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2020 Enrollment Guide

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This guide summarizes Airgas benefit programs and the terms and conditions that apply to them. The official plan documents, summary plan descriptions, insurance contracts, and Airgas policies legally govern the administration of the plans described in this guide and will apply if there is any discrepancy with the information in this guide. Airgas reserves the right to modify, suspend, revise, and/or terminate any of the plans at any time and for any reason.





2020 OVERVIEW

As an Airgas associate, you have access to a wide array of benefit plans and programs designed to encourage the well-being of you and your family. Benefits include a choice of medical plans as well as programs focused on delivering financial and family security, plus the flexibility you need to meet personal goals.

For 2020, we're making some upgrades to give you additional opportunities to increase your financial protection. Our company-paid Short-term Disability benefit and our Maternity benefit are both increasing. We've also reduced the premiums for our Short-term Disability Buy-up Plan, so there has never been a better time to consider electing this benefit (Visit www.ybr.com/airgas for details).

If you participate in a Healthcare Flexible Spending Account or a Health Savings Account (Bronze HSA Plan members), you'll have the chance to contribute a greater amount in pre-tax dollars in 2020.

If you use public transportation or public parking in your commute to work, you'll have the opportunity to contribute more in pre-tax dollars to the Pre-Tax Commuter Transportation Benefit.

Take time to carefully review your benefit options and then take action during the enrollment period to elect the benefits that are the best fit for your and your family's needs.

YOUR BENEFIT OPTIONS

DURING YOUR ENROLLMENT PERIOD, YOU SHOULD REVIEW AND MAKE OR CHANGE YOUR ELECTIONS FOR:

- Medical coverage (including HSA contributions if you elect the Bronze HSA plan)
- Dental coverage
- Vision coverage
- Participation in the Healthcare and/or Dependent Care Flexible Spending Accounts
- Short-term and Long-term Disability buy-up options*
- Optional life and accidental death and dismemberment (AD&D) insurance*
- Voluntary critical illness and personal accident insurance
- Beneficiaries for your 401(k), life, and AD&D insurance

AT ANY TIME DURING THE YEAR, YOU MAY ELECT:

- Auto, home and personal property coverage through MetLife
- 401(k) Plan
- HSA contributions

IN ADDITION, YOU AUTOMATICALLY RECEIVE THE FOLLOWING BENEFITS, WHICH ARE PAID IN FULL BY AIRGAS:

- Basic Short-term (STD) and Long-term Disability (LTD) insurance
- Basic life insurance and AD&D coverage
- The Employee Assistance Program (EAP)

*Evidence of insurability may be required, see pages 22-25 for more information.

MAKING YOUR ELECTIONS



AIRGAS PROVIDES YOU WITH TWO OPTIONS TO ENROLL:

- Online at www.ybr.com/airgas or
- By telephone at 1-877-424-2363.

Remember that you must make your elections during the enrollment period. Complete enrollment instructions begin on page 28. If you need help enrolling or using the website, or if you have questions, you may call a YBR Customer Service Representative between 8:00 a.m. and 9:00 p.m. Eastern time, Monday through Friday (1-877-424-2363).





ELIGIBILITY

You are eligible for the benefits described in this guide if you are a full-time associate regularly scheduled to work at least 30 hours per week. If you are a part-time associate and switch to full-time employment, you are eligible to enroll in these benefits immediately if you have continuously worked for 30 consecutive days.

Note: If you are a member of a collective bargaining unit, you may not be eligible for some or all of the benefits described in this enrollment guide. Please contact your Human Resources Representative for more information.

DEPENDENT ELIGIBILITY

You may enroll your eligible dependents in our medical, dental and vision plans and/or elect dependent life insurance and/or accidental death and dismemberment coverage for them. Eligible dependents include:

- Your spouse, provided he or she qualifies as a “spouse” under federal law.
- Your domestic partner (including both same-sex and opposite-sex domestic partners), as long as you and your domestic partner are registered with any government entity (e.g., city, county or state) responsible for identifying and complying with the registration requirements. (Associate paycheck contributions for domestic partner coverage are the same as for spouse coverage; the benefits, however, are subject to imputed income and taxation.)
- Your children up to the last day of the month in which they turn 26.

The term “children” or “child” means:

- » your natural child
- » your legally adopted child or child placed with you for adoption
- » your stepchild
- » your eligible foster child, defined as an individual who is placed in your care by an authorized placement agency or by judgment, decree or other order of any court of competent jurisdiction
- » a child for which a court has granted you legal custody
- » a child of your eligible domestic partner
- Your unmarried disabled child age 26 or older who is unable to earn a living due to a physical or mental handicap and meets one of the following criteria:
 - » was covered as a dependent under Airgas before reaching age 26
 - or
 - » you were not eligible to participate in the Airgas plan(s) before the child reached age 26, was disabled before reaching age 26, and remained continually disabled thereafter.
- Your natural or adopted children for whom you are required to provide coverage due to a Qualified Medical Child Support Order (QMCSO), up to the end date of the coverage period stipulated by the QMCSO or age 26, whichever comes first.

Exclusions. Legally separated or former spouses are not eligible dependents, even if you have a court order requiring you to provide health insurance to your ex-spouse. (Common-law spouses are only eligible if covered under an Airgas plan before April 1, 2009.) Also, any person not described as eligible in a category listed here is not a dependent for the purposes of these plans. Grandchildren, your parents, and other relatives or extended family members are not eligible for coverage.

Hawaii Residents. According to state law, Hawaii residents must elect coverage or complete the state-required form that will be mailed to you if you elect “no coverage”. For more information, contact YBR.



DEPENDENT VERIFICATION

If you choose to cover dependents under any of the Airgas plans, you'll need to know their Social Security numbers and birth dates to make your elections. Airgas verifies that dependents you enroll meet the eligibility requirements for medical, dental, vision, optional life insurance, and accidental death and dismemberment coverage (if you elect to cover them).

New associates who are enrolling dependents for the first time or current associates who are adding dependents to any Airgas plans will be asked to provide proof of dependent eligibility within 31 days of the request. If your dependents are not approved by the deadline, coverage for these dependents will be dropped.

Random audits are also conducted during the Annual Enrollment period – and associates may be asked to provide acceptable documentation to confirm their dependents' eligibility. If you do not provide the requested documentation for a dependent **within 31 days** of the request, or if a dependent is found not to meet eligibility requirements, that dependent will be dropped from coverage effective December 31.

Keep the following steps in mind if you are asked to verify your dependents' eligibility:

- After you enroll, you will receive a Verification Request Notice from YBR's Dependent Verification outlining acceptable documentation instructions on how to submit the documentation for review (via fax, mail or uploading).
- You must respond and provide the documentation by the date shown on the notice. If you have any questions, call YBR at 1-877-424-2363.
- YBR's Dependent Verification will notify you whether your dependent is approved or denied, or if the documentation was insufficient. You must contact YBR if you do not agree with their determination.
- **Coverage will be dropped for any dependent who is not approved by the date on the notice. You will not be able to enroll or re-enroll the individual until the next Annual Enrollment period (unless you experience a qualified life event), even if proof of dependent status is provided at a later date.**



TIPS FOR ENROLLING

Learn about your options: Read and review this guide and all of your enrollment materials.

Know your password: To enroll, you'll need your username and password for the YBR enrollment website. If you forgot your password, enter your user ID and click "Forgot User ID or Password" under the Log On button. If you are using the YBR website for the first time, see "Using the YBR Enrollment Website" on page 29.

Review your choices and costs: Compare your and your family's healthcare needs for 2020 with the benefits available to you and their costs. Use ALEX® and the YBR enrollment website to find costs and access tools that can help you estimate your needs for the coming year.

Confirm your spouse's or domestic partner's access to other coverage: If you cover a spouse or domestic partner on your Airgas medical plan and he or she has access to coverage through his or her employer, the spousal surcharge will apply (see page 6 for more information).

Ensure your dependents meet eligibility criteria: See "Eligibility" on page 4 and "Dependent Verification" below to learn more.

Confirm your elections: When enrolling online, look for the "Submitted Successfully" message before you log off. Print a confirmation of your enrollment for your records. A Confirmation Statement will be posted to your YBR account and you will receive an email notification when it is available. Statements will be mailed to those with no email address on file.



COSTS AND CONTRIBUTIONS

Airgas pays the full cost of some of your benefits (e.g., basic life insurance, basic short-term and long-term disability, and basic AD&D coverage) and shares the cost of others (e.g., medical and dental). Airgas also gives you the option of purchasing additional benefits on your own at group or discounted rates.

MEDICAL, DENTAL AND VISION

For medical, dental and vision coverage, you can cover yourself, your spouse/domestic partner and your child(ren). Your cost is based on the plan(s) you choose, your salary band (see the chart below) and the number of dependents you enroll. The cost of coverage is capped for dependent children; you will never pay for more than three dependent children, regardless of how many additional children you cover.

	Low Band	Middle Band	High Band
Salary	\$65,000 and less	\$65,000.01 to \$100,000	Above \$100,000

Spousal Surcharge. If your spouse or domestic partner has other medical coverage available (e.g., through another employer), you will pay a surcharge of \$100 per month (or \$1,200 per year) to cover him/her through an Airgas plan in addition to the regular cost for the medical coverage you choose through Airgas.

If you are adding your spouse or domestic partner to Airgas benefits for the first time, you will be asked to verify whether he/she has other coverage options available. You are responsible for reporting any change in your spouse's or domestic partner's employment status or benefits eligibility throughout the year that could impact the surcharge (e.g., losing coverage through an employer or starting a new job that offers medical benefits).

If both spouses are employed by Airgas: If you and your spouse/domestic partner are both employed by Airgas, it is most cost-effective for you to enroll separately. Children can be enrolled as dependents under either spouse's plan.

Pre-tax Benefits. Your premiums for medical, dental and vision coverage, as well as any contributions you make to the Health Savings Account, Healthcare and/or Dependent Care Flexible Spending Accounts, are made on a pre-tax basis. This means that your contributions are deducted before federal and most state taxes are taken, so you reduce your taxable income and save money.

DISABILITY, LIFE, AD&D AND MORE...

For the Short-term and Long-term Disability buy-up plans, voluntary critical illness and personal accident plans, optional life insurance and optional accidental death and dismemberment (AD&D) coverage, your cost is determined by the coverage you elect. Rates for life insurance are based on your age and whether or not you smoke. Smoking includes the use of tobacco in any form, such as cigarettes, pipes, snuff, chewing tobacco or e-cigarettes. To qualify for non-smoker rates, you must not have used tobacco in any form in the last 12 months.



TAKE ADVANTAGE OF PREVENTIVE CARE!

Preventive care is designed to help you learn more about your current health status and identify potential health issues early when they are easier and less costly to treat. Under the Airgas medical plans, in-network preventive care services are paid in full (subject to certain age and frequency limits) – there is no copay, deductible or other out-of-pocket expenses. Examples of preventive services include: annual physicals, well-baby and well-child care check-ups, routine cancer screenings (such as a mammogram or colonoscopy), routine vaccinations and more. See your plan's Summary Plan Description for a detailed list of covered preventive care services.

Help us to keep our healthcare costs in check by getting your preventive medical, dental and vision exams, as recommended.



WHEN COVERAGE BEGINS



The benefits you choose during the Annual Enrollment period will become effective on the following January 1. Other benefits may be elected during the year and take effect at that time (e.g., participation in the 401(k) Plan).

If you are a new full-time associate regularly scheduled to work 30 or more hours per week, you are eligible to participate in the Airgas plans once you have continuously worked for 30 consecutive days with the company. If you do not elect any benefits, you'll receive only the basic disability, life insurance and accidental death and dismemberment coverages. You must wait until the next Annual Enrollment period (each fall for the next January 1) to enroll for benefits, unless you experience a qualified life event (see below). Also see the "Notice of Special Enrollment Rights" on page 30 for more information about declining Airgas healthcare coverage.

MAKING CHANGES DURING THE YEAR

The benefit choices you make when you are first hired and during Annual Enrollment are generally effective for the calendar year. Certain qualifying events, such as getting married or having a child, allow you to make changes to some benefits during the year. The rules for making changes to your benefits are determined by the federal government. Depending on the event, you may be able to:

- Enroll for coverage, if you had previously declined coverage,
- Drop coverage you already have,
- Add eligible dependents or drop previously covered dependents and/or
- Change your level of coverage.

Any change you make must be consistent with your change in status. For example, if you get married, you could add your spouse to your medical coverage but you would not be able to change your medical plan.

You have 31 days after the event to change your benefit elections by going to www.ybr.com/airgas or calling a YBR Customer Service Representative at 1-877-424-2363.

QUALIFYING EVENTS

Events that may qualify for a mid-year change in benefit coverage include:

- Change in legal marital status (including marriage, divorce or death of a spouse/domestic partner)
- Change in the number of dependents (including birth, adoption, placement for adoption or death of a dependent)
- Change in the eligibility status of a dependent (e.g., a child reaching age 26)
- Change in your place of residence that results in a change in available medical plans
- Change in the employment status, work site or work schedule for you, your spouse/domestic partner or your



dependent that results in gaining or losing eligibility for coverage under Airgas or other employer plans

- Significant increase in contributions or a significant reduction in coverage under your or your spouse's/domestic partner's healthcare plan
- Change that is necessary to comply with a Qualified Medical Child Support Order
- Change in your spouse's/domestic partner's or child's coverage during another employer's Annual Enrollment period when the other plan has a different annual period of coverage
- Your or your dependents' entitlement to Medicare or Medicaid or
- Addition, elimination or significant curtailment of a coverage option in your or your spouse's/domestic partner's employer healthcare plan.

For the Dependent Care Flexible Spending Account, a change in dependent day care providers or costs could be a qualifying event if the providers are not your relatives.



MEDICAL

For 2020, Airgas continues to offer five medical plans (plus certain local HMO and PPO options, depending on your location). All of the medical plans encourage prevention while providing financial protection when you need care. The plans offer different choices between your contributions and the cost of any health services you need during the year. This allows you to consider your unique needs and choose the coverage that works best for you and your family.

This section provides an overview of each medical plan, including in-network benefits, out-of-network benefits and prescription drug coverage. You can go to the YBR enrollment website for more information on the plans, to use tools to help you estimate your needs and compare plans, or ask questions via secure message or live online chat. You can also speak with a YBR Customer Service Representative at 1-877-424-2363 Monday-Friday, 8 a.m.-9 p.m. (EST).

IMPORTANT DEFINITIONS

IT'S IMPORTANT TO UNDERSTAND SOME KEY MEDICAL AND PRESCRIPTION DRUG TERMS

MEDICAL TERMS

Annual Deductible. The amount that you pay each year out of your own pocket before the plan begins paying a portion of your medical coverage. Expenses that count toward your deductible also count toward your out-of-pocket maximum.

Coinsurance. The percentage of the total medical bill that you and the plan pay once the deductible is met. For example, if the plan pays 80%, your coinsurance will be 20%.

Copay. A flat dollar amount that you pay for some services, such as an office visit or ER visit. Copays are not counted toward meeting your deductible, but do count toward the out-of-pocket maximum. Note that there are no copays in the Bronze HSA Plan.

Out-of-Pocket Maximum. The maximum amount you could pay each year in deductibles, coinsurance and copays. After you reach the out-of-pocket maximum, your plan pays 100% of eligible medical expenses for the rest of the calendar year.

PRESCRIPTION DRUG TERMS

Generic Drug. A drug approved by the FDA for the same effectiveness, quality, safety and strength as a brand-name drug. Note that a generic drug usually costs significantly less.

Brand Formulary Drug*. A preferred (or formulary) drug is FDA-approved and selected by your prescription drug plan for safety and cost-effectiveness. These drugs cost more than generics but less than non-formulary drugs.

Brand Non-Formulary Drug*. A brand-name drug that is not on the plan's preferred (or formulary) list. These medications will cost you the most.

* Formulary drug lists are subject to periodic change.



USING YOUR PLANS WISELY

There are many tools and resources available to help you make smart, cost-effective decisions about your and your family's healthcare throughout the year.

Compare costs and quality: Visit Blue Cross Blue Shield's website (www.mybenefitshome.com) to find tools to help you compare prices on the health care services you need.

Learn about what your plan covers: Your plan covers a wide range of services, from preventive care and doctor visits, to discounts on programs that help you improve or protect your health. Visit YBR at www.ybr.com/airgas or your carrier's website if you have a question about your benefits or to learn more.

Know where to go for care: You can seek care in many places, including your regular doctor, Teladoc, walk-in clinics, urgent care centers and the emergency room. It's smart to choose the most cost-effective provider that will meet your needs. **For laboratory services, such as blood work or urine tests, it's most cost-effective for you to use LabCorp, the preferred provider of lab services.** If you're not sure where to go, call Blue Cross Blue Shield Member Services at 1-844-570-5073 for more information.

Using the healthcare plan wisely helps reduce your out-of-pocket costs and the costs that Airgas pays toward your medical and pharmacy claims which will help keep future healthcare cost increases to a minimum.



YOUR 2020 MEDICAL PLAN OPTIONS AT A GLANCE

IN-NETWORK BENEFITS

	Platinum	Gold	Core	Silver	Bronze HSA
Deductible* (individual/family)	\$500 / \$1,000	\$750 / \$1,500	\$1,000 / \$2,000	\$1,250 / \$2,500	\$1,500 / \$3,000
Coinsurance % You pay Plan pays (after the deductible has been met)	10% 90%	20% 80%	20% 80%	20% 80%	20% 80%
Out-of-pocket maximum** (individual/family)	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,500 / \$7,000	\$4,000 / \$8,000	\$6,550 / \$13,100
Preventive care (e.g., annual exam)	100%	100%	100%	100%	100%
PCP copay	\$20	\$25	\$25	\$40	Plan pays 80% after deductible
Specialist copay	\$25	\$35	\$35	\$50	Plan pays 80% after deductible
Hospital inpatient	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
ER copay (waived if admitted)	\$500	\$500	\$500	\$500	Plan pays 80% after deductible
Walk-in clinic copay	\$20	\$25	\$25	\$40	Plan pays 80% after in-network deductible
Urgent care copay	\$25	\$35	\$35	\$50	Plan pays 80% after deductible

*For the Platinum, Core, Silver, and Gold Plans, the family Deductible can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Deductible amount.

**For the Platinum, Core, Silver, and Gold Plans, the family Out-of-Pocket Maximum can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Out-of-Pocket Maximum. For the Bronze HSA Plan, the family Out-of-Pocket Maximum can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Out-of-Pocket Maximum.

Note: There are no copays in the Bronze HSA Plan.

Please Note: The above chart provides only high-level information about Airgas medical plans and does not include all of the benefits provided under the plan. The specific terms of coverage, along with any exclusions and limitations, are contained in the official Plan Documents. In case of any discrepancy, the official Plan Documents will govern.



YOUR 2020 MEDICAL PLAN OPTIONS AT A GLANCE (Cont.)

OUT-OF-NETWORK BENEFITS

	Platinum	Gold	Core	Silver	Bronze HSA
Deductible* (individual/family)	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$3,000 / \$6,000
Coinsurance % You pay Plan pays (after the deductible has been met)	30% 70%	40% 60%	40% 60%	40% 60%	40% 60%
Out-of-pocket maximum* (individual/family)	\$5,000 / \$10,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$8,000 / \$16,000	\$13,100 / \$26,200
Preventive care (e.g., annual exam)	100%	100%	100%	100%	100%
PCP copay	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible
Specialist copay	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible
Hospital inpatient	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible
ER copay (waived if admitted)	\$500	\$500	\$500	\$500	Plan pays 80% after in-network deductible
Walk-in clinic copay	\$20	\$25	\$25	\$40	Plan pays 80% after in-network deductible
Urgent care copay	\$25	\$35	\$35	\$50	Plan pays 80% after in-network deductible

*For the Platinum, Core, Silver, and Gold Plans, the family Deductible can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Deductible amount.

**For the Platinum, Core, Silver, and Gold Plans, the family Out-of-Pocket Maximum can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Out-of-Pocket Maximum. For the Bronze HSA Plan, the family Out-of-Pocket Maximum can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Out-of-Pocket Maximum.

Note: There are no copays in the Bronze HSA Plan.

Please Note: The above chart provides only high-level information about Airgas medical plans and does not include all of the benefits provided under the plan. The specific terms of coverage, along with any exclusions and limitations, are contained in the official Plan Documents. In case of any discrepancy, the official Plan Documents will govern.



THE BRONZE HSA PLAN: HOW IT WORKS

The Bronze HSA Plan is a different kind of health plan known as a Consumer Driven Health Plan (CDHP) or High Deductible Health Plan (HDHP). It comes with the option to open a special, tax-advantaged Health Savings Account (HSA) to help you pay for your out-of-pocket expenses. CDHPs like the Airgas Bronze HSA Plan give you a larger stake in the financial decision-making for your healthcare services. This means that you pay lower pay-roll contributions for the plan; in exchange, you pay more when you receive care. This type of plan is designed to encourage you to be a wise healthcare consumer because you get the most out of it when you learn about your options and the associated costs, and choose facilities and providers based on quality and cost information.

Here's a look at how the Bronze HSA Plan and HSA work together. Learn more about the benefits and tax advantages of the HSA on the following page.

1. Preventive Care

Preventive services such as annual physical exams and vaccinations are covered at 100% when you see providers in the plan's network.

2. Deductible

There are no copays with this plan. You pay the full cost of any non-preventive medical expenses – including doctor visits and most prescription drugs – until you meet your deductible. See below for more information about how prescription drugs are covered.

3. Coinsurance

Once you have met the deductible, you and the plan share the cost of additional medical expenses – this is called coinsurance. Under the Bronze HSA Plan, the plan pays 80% coinsurance and you pay 20% coinsurance after you meet the deductible.

4. Out-of-pocket Maximum

The out-of-pocket maximum is the maximum dollar amount a member will pay out of pocket for covered expenses in a calendar year. Once your out-of-pocket expenses (your deductible plus your 20% coinsurance) reach the out-of-pocket maximum, the plan pays 100% of the allowable amount for covered services for the rest of the calendar year.

Note: If you elect to cover dependents under the Bronze HSA Plan and any single covered family member meets the *individual* out-of-pocket maximum before the family's total out-of-pocket limit is reached, the plan will pay 100% of covered expenses for that family member for the rest of the calendar year. You would still need to pay the deductible and coinsurance expenses for other family members until you reach the family out-of-pocket maximum for the calendar year. The family deductible must be met if you are covering more than yourself, according to HSA rules. View the HSA videos available on the YBR enrollment website to learn more.



The Health Savings Account

You decide how much to contribute to your HSA.

Every time you have an expense that counts toward the deductible or is subject to coinsurance, you decide whether to use your HSA to pay for it, or pay out of pocket and let your HSA funds grow.

At the end of the year, any unused balance in your HSA rolls over.



PRESCRIPTION DRUG COVERAGE IN THE BRONZE HSA PLAN

Preventive and Maintenance Medications. Most prescription drugs that are considered preventive or maintenance (you take them regularly to control a chronic health issue such as diabetes or high blood pressure) are not subject to the deductible. You pay 20% coinsurance for these medications, and the plan pays the rest.

All Other Medications. All other prescriptions are subject to the deductible. You pay the full cost for these medications until the deductible is reached. Once the deductible is met, you pay 20% coinsurance for prescriptions and the plan pays the rest.

Important Note: In the Bronze HSA Plan, your prescription costs count toward the plan deductible and out-of-pocket maximum. There is no **separate** Prescription Drug Out-of-Pocket Limit as in all other Airgas medical plans offered.



THE HEALTH SAVINGS ACCOUNT (HSA)

When you enroll in the Bronze HSA Plan, you can choose to open and contribute to a tax-advantaged Health Savings Account (HSA). The HSA is your personal account, so you decide how to use it. You can withdraw money to pay for eligible healthcare expenses you incur after your HSA is set up, including your deductible and coinsurance. Or, you can pay for expenses out of your pocket and allow your HSA to grow over time. Any money you don't use stays in your HSA, making it a tax-free way to save for future healthcare needs, including certain retiree medical and long-term care insurance premiums.

WHAT ARE THE TAX BENEFITS OF AN HSA?

An HSA has many tax benefits!

- 1. Contributions:** They're taken out of your paycheck before taxes, which reduces your taxable income.
- 2. Withdrawals:** Funds you use to pay for eligible expenses are not taxed.
- 3. Earnings:** The funds in your account earn tax-free interest. Plus, you can invest amounts over \$1,000 in the investment options available, and any earnings are also tax-free.

WHO IS ELIGIBLE TO OPEN AN HSA?

To be eligible to open and contribute to an HSA, you must meet certain criteria set by the IRS:

- You must be covered by an HSA-compatible medical plan, such as the Bronze HSA Plan, and you cannot be covered by any other medical plan that is not an HSA-compatible medical plan (including a spouse's healthcare plan).
- You cannot be enrolled in Medicare.
- You cannot be eligible to be claimed as a dependent on someone else's tax return.
- You must be a U.S. resident.
- You may not be in active military service or, if you are a veteran, you may not have received veterans' benefits within the last three months.

For complete details on HSA eligibility, visit the IRS website and refer to Publication 969. If you do not meet these criteria, you may still elect the Bronze HSA Plan; however, you may not open an HSA.

HOW MUCH CAN I CONTRIBUTE TO AN HSA?

The IRS sets limits on how much can be contributed to an HSA in a given year. For 2020, those limits are \$3,550 for an individual and \$7,100 for a family. Individuals who will be age 55 or older by December 31, 2020 can make catch-up contributions of an additional \$1,000 per account holder per calendar year.

In addition to payroll deductions, you may also contribute (up to the IRS limits) to your HSA at any time via check or an electronic fund transfer from a bank account. **If you've already paid taxes on funds that you contribute to your HSA, you may claim a deduction on these funds on your tax return for the year in which the contributions were made.**

WHAT EXPENSES CAN I PAY FOR WITH MY HSA?

You can use your HSA funds to pay for eligible healthcare expenses such as dental treatment, vision services like eye exams and prescription glasses, hospital and ambulance services, prescription medications, and much more. You can find a list of eligible expenses in IRS Publication 502 available at www.irs.gov or by calling 1-800-TAX-FORM.

These can be expenses for yourself or anyone who is considered your dependent for income tax purposes — even if they are not covered under your medical plan. This includes your spouse and children. It does not include a domestic partner or an adult child (who is not a qualified tax dependent); however, if you cover your domestic partner or adult child under the Bronze HSA Plan, they may open their own HSA since they are covered by an HSA-compatible plan (provided they meet other eligibility requirements).

Important! Your HSA contributions are available for use only after they are deposited each pay. You may be reimbursed only up to the amount in your HSA at the time of the claim.

HOW DO I USE AND MANAGE MY HSA?

When you set up your HSA, you'll receive a welcome kit from Your Spending Accounts™ (YSA), our HSA and FSA administrator. The welcome kit will include information on using and managing your HSA, as well as a convenient debit card. When you have an eligible expense at a provider's office, hospital or pharmacy, just swipe your card like you would any credit or debit card. You can also be reimbursed from your HSA through an electronic transfer to a linked bank account, or request a check to be mailed to your home address.

The YSA site, accessible through YBR (www.ybr.com/airgas), is where you can check your HSA balance, review claims you have paid from your HSA, submit out-of-pocket expenses for reimbursement, and more!

WHAT IF I OPENED AN HSA LAST YEAR?

If you opened an HSA in 2019, you still need to elect this benefit during 2020 Annual Enrollment. Your HSA contribution does not roll over. The HSA must be elected on an annual basis. If you do not elect the HSA, you will not participate in this account for 2020.

HSA AND FSA: WHAT YOU NEED TO KNOW

In addition to the HSA, you can also open a Healthcare Flexible Spending Account (FSA) to put aside additional pre-tax dollars. However, under IRS rules, if you have both an HSA and a Healthcare FSA, your Healthcare FSA can **ONLY** be used for dental and vision expenses. You cannot use it for medical expenses.

You may also open a Dependent Care FSA to save pre-tax dollars to pay for day care expenses for a child or older adult. [Learn more about FSAs on page 20.](#)

View the HSA videos available on the YBR enrollment website to learn more.



BACK AND BETTER THAN EVER!



alex[®] Your Virtual
Benefit Counselor



Choosing your benefit elections during Annual Enrollment can be complicated. Airgas wants to help make the process of picking a medical plan and other benefit choices easier so we offer an interactive online tool called ALEX[®]: Your Virtual Benefit Counselor. You can access ALEX from any internet-connected desktop, laptop, tablet or mobile device.

WHO IS ALEX?

Think of ALEX as a virtual benefits counselor that can help you evaluate your healthcare needs for 2020 and decide which of the Airgas medical plans is the best fit for you and your family. ALEX can now also help you choose a dental plan and decide which other benefit options may be right for you, such as disability, HCFSA, HSA and the Airgas 401(k) Plan!

HOW DOES ALEX WORK?

Using ALEX takes three simple steps:

1. Access ALEX by visiting www.myalex.com/airgas/2020.
2. ALEX will ask you a series of simple questions about you, your household and your anticipated care needs for 2020. For example, how many prescription medications do you and/or your covered dependents take on a monthly basis?
3. Click or type your answers and ALEX will present you with the benefit option that is the best fit based on your responses.



THREE GREAT REASONS TO USE ALEX

1. **It's fast!** While you can spend as much time with ALEX as you need to learn about your medical plans, the average user spends 12 minutes with ALEX.
2. **It's available on any device.** ALEX is optimized to work on any laptop, desktop, tablet or phone. All you need is an internet connection.
3. **It's private.** ALEX is an anonymous experience. It does not track your personal details. It also does not send any data about you back to Airgas. The information you enter is not saved, so if you want to use ALEX again, you will need to re-enter all of your information.

And at the end of your session with ALEX, you'll have the opportunity to view and print a summary of your "conversation," including ALEX's recommendation for your benefit choices.

TIPS FOR GETTING THE MOST FROM ALEX



- ALEX uses a combination of text and speech to communicate with you. For the best experience, make sure you have headphones or a device with speakers.
- Prepare some notes about your needs. ALEX will ask you how often you visit the doctor, how many prescriptions do you take and whether or not you are planning any surgeries or unique circumstances (i.e. maternity care) in the coming year.
- Take ALEX's recommendation but do some additional research. ALEX should be one part of your research prior to enrollment. Just like you sometimes want a second opinion from another doctor, you can take ALEX's suggestion and visit the YBR enrollment website for additional cost and comparison tools.



Please note that ALEX can help you choose your benefits but you will still need to enroll in your benefits online using the YBR enrollment website or by phone with a YBR representative.



WHAT TO THINK ABOUT

- You and the company share the cost of medical coverage.
- When choosing a plan, consider both the contributions you will pay each pay period as well as the out-of-pocket expenses you'll have when you receive healthcare services.
- Payroll contribution information, as well as tools to help you compare plans and estimate your healthcare needs, are available on the YBR enrollment website.
- It's to your advantage to obtain care from an in-network provider – but all Airgas medical plans allow you the choice to go out-of-network.
- Each medical plan comes with prescription drug benefits; be sure to consider your and your family's needs for prescription medications when choosing a plan.



DISEASE MANAGEMENT SERVICES

Chronic conditions – such as heart disease, asthma and diabetes – can lead to decreased quality of life and high medical costs when they are not well managed. The disease management services available through Blue Cross Blue Shield can help. These programs will identify members of Airgas medical plans who can benefit from these services and reach out to offer individualized support in managing these chronic conditions and their associated costs, helping to keep our overall healthcare costs as low as possible. (Your health information is kept confidential in accordance with HIPAA privacy laws.)

NATIONAL BLUE CROSS BLUE SHIELD NETWORK

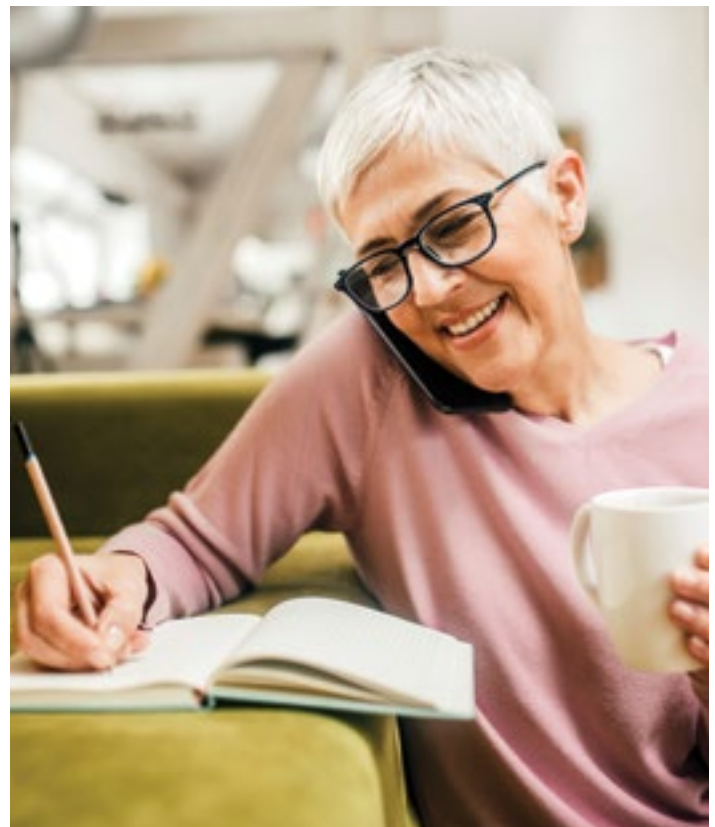
With the BlueCard® PPO provider network, you'll have access to more than 720,000 network healthcare providers across the United States.

LOCAL HMO AND PPO OPTIONS

You may also have HMO or PPO options available in your area. Kaiser HMO is offered in California and Georgia. Kaiser HMO and HMSA PPO are offered in Hawaii. If these options are available to you, you will find more information and costs on the YBR enrollment website.

USE TELADOC SERVICES!

Teladoc gives you an easy way to access licensed, board-certified doctors via telephone or online video consultation (BCBS members only). Pay only a \$10 copay in the Core, Platinum, Gold and Silver Plans. In the Bronze HSA Plan, you must pay the full cost for Teladoc (\$40) until you meet the deductible – still less than the cost of a visit to a doctor, urgent care center, retail clinic or Emergency Room. Teladoc doctors are available 24/7 and can diagnose non-emergency medical problems, recommend treatment, and even call a prescription into your pharmacy, when necessary. We encourage you to use Teladoc any time you can't get to your regular doctor – when traveling, after hours or when you're at work. Just go to www.teladoc.com or call 1-800-TELADOC (1-800-835-2362).



**TO CONTACT
BLUE CROSS BLUE SHIELD,
CALL 1-844-570-5073 OR GO TO
WWW.MYBENEFITSHOME.COM.**



PRESCRIPTION DRUG BENEFITS

	Platinum*	Gold*	Core*	Silver*	Bronze HSA**
Retail					
Generic copay	\$9	\$9	You pay 30% up to \$50 per prescription	You pay 30% up to \$50 per prescription	You pay 20% with no deductible for most preventive and maintenance medications; otherwise, you pay 20% after you meet your deductible
Brand formulary copay	\$35	\$35	You pay 30% up to \$150 per prescription	You pay 30% up to \$150 per prescription	
Brand non-formulary copay	\$70	\$70	You pay 30% up to \$300 per prescription	You pay 30% up to \$300 per prescription	
Mail order (up to 90-day supply)	2x retail copay	2x retail copay	You pay 30% up to 2x retail maximum above	You pay 30% up to 2x retail maximum above	
Rx Out-of-pocket maximum (individual/family)	\$2,100 / \$4,200	\$2,100 / \$4,200	\$2,100 / \$4,200	\$2,100 / \$4,200	No separate maximum, Bronze HSA Plan out-of-pocket maximum applies

*Deductibles do not apply to prescription drug benefits under the Platinum, Gold, Core and Silver Plans.

**Prescription drugs count toward the deductible in the Bronze HSA Plan EXCEPT approved preventive and maintenance medications; these medications are not subject to the deductible and are paid at the coinsurance rate.

Note: Prior authorization requirements and coverage limits may apply to certain drugs.

IMPORTANT NOTES

Mandatory Generics. If a generic drug is available, but you request a brand-name drug instead, you will pay the difference between the retail cost of the brand-name drug and the generic, plus the copay for the brand-name drug.

Step Therapy. When a generic is available in the same drug class as the brand-name medication prescribed by your doctor, the prescription drug program requires you to try the generic for 30 days. If your doctor determines that the generic drug is not effective in treating your condition, the plan will cover the brand-name drug (at the brand-name cost share).

Brand Formulary. The list of approved drugs that are covered under your plan can change. Look up your prescriptions at www.caremark.com to see how they are covered as you need them.

Ongoing or Maintenance Medications. Airgas has the incentivized maintenance choice program in place which does apply a “penalty” or “additional charge” after the 2nd 30-day fill for maintenance medications. Members should fill these medications at either Caremark's mail-order service or pick up at a CVS or Target retail pharmacy for the lowest cost. The additional charge for the 3rd 30-day fill of a maintenance medication is \$15 for generics, \$25 for preferred brands and \$50 for non-preferred brands. This would be charged on top of the copay amount but would never exceed the total cost of the drug.

**TO CONTACT CVS CAREMARK,
CALL 1-866-273-8573 OR GO TO
WWW.CAREMARK.COM.**

HELPFUL SAVINGS TIPS

Take advantage of preventive check-ups and screenings. These services help you to stay healthy and identify problems early and are covered at 100% by Airgas medical plans when you use in-network providers.

- Select in-network providers. Providers in your plan's network have agreed to charge discounted fees for their services. That's why you'll pay less when you see in-network providers than when you see providers who are not in the plan's network.
- Use an urgent care center instead of the Emergency Room (ER). The ER is one of the most expensive places to get care, so only use it for true medical emergencies. If you have a health issue that can't wait until you can see your doctor, visit an urgent care center or walk-in clinic, or call Teladoc.
- Use Teladoc. This program allows you to get an appointment with a board-certified physician 24 hours a day, using a landline or cell phone, or via video on your computer, smartphone or tablet.
- Use Well360 Connect. This program provides personalized wellness coaching, access to diabetes prevention and smoking cessation programs, and expert guidance in managing chronic conditions.
- Choose generics for your prescription drugs. Ask your doctor if you can use a generic drug as these are less costly than brand names, but just as effective. And, if you take certain medications regularly (“maintenance” drugs), use the mail-order service to lower your out-of-pocket cost.

Because Airgas medical plans are self-insured by the company, using these tips will help to keep our healthcare costs down for everyone.



CRITICAL ILLNESS INSURANCE

Critical Illness coverage from MetLife can help you cover the extra expenses associated with a serious illness. If a serious illness happens to you or a loved one, this coverage provides you with a lump-sum benefit, which is in addition to any other insurance you may have.

Covered critical illnesses include:

- Full Benefit Cancer
- Partial Benefit Cancer
- All Other Cancer
- Heart Attack
- Stroke
- Kidney Failure
- Coronary Artery Bypass Graft
- Alzheimer's Disease
- Major Organ Transplant
- And 22 Additional Listed Conditions

You can choose three levels of coverage: \$15,000, \$30,000 or \$45,000 in Initial Benefits upon diagnosis. The Total Benefit Amount available to you is three times the Initial Benefit Amount you select (\$45,000, \$90,000 or \$135,000), in the event that you suffer more than one covered condition. You may also elect to cover your spouse or domestic partner and eligible children up to age 26. The policy is portable, which means you can take it with you if your employment status changes.

You must be diagnosed with the covered critical illness after your effective date of coverage in order to be eligible for a benefit. You cannot receive a benefit for an illness whose diagnosis occurred prior to your enrolling in coverage.

A recurrence benefit, which pays a benefit equal to 100% of the initial payment for a covered incidence of Full Benefit cancer, coronary artery bypass graft, heart attack or stroke, is also included.

This policy also includes a \$100 wellness benefit per person per calendar year for a covered health screening or test, such as a mammogram, stress test or colonoscopy.

Payments will be made directly to you, not to the doctors, hospitals or other health care providers. You will receive a check mailed directly to your home. The payment you receive is yours to spend as you see fit and may be used to cover ongoing household bills like:

- Groceries
- Mortgage and car payments
- Child care
- Or any other way you want; the choice is yours.

**FOR MORE INFORMATION ABOUT
CRITICAL ILLNESS AND PERSONAL
ACCIDENT INSURANCE, CONTACT
METLIFE AT 1-800-GET-MET-8
OR VISIT WWW.METLIFE.COM.**



WHAT TO THINK ABOUT

- You pay the full cost of this supplemental coverage through convenient payroll deductions.
- Critical Illness Insurance can supplement your medical and disability coverage to provide you additional financial protection in the event you or a covered family member are diagnosed with a critical illness.
- Evidence of Insurability (proof of good health) is never required.
- Weigh the benefits and costs of this coverage at the same time you are considering your medical plan options to see how they can work together. Critical Illness Insurance can help pay for or offset your deductible and coinsurance if you experience a critical illness.



PERSONAL ACCIDENT INSURANCE

If you have an accident, it can lead to extra out-of-pocket costs, beyond what your medical plan may cover. Personal Accident Insurance from MetLife can help with these expenses by providing a payment you can use as you see fit if you experience a covered accident. There are no waiting periods to satisfy and any payment will be in addition to any other insurance you may have.

You can choose to cover yourself, your spouse or domestic partner and eligible children up to age 26. The policy is portable, which means you can take it with you if your employment status changes.

Personal Accident Insurance provides you with a lump-sum payment mailed directly to you for over 150 different covered conditions, such as:

- Fractures/broken bones
- Concussions
- Dislocations
- Cuts/lacerations
- Second and third degree burns
- Eye injuries
- Skin grafts
- Coma
- Torn knee cartilage
- Broken teeth
- Ruptured disc

There is no limit on the number of different accidents that will be covered.

In addition, you receive a lump-sum payment mailed directly to you when you have these covered medical services/treatments:

- Ambulance
- Physician follow-up visits
- Emergency care
- Transportation
- Inpatient surgery
- Home modifications
- Outpatient surgery
- Physical, occupational and speech therapy
- Medical Testing Benefits including X-rays, MRIs and CT scans



WHAT TO THINK ABOUT

- You pay the full cost of this supplemental coverage through convenient payroll deductions.
- Accident Insurance can supplement your medical and disability coverage to provide you additional financial protection in the event you or a covered family member experience an accident.
- The plan provides protection 24 hours a day, while on or off the job.
- Evidence of Insurability (proof of good health) is never required.
- Weigh the benefits and costs of this coverage at the same time you are considering your medical plan options to see how they can work together. Personal Accident Insurance can help pay for or offset your deductible and coinsurance if you experience a covered accident.



DENTAL

Airgas offers a choice of two Aetna dental plans: the Basic Plan and the Premium Plan. You may enroll yourself and your eligible dependents, or you may waive coverage. You do not have to be enrolled in a medical plan to elect dental coverage – or cover the same dependents under medical and dental. Review the summary below for a comparison of the two plans.

	Basic Plan	Premium Plan
Your Deductible (The amount you pay before the plan pays benefits)	\$50/individual \$150/family	\$50/individual \$150/family
Coinsurance (The amount the plan pays once the deductible is met)		
• Preventive/Diagnostic Services* (exams, cleanings, bitewing X-rays, fluoride treatment)	100%	100%
• Basic Services (fillings, extractions, root canals, oral surgery)	50%	80%
• Major Services (crowns, bridgework, full and partial dentures)	50%	50%
Annual Maximum	\$1,500	\$1,500
Orthodontia	Not covered	50% to a \$1,500 lifetime maximum per family member

* Deductible does not apply to preventive services.

COVERAGE FOR ORAL SURGERY

Our dental plans cover certain (but not all) surgical procedures. In some cases, oral surgery may be covered by your medical plan. If you are enrolled in a medical plan that does not cover oral surgery, the dental plan will cover this service. Make sure you know what your medical plan and/or dental plan will pay before you have any oral surgery.



WHAT TO THINK ABOUT

- You and the company share the cost of dental coverage.
- Preventive cleanings and exams are covered twice per year at 100% (under either plan) if you go to an in-network dentist. Schedule preventive cleanings and exams for yourself and your family members twice a year to get the most value out of your plan coverage and maintain good dental health.
- The Premium Plan covers basic services at 80% (instead of 50% under the Basic Plan) and includes orthodontia services.
- Maintaining good dental health is just as important as taking care of your medical health. In fact, your dentist can identify many medical issues, including heart disease, during a routine dental exam.

**TO FIND DENTISTS IN THE AETNA NETWORK,
CONTACT AETNA AT 1-877-238-6200 OR GO TO WWW.AETNA.COM.**



VISION

You may enroll yourself and your eligible dependents or you may waive vision coverage. Again, you do not have to be enrolled in a medical plan to elect vision coverage – or cover the same dependents under medical and vision.

Review the summary chart to the right to see what this plan offers and note that the “in-network” column shows the amount **you will pay** when visiting in-network providers; the “out-of-network” column shows the amount **you will be reimbursed**, once you submit a claim for using an out-of-network provider.

WHAT TO THINK ABOUT

- You pay the full cost of any vision coverage you elect.
- It is important to consider the vision services you (and your dependents) may need during the year and consider the cost of coverage vs. the cost if you paid on your own. In many cases, having vision coverage will save you money.
- It will always save you money to use in-network providers for vision services.
- During the year, make sure you understand the time frames that apply to exams, eyeglasses and contacts so you can get the most out of the plan. Schedule exams for you and your family around the same time each year to take full advantage of the annual benefit and maintain healthy vision.
- EyeMed’s provider network includes private practitioners, as well as national retailers – LensCrafters®, Sears Optical, Target Optical, JCPenney Optical and most Pearle Vision locations. EyeMed also has online in-network provider options where benefits can be applied at the time of check out, including contactsdirect.com and glasses.com. Visit eyemed.com to see additional online providers.

Vision Service	In-Network (What You Pay)	Out-of-Network (Your Reimbursement)
Exam (with dilation as necessary) <i>Once every 12 months</i>	\$10 copay	\$35
Retinal Imaging	Up to \$39	N/A
Contact Lens Exam/Fit <ul style="list-style-type: none"> • Standard lenses • Premium lenses 	Up to \$55 10% off retail price	N/A N/A
Frames <i>Once every 12 months</i>	\$0 copay; \$150 allowance, 20% off balance over \$150	\$75
Standard Plastic Lenses <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal • Standard progressive • Premium progressive <i>Once every 12 months</i>	\$20 copay \$20 copay \$20 copay \$20 copay \$20 copay and 80% of charge less \$120 allowance	\$25 \$40 \$55 \$55 \$55
Lens Options <ul style="list-style-type: none"> • UV treatment, solid or gradient tint, standard scratch coating • Standard polycarbonate • Standard anti-reflective coating • Polarized lenses or other add-ons 	\$15 \$40 \$45 20% off retail price	N/A
Contact Lenses (in lieu of standard plastic lenses) <ul style="list-style-type: none"> • Conventional • Disposable • Medically necessary <i>Once every 12 months</i>	\$0 copay, \$150 allowance, 15% off balance over \$150 \$0 copay, \$150 allowance, plus balance over \$150 \$0 copay, paid in full	\$120 \$120 \$200
Laser Vision Correction (Lasik or PRK from a U.S. laser network)	15% off retail price or 5% off promotional price	N/A
Additional In-Network Discounts <ul style="list-style-type: none"> • 40% off complete pair of prescription eyeglasses • 20% off non-prescription sunglasses • 20% off remaining balance beyond plan coverage *Hearing Discount through Amplifon: 40% off hearing exams, discounted set pricing on hearing aids, free batteries for two years with initial purchase, 3-year warranty. Call 1-877-203-0675 to get more information, find a provider, or schedule a hearing exam.		N/A

Please contact EyeMed for more information on exclusions such as orthoptic or vision training, subnormal vision aids, Aniseikonic lens, etc.

TO FIND EYEMED PROVIDERS IN YOUR AREA, VISIT WWW.EYEMED.COM AND CHOOSE THE ACCESS NETWORK, OR CALL 1-866-723-0513.





FLEXIBLE SPENDING ACCOUNTS (FSAs)

When you enroll for your benefits, you may elect to set aside money on a pre-tax basis - before federal and state taxes are withheld - to reimburse yourself for certain healthcare and dependent care expenses throughout the year. Airgas offers two accounts:

- **The Healthcare Flexible Spending Account** can be used for health-related expenses such as deductibles and copays for your medical, prescription drug, dental and vision expenses. You may contribute up to \$2,700 for 2020. Note that if you enroll in the Bronze HSA Plan and open a Health Savings Account (HSA), IRS rules restrict how you can use a Healthcare FSA. You may only use the Healthcare FSA for dental and vision expenses. You may not use it to pay for medical expenses when you are contributing to an HSA.
- **The Dependent Care Flexible Spending Account** can be used for day care expenses for a child or elder tax dependent that allow you (and your spouse if you are married) to work. It cannot be used for a dependent's healthcare. You may contribute up to \$5,000 for 2020.* You may elect a Dependent Care FSA regardless of which medical plan you choose.

If you are a highly compensated employee (HCE), you are limited to a \$1,500 annual maximum contribution in the Airgas plan. The IRS defines an HCE as someone with an annual salary including bonus for 2019 of \$125,000 or more.

	Examples of Eligible Expenses	Examples of Ineligible Expenses
Healthcare Flexible Spending Account	<ul style="list-style-type: none"> • Deductibles • Copays and coinsurance • Prescription drugs • Medical equipment (e.g., wheelchairs, crutches) • Eyeglasses or contact lenses • Lasik or PRK laser vision correction • Orthodontia 	<ul style="list-style-type: none"> • Group or individual insurance premiums • Over-the-counter drugs (unless prescribed by a physician) • Health club, spa or exercise fees • Cosmetic procedures • Weight loss programs, without a doctor's prescription
Dependent Care Flexible Spending Account	<ul style="list-style-type: none"> • Day care (while you work) for your eligible dependents younger than age 13 or those incapable of self-care • Summer day camp • Care in your home (the care provider cannot be your dependent or one of your children under age 19) 	<ul style="list-style-type: none"> • Care during your non-working hours • Care provided by a family member • Nursing homes • Healthcare expenses for your dependents

For a complete list of eligible expenses, visit www.irs.gov and click on "Forms and Publications" to see Publication 502 for healthcare expenses or 503 for dependent care expenses. You may also call the IRS at **1-800-829-3676**.

* If you are married and your spouse also has a Dependent Care FSA, your combined contribution limit is \$5,000 a year. If you are married and file a separate tax return, your maximum annual contribution is \$2,500. In addition, if you are married, you cannot contribute more than the lower of your or your spouse's earned income for the year. Additional limits apply if your spouse is disabled or a full-time student.

GETTING REIMBURSED FROM YOUR FSA

If you participate in the Healthcare Flexible Spending Account, YSA (our FSA administrator) will issue you a debit card to pay for eligible expenses. Using the card deducts the amount from your account automatically, or you may submit your expenses on the YSA Claim Reimbursement Form and receive a reimbursement from your account if you prefer. You should always request itemized receipts for your expenses, so that you have the necessary documentation when you need it. A statement of medical necessity may be required for certain items (e.g., vitamins, nutritional supplements or massage therapy) before reimbursement can be approved.

You cannot use a debit card for the Dependent Care Flexible Spending Account; claims can be submitted to YSA for reimbursement online or through a mobile app.

Note that YSA will not accept handwritten or verbal information from you. Itemized bills should include the date of service, a description of the service, the provider's name, the amount paid and the name of the recipient of the service.

With the Healthcare Flexible Spending Account, you may be reimbursed for the full amount of your annual election at any time during the year. With the Dependent Care Flexible Spending Account, you can only be reimbursed up to the value of your account at the time your claim is submitted. In addition, claims must be submitted after they are incurred; you cannot submit expenses that will be incurred in the future.



WHAT TO THINK ABOUT

- You decide how much to contribute to either or both Spending Accounts. The annual amount you elect to contribute is then deducted evenly from your paychecks throughout the year, before taxes are deducted. You save on federal and most state taxes.
- Remember that if you enroll in the Bronze HSA Plan and open an HSA, you can use a Healthcare FSA for dental and vision expenses only.
- When you have an eligible expense, such as day care for your child or a healthcare copayment, you're paid back from the tax-free money you set aside so you never pay taxes on this income.
- The Healthcare and Dependent Care FSAs operate separately. That means you can't use the money in your Healthcare FSA to pay for dependent care expenses and vice versa.
- **Very important!** Because of the pre-tax benefits, the IRS rules require that you forfeit any money left in your account at the end of the year. This means you must plan carefully.
- Use the Flexible Spending Account Estimator tools on the YBR enrollment website or ALEX to help you estimate how much to set aside, and how much you'll save on taxes.
- Expenses must be incurred prior to the end of the calendar year. However, you have until March 31 **after** the end of the calendar year to submit your expenses for the prior calendar year.

**FOR MORE INFORMATION ABOUT THE FLEXIBLE SPENDING ACCOUNTS,
VISIT THE YBR ENROLLMENT WEBSITE AT WWW.YBR.COM/AIRGAS
OR CALL 1-877-424-2363.**



LIFE INSURANCE AND AD&D

Airgas provides company-paid basic life insurance and basic accidental death and dismemberment (AD&D) insurance – at no cost to you! You may buy additional, voluntary coverage for yourself and your dependents at group rates. These coverages are provided through The Hartford.

The basic life insurance and AD&D coverages, and any optional life and AD&D insurance you buy, would pay a benefit to your beneficiary if you were to die. AD&D insurance can also provide income to you if you have an accidental loss (e.g., loss of a limb or the use of a limb; loss of sight, speech or hearing). The amount you receive is a percentage of the total coverage you elected, based on the severity of the accidental injury. For detailed information about these percentages, go to the YBR enrollment website.

The summaries here cover key features of our life insurance and AD&D benefits. See the YBR enrollment website for 2020 premiums for optional coverage and remember that your contribution is based on the amount of coverage you elect, the number of dependents you cover, your age and whether you use tobacco.

LIFE INSURANCE

Coverage Type	Coverage Options	Coverage Maximum	Who Pays
Basic Life Insurance	1x annual earnings as defined by the plan	\$50,000	Airgas
Optional Life Insurance (for you)*	Multiples of 1x to 4x your annual earnings as defined by the plan	Combined maximum for basic and optional life for Airgas associates: \$1,250,000	You pay group rates
Optional Spouse/Domestic Partner Life Insurance**	\$10,000 \$25,000 \$50,000 \$75,000 \$100,000	Up to 50% of the associate's coverage (basic and optional life) to a maximum of \$100,000	You pay group rates
Optional Child Life Insurance (per child)	\$5,000 \$10,000 \$15,000 \$20,000 \$25,000	Up to \$25,000 per child	You pay group rates

* Evidence of insurability/proof of good health is required for optional life coverage for yourself if you enroll other than when first eligible for coverage, increase coverage by more than one coverage level during Annual Enrollment, or elect coverage above the guaranteed issue amount of \$750,000, combined with Basic Life.

** Evidence of insurability/proof of good health is required for optional life coverage for your spouse/domestic partner if you enroll other than when first eligible for coverage, increase coverage by more than one coverage level during Annual Enrollment, or elect coverage above the guaranteed issue amount of \$50,000.



REMEMBER TO NAME A BENEFICIARY

Certain benefits, such as your Life Insurance, AD&D coverage, and Airgas 401(k) Plan require you to name a beneficiary. This is the person or entity who would receive the assets of these benefits in the event of your death.

Each plan requires a separate beneficiary election.

Take time during Annual Enrollment to name a beneficiary or, if you have already done so, review this information for accuracy. Remember, if you do not name a beneficiary, your assets would be distributed according to the terms of your plan which may not be how you would prefer them to be distributed.



AD&D INSURANCE

Coverage Type	Coverage Options	Coverage Maximum	Who Pays
Basic AD&D	1x annual earnings as defined by the plan	\$50,000	Airgas
Optional AD&D (for you)	Multiples of 1x to 4x your annual earnings as defined by the plan	Combined maximum for basic and optional AD&D: \$1,250,000	You pay group rates
Optional Family AD&D	Multiples of 1x to 4x your annual earnings as defined by the plan Note: This plan pays benefits for a loss affecting your spouse and/or immediate family members in percentages based on your elected coverage.	Combined maximum for your basic and optional AD&D coverages including family AD&D: \$1,250,000	You pay group rates

Dependent Coverage. For life insurance and AD&D coverage, dependent children include children up to age 26 or disabled children that are claimed as dependents on your income tax filings. Any life and/or AD&D coverage you elect for your spouse or domestic partner will end **on his/her 70th birthday**.

Additional Estate and Will Preparation Services. All Airgas associates may also contact The Hartford for estate guidance and will preparation services at no cost to you. Go to www.estateguidance.com/wills for more information and enter code: WILLHLF. These services are available regardless of whether you purchase any voluntary coverage.

WHAT TO THINK ABOUT

- Airgas pays the full cost of your basic coverages; you pay the full cost of any voluntary coverages you elect.
- There are no changes to our life and AD&D plans for 2020, but you should still review these coverages and update your elections and beneficiaries if needed.
- Typically, the right amount of coverage will depend on your age, your family situation, and other personal savings you may have.



**TO CONTACT THE HARTFORD, CALL 1-888-563-1124
OR GO TO [HTTPS://MYBENEFITS.THEHARTFORD.COM](https://mybenefits.thehartford.com).**

SHORT-TERM AND LONG-TERM DISABILITY

Disability benefits replace a portion of your income if you are not able to work because of an illness or injury. Airgas provides basic Short-term and Long-term Disability benefits at no cost to you. You may elect to increase your coverage through our voluntary “buy-up” plans. See the YBR enrollment website for 2020 premiums for both Short-term and Long-term Disability buy-up plans; your contributions will be based on your age and the amount of coverage you elect.

	Short-term Disability	Long-term Disability
When Benefits Begin	After seven calendar days of disability, provided you are disabled as determined by The Hartford Note: You must apply and submit medical evidence to begin payments	After a continuous disability period of six months (180 days), provided you are disabled as determined by The Hartford
Benefit Amount	Company-paid Short-term Disability*: 50% of your weekly earnings as defined by the plan (\$300 minimum/\$3,000 maximum per week) minus disability income from other sources including sick/banked sick time Buy-up Plan*: 60% of your weekly earnings as defined by the plan (\$300 minimum/\$3,000 maximum per week) minus disability income from other sources including sick/banked sick time If elected, this replaces the Company-paid Short-term Disability coverage	Company-paid Long-term Disability: 50% of your monthly earnings as defined by the plan (\$2,500 maximum benefit per month) minus disability income from other sources Buy-up Plan: 60% of your monthly earnings as defined by the plan (\$10,000 maximum benefit per month) minus disability income from other sources If elected, this replaces the Company-paid Long-term Disability coverage.
How Long Benefits Continue	For as long as you remain disabled as determined by The Hartford or up to 25 weeks, whichever is less	For as long as you remain disabled as determined by The Hartford or reach age 65 (If you are disabled on or after age 60, benefit duration is determined based on age when disabled) Note: Benefits related to mental illness and substance abuse end after 24 months
Evidence of Insurability/Proof of Good Health Requirements for Buy-up Plans	None required	None required

*California, New Jersey, New York, Hawaii, Rhode Island and Puerto Rico provide state-mandated disability coverage. If you work in one of these states, your Airgas STD benefit will be reduced by the amount you receive from the state plan.

MATERNITY BENEFIT

Airgas offers associates with a minimum of 1 year of service a company-paid Maternity Benefit. In addition to the Short-term Disability benefit paid through The Hartford, the Maternity Benefit will pay an associate on maternity leave up to 50% of salary for up to 6 weeks from the date of birth. Please note: The combination of the Short-term Disability benefit and the Airgas Maternity Benefit cannot exceed 100% of an associate's current weekly salary. If it exceeds 100%, the maternity benefit will be reduced so as not to exceed this amount.





PRE-EXISTING CONDITIONS

The core and buy-up LTD plans limit the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your policy or coverage increase, you will be covered for a disability due to that condition only if:

- you have not received treatment for your condition for 90 consecutive days while covered under the plan or
- you have been insured under this coverage for 365 days prior to your disability commencing.

Our disability plans have additional rules that may apply to these benefits. Please contact The Hartford at 1-800-549-6514 for information about the plans, when benefits are not paid, and when benefits are reduced by other income you receive during your disability.

WHAT TO THINK ABOUT

- Airgas pays the full cost of your basic disability coverages; you pay the full cost of the buy-up plans.
- If you work in CA, HI, NJ, NY, RI or PR, you are provided with state-mandated disability coverage. This can offset the amount you would receive from the Airgas Short-term Disability and buy-up plans. Please consider whether or not the buy-up plans are the best choice for you before enrolling.
- Using sick or banked sick time will reduce your STD benefit.

**TO FILE A DISABILITY CLAIM, CALL THE HARTFORD AT
1-800-549-6514 OR GO TO [HTTPS://MYBENEFITS.THEHARTFORD.COM](https://mybenefits.thehartford.com).**





OTHER AIRGAS BENEFITS

In addition to the health, disability and life insurance benefit elections that are made once a year (when you are first hired or during the Annual Enrollment period), Airgas offers several benefits that are available to you during the year. Your participation may be automatic, or you decide whether to enroll and when to elect coverage. Summaries of these programs are provided below; more information is available on Airnet and in your Associate Handbook.

401(K) PLAN

Airgas offers a 401(k) retirement savings plan to help you save for your retirement. A 401(k) plan is one of the best ways to save for retirement, and Airgas encourages all eligible associates to take advantage of this benefit, so that you can ensure a more secure financial future.

With the Airgas 401(k) plan, you can save from 1% to 75% of your pay through pre-tax and/or after-tax Roth contributions. After one year of service, Airgas will match 50% of the first 5% of your contributions to the plan. Your contributions and the company's matching contributions are always 100% vested – meaning you have the right to the full value of your account whenever you leave the company.

For 2020, the IRS has increased the annual amount limit for associate's 401(k) contributions:

	2020	2019
401(k) Elective Deferrals	\$19,500.00	\$19,000.00
Catch-Up Limit (Ages 50 and over)	\$6,500.00	\$6,000.00
Total Annual Contribution	\$26,000.00	\$25,000.00

All eligible newly hired associates are automatically enrolled in the Airgas 401(k) with a contribution election of 2%.

Automatic Increase in Annual Contribution (Set It & Forget It)

You can designate a specific date and percentage to increase your contribution automatically every year. If you are currently contributing at 4%, you can elect for your contribution rate to increase by 1% on January 1 of every year. This increase will take effect on the next pay cycle following the designated increase date. You can opt in or out of this election at any time.

Investment Choices

The Airgas 401(k) provides multiple investment choices, including stocks, target dated funds, bonds, or money market investments. This flexibility allows you to spread your contributions, or diversify, among different types of investments, making your retirement portfolio less susceptible to market changes.

Consult with your plan administrator or financial adviser to help you determine how to best use your Airgas 401(k) plan to prepare for your financial future.

The Airgas 401(k) plan is administered by T. Rowe Price. You can go to their website (rps.troweprice.com) to access your account and find helpful financial tools and information. You can also call 1-800-922-9945 for assistance.

REMINDER: CATCH-UP CONTRIBUTIONS FOR AGES 50 AND OVER

If you will be at least age 50 by December 31, 2020, you can make up to \$6,500 in catch-up contributions to your 401(k). This gives you an annual combined contribution maximum of \$26,000 per IRS guidelines. Make the most of it and consider contributing more pre-tax and/or after-tax Roth dollars for 2020!



EMPLOYEE ASSISTANCE PROGRAM (EAP)

As an Airgas associate, you are automatically enrolled in the Employee Assistance Program (EAP). This program provides professional, confidential telephone counseling services to you and your household members at no cost. Airgas pays the full cost of this benefit.

The EAP can help you resolve personal issues and problems before they affect your health, relationships and daily performance. This program is administered by LifeWorks, an independent, nationally respected provider of these services and is available 24 hours a day, 365 days a year for:

- Helpful information and resources (available online at www.lifeworks.com) including articles, books and audio on a variety of topics all available at no cost – check it out!
- Confidential counseling, referral and follow-up services to resolve personal problems, and
- Referrals to legal, financial or other services as necessary.

You can call the EAP any time at **1-888-267-8126** for:

- Marital, financial, child or elder issues,
- Problems with coworkers,
- Balancing work and family responsibilities,
- Stress management,
- Alcohol and drug abuse,
- Family/relationship concerns,
- Anxiety or depression, and
- Many other personal and family concerns.

If additional counseling services are needed, your EAP counselor will help you determine whether they are covered under your medical plan.

AUTO, HOME AND PERSONAL PROPERTY INSURANCE

You may elect auto, home and/or personal property insurance coverage with MetLife - at group rates at any time during the year. Your participation is completely voluntary and you enroll directly through MetLife (not as part of the initial or Annual Enrollment process). You pay the premiums for any insurance coverage you elect directly to MetLife.

If you have questions about these benefits – or would like a quote – call MetLife at **1-800-438-6388**. MetLife's Customer Service Representatives are available to help you with quotes, claims and other questions.

To enroll, access the MetLife website from the link on www.ybr.com/airgas.

PRE-TAX COMMUTER TRANSPORTATION BENEFIT

The Pre-Tax Commuter Transportation benefit offers significant savings for anyone using public transportation or public parking in their commute to work. You can elect deductions from your pay which are placed in an account for you to use when purchasing transportation or parking passes (up to \$265 per month for each, as allowed by the IRS).



OTHER COMPANY-PROVIDED BENEFITS

Check with your Human Resources Representative or visit Airnet for more information about:

- **Tuition Assistance.** If eligible, you may be reimbursed up to 100% of the cost of your tuition, registration fees, books and supplies for job-related courses that have been approved by your HR manager.
- **Scholarship Program for Dependent Children.** If eligible, your dependent, unmarried children up to age 23 may apply, provided they are enrolled in (or planning to enroll in) a full-time course of study at an accredited two or four year college, university, community college or vocational technical school. Airgas awards up to 20 scholarships each year, ranging from \$1,000 to \$2,000. Applications must be postmarked by May 1.
- **Paid Time Off.** Airgas provides paid vacation, sick leave, holidays, jury duty and funeral/bereavement leave in addition to the benefits outlined here.



THE ENROLLMENT PROCESS

Whether you're a new associate, or reviewing and updating your benefits during our Annual Enrollment period, it's very important that you take the time to make the right choices. Use the resources that are available to you, consult with your family, and then enroll by using the YBR enrollment website or by calling a YBR Customer Service Representative.

The YBR site contains all of the information you will need, including your benefit options and costs, a summary of changes, and videos and tools to help you make your decisions.



WHAT YOU'LL RECEIVE

During your enrollment period, you will receive information that explains the Airgas benefits that are available to you and outlines the enrollment process:

- If you have an e-mail address on file with YBR, you will receive an e-mail inviting you to visit the website to make your elections.
- If you do not have an e-mail address on file with YBR, you will receive a printed enrollment worksheet at your home address.

ENROLLMENT RESOURCES

You have many resources available to provide information about your Airgas benefits. Take advantage of them – as you make your benefit elections, throughout the year when you have questions, and to find tips on getting the most out of your coverage.

YBR Enrollment Website (www.ybr.com/airgas). This website is available year-round to provide information, tools and calculators to help you:

- Learn how your benefit plans work,
- Understand the services and costs that each option covers,
- Compare healthcare plans side-by-side,
- Estimate your medical and prescription drug out-of-pocket costs,
- Check out the HSA videos,
- Link to ALEX to help you select the right benefit options for you and your family,
- Estimate your need for Flexible Spending Accounts,
- Search for in-network doctors, dentists and eye doctors,
- Choose or change your beneficiary(ies) for life and AD&D plans,
- Estimate your need for disability buy-up coverage and/or optional life insurance, and
- Get answers to your benefits questions. Click the “Chat” button at the top of the site to chat live with a YBR Customer Service Representative (available Monday-Friday, 8 a.m.-9 p.m. ET). Click the “Contact Us” link at the top of the page to submit a question via the contact form outside of customer service hours.

Airnet. Visit Airnet for all enrollment communication materials, videos and presentations. Airnet also provides contact information and answers to frequently asked questions.

Airgas Benefits Directory (www.airgasbenefitsdirectory.com). YBR should always be your first source for details about your Airgas benefits. At times, you may need to contact a carrier directly – and some of our benefits (e.g., the 401(k) Plan) are administered by other vendors. The Airgas Benefits Directory is an additional resource for contact information for these vendors.



USING THE YBR ENROLLMENT WEBSITE

The YBR enrollment website provides step-by-step instructions to help you explore your options and enroll. If you need help, Customer Service Representatives can answer your questions or help you enroll.

If you are a new user, click “Are you a new user?” (under the Log On button) and then choose a user ID and password. You must also answer some security questions. (If you forget your password later, answering these questions correctly will allow you to reset your password.)

Whenever you return to the YBR enrollment website (or call YBR Customer Service), you will be asked for your user ID and password.

You will have the opportunity to review your elections before you submit them. Then, look for the “Completed Successfully” message to be sure your enrollment is complete. Of course, any time you complete an online transaction, it is a good idea to print a confirmation statement for your records before you log off. If you enroll through customer service, take no action or do not have an email address on file, you will receive a printed confirmation statement at your home address at the end of the enrollment period. If you have an email address on file and enroll on the website, an email containing your elections will be emailed to you. In addition, an electronic confirmation statement will be sent to your secure mailbox on the website at the end of the enrollment period. You will receive an email notifying you when this confirmation statement is available.



A NOTE ABOUT SECURITY.



YBR security procedures and technology are designed so that only you have access to your personalized information. When you log on to the YBR enrollment website or call the YBR Customer Service Center for the first time, you will be asked certain information to authenticate your identity. For your protection, do not share your user ID or password with anyone.



USE THE TOOLS AVAILABLE ON THE YBR ENROLLMENT WEBSITE TO HELP YOU LEARN MORE ABOUT YOUR BENEFIT OPTIONS AND COSTS, AND TO CHOOSE THE PLANS THAT ARE RIGHT FOR YOU AND YOUR FAMILY.



REQUIRED ENROLLMENT NOTICES



This section provides important information about your enrollment rights and protections.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

Federal law allows special enrollment rights to allow you to elect health coverage or add dependents in the case of certain events:

- **After declining health coverage.** If you decline enrollment for yourself or your dependents because you have other health insurance coverage, you may be able to enroll yourself and/or your dependents in company-sponsored coverage in the future provided you request enrollment within 31 days after your other coverage ends.
- **New dependents.** If you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new dependents provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.
- **Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program (CHIP) is in effect, you may be able to enroll yourself and your dependents if you or your dependents lose eligibility for that other coverage, provided you request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or CHIP.
- **Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under the company's plans, you may be able to terminate your Airgas coverage for yourself and your dependents, provided you request enrollment in the other plan within 60 days after your or your dependents' determination of eligibility for such assistance.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. This law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy, will also receive coverage for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedemas

Coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.



SUMMARY OF BENEFITS AND COVERAGE NOTICE

You can find information on all of our plans in the format required by the Affordable Care Act (called Summary of Benefits and Coverage, or SBC), on the YBR enrollment website at www.ybr.com/airgas under the "Plan Information" section. These summaries may be helpful to provide more information about Airgas benefits, or to compare our plans to others, such as plans available to you through your spouse's employer.



YOUR PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) requires the federal government to issue national standards to protect the privacy of personal health information for purposes of treatment, payment, and healthcare operations.

The Airgas group health plans maintain a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the plan. If you would like a copy of the Notice of Privacy Practice, contact YBR at 1-877-424-2363 or via www.ybr.com/airgas.

GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)

The Genetic Information Nondiscrimination Act (GINA) was effective January 1, 2010. Airgas is in compliance with GINA. GINA prohibits using genetic information to discriminate with respect to health benefits. Employer-sponsored group health plans and insurers are prohibited from:

- Restricting enrollment or adjusting premiums based on genetic information; and
- Requiring or requesting genetic information or genetic testing prior to, or in connection with, enrollment.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA)

Under federal law, group health plans and health insurance issuers offering group health insurance generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the plan or issuer may pay for a shorter stay if the attending physician (e.g., your physician, nurse, midwife, or a physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other healthcare provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives you and your dependents the right to temporarily continue healthcare coverage for a period of time if your Airgas coverage ends due to a qualifying event such as termination of employment.

You will receive an initial COBRA notice when you are first hired, as required by federal law. If you leave Airgas employment or experience a COBRA qualifying event, you will receive a more detailed COBRA notice with information on how to continue coverage and the cost of continuation coverage from YBR.



Airgas[®]

an Air Liquide company

you **drive.** you **decide.**