- Many over-the-counter medicines
- Orthodontia
- Hearing aids
- Expenses above what is covered by insurance

For a complete list of eligible expenses, refer to IRS publications # 502 and #969, available through the IRS website: www.irs.gov/publications.

Dependent Care FSA

You may contribute up to \$5,000 per year, tax-free*, into a Dependent Care FSA and use it to pay dependent care expenses for eligible dependents while you are at work. If you are married and your spouse is participating in a similar account or if you are married and filing separate returns, you may contribute up to \$2,500 per year into this account.

* Dependent Care FSAs are subject to Pennsylvania state income taxes.

Eligible dependent care expenses include:

- Nursery school
- Licensed day care center
- Care for an elderly parent
- After school care
- Babysitting in your home or someone else's
- Day camp

For a description of who qualifies as an eligible dependent and a complete list of eligible expenses, refer to IRS publication #503, which is available through the IRS website: www.irs.gov/publications.

IRS FSA Regulations

The IRS has established certain rules for using Health Care and Dependent Care FSAs:

- **Use it or lose it.** The IRS requires that any money left in your account at the end of the year cannot be returned to you. However, you will have until **March 15, 2010** to incur expenses and be reimbursed from a 2009 FSA. But, keep in mind, all claims for reimbursement from a 2009 FSA must be filed by March 31, 2010.
- **Accounts are not interchangeable.** You cannot use the Health Care FSA to pay for dependent care expenses and vice versa.
- **Mid-year changes not permitted.** Due to the taxfavored status of these accounts, the IRS does not allow mid-year changes to your FSA election, unless you have a qualified family status change.
- **You must re-enroll each year.** Enrollment does not roll over into the next year. You must elect to participate in an FSA each year during Open Season.



DESTINATION: Your Good Health

DISABILITY AND SURVIVOR BENEFITS

Disability Benefits

The Airports Authority offers Long-Term Disability (LTD) benefits to protect your income in the event you are sick or injured and cannot come to work. LTD benefits will replace up to 60% of your monthly base pay, up to \$16,625 per month.

The Airports Authority provides eligible employees with LTD coverage with a 90-day waiting period, at no cost to you. You may choose to “buy up” to coverage with a shorter waiting period of either 30 days or 60 days. Your contributions for enhanced coverage (shorter waiting period) will be made with after-tax contributions.

The following shows the cost of LTD coverage for each waiting-period option.

Waiting Period	Cost Per \$100 of Bi-Weekly Base Salary
30-day waiting period	\$0.099
60-day waiting period	\$0.049
90-day waiting period	No cost to you

For example, if your annual base salary is \$65,000 and you elect the 30-day waiting period, your per pay period cost for LTD coverage will be \$2.48.

$$[(\$65,000 \div 26) \div \$100] \times \$0.099 = \$2.48$$

Your contributions for LTD coverage with a 30-day or 60-day waiting period will be made with after-tax contributions. The Airports Authority pays the entire cost of LTD coverage with a 90-day waiting period.

Survivor Benefits

BASIC AND SUPPLEMENTAL LIFE INSURANCE

The Airports Authority provides you with Basic Life Insurance equal to your base annual salary, rounded to the next \$1,000, multiplied by two. You and the Airports Authority share the cost of Basic Life Insurance.

You may purchase additional life insurance coverage from one to five times your base annual salary. The total combined Basic and Supplemental Life Insurance benefit amount cannot be more than \$1 million. You pay the full cost of Supplemental Life Insurance with after-tax dollars. When purchasing Basic Supplemental Life Insurance coverage for the first time, if the combined amount of Basic and Supplemental Insurance is more than \$500,000 and/or you elect Supplemental Life Insurance in the amounts of four or five times your salary, you will need to complete an evidence of insurability (proof of good health) form. A copy of this form is included in the back pocket of this booklet. MetLife, must approve your application before the added coverage will go into effect. The cost of coverage depends on your age and the coverage amount you select.

DEPENDENT LIFE INSURANCE

You may also purchase coverage for your eligible spouse and dependent children. See page 4 for eligibility information for your spouse. Your children are eligible for this coverage until their 19th birthday or until their 25th birthday if they are full-time students.

Coverage amounts available:

- Option 1: \$10,000 coverage for your spouse and \$5,000 for each child
- Option 2: \$20,000 coverage for your spouse and \$10,000 for each child

You will pay the full amount for Dependent Life Insurance.



DESTINATION: Your Good Health

The bi-weekly cost of Dependent Life Insurance depends on the coverage you select:

- Option 1 – \$1.16
- Option 2 – \$2.32

Contributions for Dependent Life Insurance are made with after-tax dollars.

COST OF BASIC AND SUPPLEMENTAL LIFE INSURANCE

The bi-weekly cost per \$1,000 of Basic Life Insurance coverage is \$0.0323. To calculate your bi-weekly cost, follow these steps:

1. Round your base annual salary up to the next higher \$1,000. For example, if your salary is \$41,150, you would round it up to \$42,000.
2. Multiply the result of Step 1 by two. For example, \$42,000 multiplied by two is \$84,000.
3. Divide the result of Step 2 by \$1,000. For example, $\$84,000 \div \$1,000 = 84$.
4. Multiply the result of Step 3 by \$0.0323. For example, $84 \times \$0.0323 = \2.71 . This is the amount you would pay bi-weekly.

The cost per \$1,000 of Supplemental Life Insurance coverage depends on your age, as shown here:

Age	Rate Per \$1,000 of Coverage
Less than 30	\$0.0217
30-34	\$0.0277
35-39	\$0.0374
40-44	\$0.0655
45-49	\$0.1089
50-54	\$0.1934
55-59	\$0.2838
60-64	\$0.3586
65-69	\$0.8682
70-74	\$1.3385

To calculate the bi-weekly cost of Supplemental Life Insurance coverage, follow these steps:

1. Round your base annual salary up to the next higher \$1,000. For example, if your base annual salary is \$49,700, you would round it up to \$50,000.
2. Multiply the result of Step 1 by the number of salary levels you want to purchase, from one to five times salary. For example, if you wish to purchase Supplemental Life Insurance equal to two times salary, you would multiply the result of Step 1 (\$50,000) by two for a result of \$100,000.
3. Divide the result of Step 2 by \$1,000. In our example, $\$100,000 \div \$1,000 = 100$.
4. Multiply the result of Step 3 by the rate that corresponds to your age. For example, if you are 36 years old, your rate per \$1,000 of coverage is \$0.0374. Multiply the result of Step 3 (100) by \$0.0374 for a bi-weekly cost of \$3.74.





DESTINATION: Your Good Health

NAMING A BENEFICIARY

You will need to designate a beneficiary or beneficiaries who will receive a benefit in the event of your death. A beneficiary designation form can be found in the back pocket of this booklet. Return the completed form to the Benefits and Retirement Department.

If you name more than one person as your beneficiary, be sure to indicate the percentage of your benefit you would like each to receive. The total of all benefit amounts cannot be more than 100% of your benefit.

You may name a different beneficiary for Basic and Supplemental Life Insurance. You are always the beneficiary for Dependent Life Insurance.

If you do not name a beneficiary or your beneficiary dies before you, your benefit will be paid to:

- Your surviving spouse, if any;
- Your surviving children, equally, if there is no surviving spouse;
- If there is no spouse or child, to your parents equally or to the survivor;
- If there is no spouse, child, or parent, in equal shares to your brothers and sisters; or
- Your estate, if there are no survivors.

If you name a minor as your beneficiary, you should appoint a legal guardian since minors cannot directly receive insurance payments.





DESTINATION: Your Good Health

457 SAVINGS PLAN - DONATED LEAVE PROGRAM

457 Savings Plan

Although your career with the Airports Authority is just beginning, you will also receive benefits that can help you plan for retirement. Through the Airports Authority 457 Savings Plan, you may save for the future with tax-deferred money.

You may contribute from 1% to 100% of your taxable compensation to the Plan, up to IRS limits. The Airports Authority matches your contributions, as follows:

- 100% of the first 2% of salary you contribute; and
- 50% of the next 2% of salary you contribute.

In 2009, the maximum amount the IRS allows you to contribute to the Plan per year (including the Airport Authority's matching contribution) will depend on your age, as follows:

- Under age 50 – you may contribute up to \$16,500
- Age 50 and older – you may contribute up to \$22,000

These limits are subject to change each year by the IRS.

Your contributions are deducted from your pay each pay period and deposited into an account in your name. You will receive a statement of your account quarterly.

You will receive a separate enrollment packet at new employee orientation, with detailed information on investment options and how to enroll.

Donated Leave Program

The Airports Authority allows you to donate a predetermined amount of annual and/or sick leave through the Donated Leave Program (DLP). This donated leave can be used by DLP members for extended absences due to an employee's illness or injury, or to provide care to an immediate family member.

All permanent full-time or part-time employees are eligible to become DLP members.

If you want to join the DLP when you are first hired, you must join within 31 days of employment and donate a minimum of four hours of leave, to cover the period from your date of hire until the next annual Open Season (typically held in the fall). Then, during the annual Open Season, you must re-enroll in the DLP with at least eight hours of leave to maintain DLP membership for another year.

You must be a DLP member for at least 180 days and you must use all accrued sick leave and all annual leave in excess of 40 hours (or 56 hours, for firefighters working a 56-hour tour of duty) before you may withdraw leave. Then, leave may be withdrawn in increments of no more than 240 hours (or 336 hours for 56-hour tour of duty employees).

The maximum leave that any employee may withdraw during his or her tenure with the Airports Authority is 480 hours (or 672 hours for 56-hour tour of duty employees).

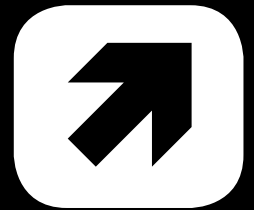
You are automatically re-enrolled each year unless you actively withdraw your participation.



Contact Information

Name	Phone Number(s)	Website
Aetna (Select and Choice POS II)	800-962-6842	www.aetna.com
Kaiser Permanente HMO	Member Services: 301-468-6000	www.kp.org
	Appointments and Advice Line: 703-359-7878	
	Behavioral Health: 866-530-8778	
CVS Caremark (Prescription Drugs)	888-865-6578	www.caremark.com
MetLife (Dental)	800-942-0854	https://mybenefits.metlife.com
Ceridian Benefit Services (Flexible Spending Accounts)	800-278-9799	www.ceridian-benefits.com
MetLife (LTD and Life Insurance)	800-638-6420	N/A
Deferred Retirement Savings Plans	Retirement Savings Plan (RSP): 800-669-7400	www.icmarc.org
	Thrift Savings Plan (TSP): 877-968-3778	www.tsp.gov
Benefits and Retirement Department	703-417-1651 or 703-417-8364 Fax: 703-417-1333	Livelink





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