



# A&B Benefits



Your 2017 Enrollment Guide



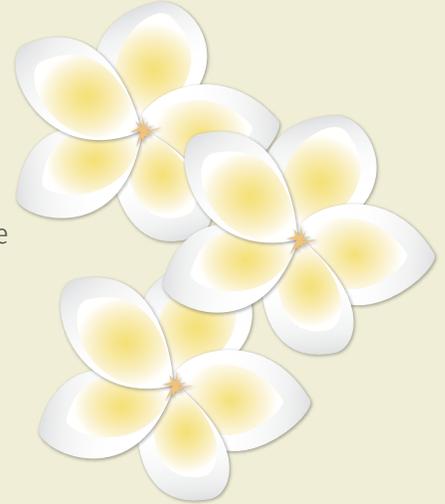
## Our Commitment to You

Alexander & Baldwin, LLC (“A&B”) is committed to providing an employee benefits program that is equitable, comprehensive, and competitive. Because our employees are at different phases of their lives, A&B also offers more than one choice for many of our benefit plans.

Each year during Open Enrollment, you have an opportunity to enroll, drop, or change your current year’s elections.

## Learning About Your Benefits

This guide provides a current overview of the A&B Benefits Program. We encourage you to refer to this guide and the *Medical Plan Comparison Chart*, as well as the *Benefits Handbook*, throughout the year, available online at [www.flexab.com](http://www.flexab.com).



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### Helping You Make Your Choices

Along with this guide, please refer to the *Medical Plan Comparison Chart* and other materials to help you understand your benefits and enroll.

As you are making decisions about coverage or using your benefits during the year, the A&B Human Resources Department is here to help.

Note that this guide does not provide complete details on any of the specific benefit plans. For more information, refer to the Alexander & Baldwin, LLC Benefits Handbook, available online at [www.flexab.com](http://www.flexab.com). If you do not have access to the Internet, you may request a copy of the handbook from your local Human Resources Representative.

## YOUR A&B BENEFITS PROGRAM OVERVIEW

### Who Is Eligible?

As a regular full-time salaried, non-bargaining U.S. employee—or an employee working in a U.S. territory or possession—you are eligible to enroll in the A&B *Benefits* Program. You may also enroll your eligible dependents in the medical, dental, vision, accidental death and dismemberment (AD&D), and dependent life insurance plans. Your eligible dependents include your:

- ▶ Legally married spouse (unless you are legally separated)
- ▶ Children:
  - For medical, dental, vision, and dependent life benefits, your children up to age 26, regardless of student or marital status, are eligible for coverage—as are children of any age who have total and permanent disabilities. They are also eligible for the prescription drug and vision benefits available through the medical plans.
  - Of any age with total and permanent disabilities and dependent mainly on you for care and support. Please note that Dependent Life Insurance coverage cannot be extended due to a disability; a dependent child's life insurance coverage ends when he or she reaches age 26, as applicable.

For newly enrolled dependents, you must provide proof of eligibility, such as a marriage certificate, birth certificate, guardianship, or adoption documents. For stepchildren, both a birth certificate and marriage certificate between you and your spouse is required. Contact the A&B Human Resources Department if you have any questions on required documentation.

# 2017



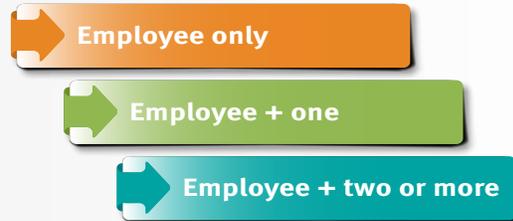
## Your Enrollment Options

Your A&B Benefits Program allows you to choose the appropriate coverage category. You may elect one of the three medical and dental coverage options shown.

See *Who Is Eligible* on page 1 for a list of eligible dependents.

When you enroll in a medical plan, you and your covered dependents automatically receive vision coverage. You may make separate elections for medical/vision and dental coverage. For example, you may elect to cover just yourself and your child in your medical/vision plan, but enroll your entire family in dental coverage.

You also have the ability to waive Company-provided medical coverage. If you elect to waive medical coverage, you will receive a \$150 monthly payment from the Company (\$1,800 annually). These payments are taxable. When making this decision, you should carefully consider who in your family needs coverage. On page 6, you'll find some *Things To Consider* regarding this important decision.



## What A&B Pays

A&B shares the cost of your health care premiums—and pays the majority of the cost for you and your family. To help you design your own benefits package, A&B provides you with a variety of benefit choices. The amount you contribute toward the cost of your benefits is based on the following:

- ▶ **The type of plan you elect**—a plan with more generous benefits is usually more expensive than one with less generous benefits;
- ▶ **How many dependents you choose to cover**—if you, your spouse, or your children have coverage elsewhere, you may wish to exclude them from your coverage to lower your out-of-pocket costs; and
- ▶ **The amount of life, and AD&D insurance you elect**—the cost is based on your age and base salary.

For most plans, your contributions are taken out of your paycheck on a before-tax basis for you and your family members, which saves you money.

## HealthWise Wellness Dollars

If you and your spouse are covered under the Company's medical plan and each earn 15 wellness points by November 30, 2016, your annual medical premium will be reduced by \$300 for each of you in 2017.

### Your employer pays:

- **Medical** – approximately 80% or \$150/month if you waive coverage
- **Dental** – 100%
- **Life Insurance** – 100% up to 2x your base salary
- **AD&D** – 100% up to 1x your base salary
- **LTD** – 100%



## Covering Non-Tax Dependents

Due to Internal Revenue Code (IRC) restrictions, the contribution A&B makes toward the cost of benefits for individuals who are not eligible for tax-free coverage—such as certain children over age 23 who are otherwise eligible for A&B benefits—generally will be treated as taxable income to you. Also, any contribution you make toward the cost of such coverage must be paid for on an after-tax basis. However, these rules will not apply if your child qualifies for tax-free coverage under the IRC and you certify their tax status.

If you can claim a federal tax exemption for your child, he or she is eligible for tax-free coverage.

For more information about eligibility for tax-free coverage, refer to IRS Publications 17 and 501, available at [www.irs.gov](http://www.irs.gov), or consult your tax advisor.

For more information, contact your local Human Resources Representative.



## Your A&B Benefit Choices

Your options under A&B Benefits Program include:

 <b>Medical Coverage</b>	You have a choice of medical plan options for you and your family. Medical coverage automatically includes vision coverage.
 <b>Dental Coverage</b>	Coverage is under the Delta Dental/HDS Plan for you and your family.
 <b>Long-Term Disability (LTD) Insurance</b>	You're automatically enrolled in LTD insurance coverage. Monthly benefit is 60% of your base salary.
 <b>Employee Life Insurance</b>	You're automatically enrolled in basic employee life insurance coverage for 2x your annual base salary. You can choose to buy more coverage for yourself or elect a flat coverage amount of \$50,000.*
 <b>Accidental Death and Dismemberment (AD&amp;D) Insurance</b>	You're automatically enrolled in basic AD&D insurance coverage for 1x your annual base salary. You can choose to buy more coverage. Coverage is provided automatically for your family if you elect additional AD&D coverage for yourself.
 <b>Business Travel Accident (BTA) Insurance</b>	When you travel on Company business, you are automatically covered by Business Travel Accident Insurance, at no cost to you, at 3x your annual base salary.
 <b>Dependent Life Insurance</b>	You may choose from two levels of coverage for your spouse and one level of coverage for your dependent children.
 <b>Health Care and Dependent Care Reimbursement Accounts</b>	Tax-advantaged ways to pay for common types of health care and dependent day care expenses.
 <b>Transportation Benefit Plan</b>	Tax-advantaged ways to pay for your parking and commuting expenses.

\*You may choose to elect the flat \$50,000 coverage option in lieu of 2x annual base salary coverage to avoid imputed income (tax) on amounts of coverage in excess of \$50,000.

## A CLOSER LOOK AT YOUR OPTIONS

### Your Health Care Options

#### Medical

Through your A&B *Benefits* Program, you have a choice of medical plan options. Each plan provides essential medical coverage and gives you the opportunity to balance the level of benefit you can receive and the payroll deduction you pay for these benefits.

The medical plan options provide coverage based on your use of the participating network of doctors and hospitals. HMO plans generally require that all non-emergency care be received through network or participating providers. While online directories are available at each medical carrier's website, you should always check with your doctor for the most current information, since directories are updated two to three times a year.

Each A&B medical plan has powerful online tools for you to access information on health topics, treatment options, and tips for maintaining a healthy lifestyle. They also provide members the opportunity to set up a secure personal account with direct online access to information about benefits, coverage, claims, and more. Depending on your plan, you may also be able to make doctor appointments online; refill prescriptions; search for a new doctor by specialty, location, or other criteria; request a duplicate ID card or updates to medical records; check on a claim's status; or download standard forms.

#### Notice Regarding "Grandfathered Plan" Status

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (PPACA), making health reform certain and expanding coverage to all Americans over the next several years.

A&B believes that the following health plans meet the criteria of the federal Affordable Care Act to be considered "grandfathered" plans:

- ▶ HMSA Preferred Provider Plan (PPO Plan) 
- ▶ HMSA Health Plan Hawaii Plus (HMO Plan) 

As permitted by the PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the health plan may not include certain consumer protections of the PPACA that apply to other plans (for example, the requirement to provide preventive health coverage without any cost sharing). However, grandfathered health plans must comply with certain other consumer protections in the PPACA (such as the elimination of lifetime limits on benefits).



Details about each of the medical plan options can be found in the Medical Plan Comparison Chart that is posted online at [www.flexab.com](http://www.flexab.com).

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status, can be directed to A&B's Plan Administrator by calling 808-525-6611. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

## Dental

You can choose dental coverage under the Delta Dental/HDS Plan. It covers 100% of eligible diagnostic and preventive care expenses, such as routine exams and cleanings. There are no plan deductibles to meet. For other eligible dental expenses and benefit maximums, see the table below.

All eligible expenses are subject to reasonable and customary (R&C) rules. R&C charges are the fees for a service or supply that fall within the health plan provider's definition of eligible charges.

### Delta Dental/HDS Plan

Preventive care expenses are paid at 100%, then the plan pays the following benefits for other eligible dental services:

- 70% for restorative and major dental services, up to a maximum benefit of \$2,000 per year
- Orthodontia will be covered at 70%, up to a maximum lifetime benefit of \$1,500 for each child

## Vision

If you elect HMSA medical coverage, you and your covered dependents automatically receive vision benefits through VSP. However, if you enroll in the Kaiser HMO, you will receive vision benefits through your medical plan.

The plan pays greater benefits when you use VSP doctors. If you use non-VSP providers, also known as "Open Access Providers"—which include Costco—you pay for the service up front, and then file a claim for reimbursement with VSP. For more details, see the VSP table on page 6.

VSP offers special discounts through VSP doctors for laser eye surgery and rebates for annual supplies of certain brands of contact lenses. You also receive a 20% savings on frames that exceed the plan allowance and extra pairs of glasses, including sunglasses. For more information, visit [www.vsp.com](http://www.vsp.com) to view your benefits, or call VSP toll-free at 800-877-7195, Monday through Friday, 5:00 a.m. to 7:00 p.m. PST or Saturday, 6:00 a.m. to 5:00 p.m. PST to speak with Member Services.



VSP – VISION CARE			THROUGH EITHER A...	
Benefit	Availability*	Your Copayment	VSP Doctor	Non-VSP Doctor
Exam	12 months	\$10	Plan pays 100%	Plan pays up to \$50
Lenses	12 months	\$25 (applies to spectacle lenses and frames, combined)	Plan pays 100%	Plan pays up to: -\$50 for single -\$75 for bifocals -\$100 for trifocals
Frames	24 months	N/A	Plan pays up to \$130	Plan pays up to \$70
Contact Lenses (in lieu of glasses)	12 months	None	Plan pays up to \$130	Plan pays up to \$105

The plan allowance for contact lenses applies to the cost of your contact lens exam (this exam is in addition to your routine eye exam) and/or your contact lenses. When you see a VSP doctor, your out-of-pocket cost for the contact lens exam will not exceed \$60, and the exam will be discounted 15%.

Additional Prescription Eyeglasses and Non-prescription Sunglasses: You'll receive 30% off unlimited additional pairs of prescription glasses and non-prescription sunglasses if you purchase them on the same day as your eye exam from the same VSP doctor.

\*Frequency is measured from the last date of service, even if the last time you obtained services you were enrolled with VSP through another employer.

## THINGS TO CONSIDER:

### Weighing Your Health Care Options

All of the A&B medical options provide comprehensive coverage—and all have different price tags. You can expect to pay higher employee contributions for a plan that pays higher benefits. For details on the medical plans, see the *Medical Plan Comparison Chart* and your *Alexander & Baldwin, LLC Benefits Handbook*, both posted online at [www.flexab.com](http://www.flexab.com).

You should also review other coverage options through your spouse's medical plan. There is usually little financial advantage to covering yourself and/or your dependents under two plans since in most cases you would be paying employee contributions for both plans every month.



## Your Insurance Options

Disability and life insurance are designed to provide a level of financial protection in the event of a disabling illness, injury, or death. A&B offers several plans and coverage levels that can help you put together an appropriate level of protection.

A&B automatically provides basic life, disability and accidental death and dismemberment (AD&D) benefits for you. You may purchase supplemental life and AD&D coverage as described below. Visit [www.flexab.com](http://www.flexab.com) for more information.

### Long-Term Disability Insurance

If you are unable to work due to an illness (including pregnancy) or injury that has lasted more than 26 weeks, you may be eligible to receive LTD benefits. Your LTD benefit is 60% of your monthly base salary, up to \$15,000.

These benefits will be offset by any other disability benefits and work earnings you are eligible to receive. For benefit purposes, your monthly base salary equals your monthly rate of base earnings as defined by the plan. For details and definitions of these terms, refer to the *Alexander & Baldwin, LLC Benefits Handbook* at [www.flexab.com](http://www.flexab.com).

If you become disabled and receive LTD benefits, those benefits are considered taxable upon payout to you.

### Employee Life Insurance

Employee Life Insurance pays a benefit to your beneficiary(ies) if you die while covered under the plan. This coverage also includes a terminal illness benefit, which pays a portion of your coverage amount to you if you become terminally ill.

- ▶ You have a choice of a basic Employee Life Insurance benefit equal to two times your annual base salary or you may elect a flat coverage amount of \$50,000. You may choose to elect the flat \$50,000 coverage option in lieu of 2x annual base salary coverage to avoid imputed income (tax) on amounts of coverage in excess of \$50,000.
- ▶ You may purchase supplemental coverage in the amounts of one, two, or three times your annual base salary, up to a combined maximum benefit of five times your annual earnings to \$1,000,000.

### Coverage May Not Be Automatic

At their initial enrollment, new hires may purchase supplemental coverage by more than one level of their annual base salary. Any amount exceeding \$500,000 will require evidence of insurability (proof of good health).

Thereafter, you may increase your coverage at each Open Enrollment or as a result of a qualifying “change in status” (see *If your Needs Change After Enrollment* on page 15).



### Business Travel Accident Insurance

A&B provides you with Business Travel Accident (BTA) Insurance when you travel on business for the Company—at no cost to you. Your BTA coverage is equal to three times your annual base salary, up to a maximum of \$500,000. This coverage is extended to cover a personal trip of up to seven days when it immediately precedes or follows a business trip that is covered by A&B’s BTA plan.

- ▶ Making arrangements for your family’s security is an important part of planning for your total life needs.
- ▶ You and your spouse should review and determine the adequate amount of coverage.

Evidence of Insurability will be required as follows:

- Your election for an additional level takes your total coverage amount (basic plus the supplemental) in excess of \$500,000. Evidence of Insurability will need to be provided on the excess coverage amount.
- You are electing more than one level of increase even if the new election will not exceed \$500,000. Evidence of Insurability will need to be provided on the full increase amount you are electing.

## Accidental Death and Dismemberment (AD&D) Insurance

AD&D Insurance provides you with an extra measure of protection. Under this plan, you and/or your beneficiary(ies) receive a benefit in the event you or a family member dies or suffers a covered loss as a result of an accident.

- Your basic AD&D insurance benefit provided by A&B to you is one times your annual base salary.
- In addition to the basic AD&D insurance benefit, you may purchase supplemental AD&D coverage with a maximum total combined basic and supplemental coverage of five times your annual base salary up to \$500,000. If you elect supplemental AD&D coverage, your eligible dependents are eligible for AD&D coverage based on the amount of your election as follows:

Your Supplemental AD&D Coverage:	THE AD&D COVERAGE AMOUNT FOR YOUR...	
	Spouse will be:	Child(ren)* will be:*
Supplemental AD&D of an additional 1 X annual earnings for a total coverage amount of 2 X your annual earnings	\$20,000	\$6,000
Supplemental AD&D of an additional 2 X annual earnings for a total coverage amount of 3 X your annual earnings	\$30,000	\$7,000
Supplemental AD&D of an additional 3 X annual earnings for a total coverage amount of 4 X your annual earnings	\$40,000	\$8,000
Supplemental AD&D of an additional 4 X annual earnings for a total coverage amount of 5 X your annual earnings	\$50,000	\$10,000

\*Benefit amount shown is per each covered child

## Dependent Life Insurance

Dependent Life Insurance pays a benefit to you in the event a covered dependent dies. You may elect this coverage for your dependents as follows:

THE FOLLOWING LIFE INSURANCE COVERAGE AMOUNTS ARE AVAILABLE FOR YOUR...		
Spouse	Child(ren)	Family
\$10,000	\$5,000*	\$10,000/\$5,000
\$20,000	\$5,000*	\$20,000/\$5,000

\*The child(ren) benefit amount shown is per each covered child; the cost, however, is the same regardless of the number of children covered. The coverage amount for children under the age of three will be reduced. Infants under the age of 30 days are not covered.



### Supplemental AD&D Coverage Amounts for Spouse and Child(ren)

You can choose to cover your dependent spouse and child(ren) with AD&D coverage.

You pay for Dependent Life Insurance on an after-tax basis.

**THINGS TO CONSIDER:****How much life insurance do you need?**

When reviewing your coverage under the Employee Life, Dependent Life, and AD&D insurance plans, you should think about your financial responsibilities. Similarly, you should consider how much money you would need to cover the expenses associated with the death of a dependent.

**Is your beneficiary information current?**

When you enroll for benefits, be sure to designate/redesignate a beneficiary for your life and AD&D insurance on the new enrollment system. If you choose coverage for your family, you will be the beneficiary.

At other times throughout the year, including Open Enrollment, review and update your designated life insurance beneficiaries in the on-line enrollment system.

**The Reimbursement Accounts**

A&B offers two tax-free reimbursement accounts, which let you direct tax-free money to a special account to pay for common types of health care or dependent day care expenses. This money is deducted from your pay before taxes are calculated, which lowers your taxable income—and your taxes.

Here's how they work:

- 1. Estimate Your Expenses.** Estimate your expenses for the Plan Year (January 1 through December 31). The worksheets on page 12 can help you estimate your expenses.
- 2. Make Contributions.** Your before-tax payroll deductions are deposited into your Account(s) in equal amounts each payroll period. You may contribute up to \$2,550 into the Health Care Reimbursement Account and \$5,000 into the Dependent Care Reimbursement Account. **Please note:** The IRS may soon raise the contribution limits for Healthcare and Dependent Care Reimbursement Accounts. A&B will let you know if and when the IRS takes these steps. If you have questions, please contact your local Human Resources Representative.
- 3. File for Reimbursement.** When you incur eligible expenses, you pay for the expense first, including any applicable copays, deductibles, or coinsurance. Then, submit your claim for reimbursement, including your receipt or Explanation of Benefits (EOB) as proof of the expense.

You can be reimbursed for health care expenses at any time during the year, up to the full annual health care contribution you elected. Dependent day care expenses can be reimbursed up to the amount currently in your Dependent Care Reimbursement Account. If there is not enough money in your Account when a claim is submitted, you will receive a partial payment and be automatically reimbursed for the balance of the claim as you make additional contributions to your account.

**Access to Your Accounts**

You have 24-hour access to your account balances at [www.mypayflex.com](http://www.mypayflex.com).

For your first visit to the website following enrollment, enter your Social Security number as the member ID and your home zip code as the password (you will be asked to change your password for security purposes).

You may also call PayFlex, A&B's claim administrator, at 800-284-4885.

**MasterCard® Debit Card**

When you enroll, you will receive a MasterCard® debit card from PayFlex. If your provider accepts payment by MasterCard®, you may use this card to pay for your eligible health care or dependent care expenses instead of filing a claim. The amount charged will be deducted from your Reimbursement Accounts. Keep in mind that you may only use the card to pay for expenses that you incur in that same calendar year (i.e., you cannot use it in 2017 to pay for expenses you incurred in 2016).

You have until March 31, 2018 to submit claims for expenses incurred in the 2017 calendar year. Claims submitted after the deadline will not be processed for reimbursement.

	HEALTH CARE REIMBURSEMENT ACCOUNT	DEPENDENT CARE REIMBURSEMENT ACCOUNT
<b>Your Before-tax Contributions per Year</b>	Minimum: \$24 Maximum: \$2,550	Minimum: \$60 Maximum: \$5,000 if single or married and filing jointly (\$2,500 if married and filing separately)
<b>Tax Note</b>	You cannot deduct reimbursed expenses on your federal income tax return.	You cannot use reimbursed expenses for the Dependent Care Tax Credit on your federal income tax return.

## Health Care Reimbursement Account

You may enroll in the Health Care Reimbursement Account, even if you are not covered by a medical plan offered by the Company. Eligible expenses include deductibles, copayments, and coinsurance for a variety of expenses as noted below.

ELIGIBLE HEALTH CARE EXPENSES		
<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Alcoholism/drug addiction treatment</li> <li>Birth control pills/devices</li> <li>Chiropractors' fees</li> <li>Contact lenses, solutions, and supplies</li> <li>Hospital bills</li> <li>Insulin</li> <li>Laboratory fees</li> <li>Lasik eye surgery</li> </ul>	<ul style="list-style-type: none"> <li>Massage therapy when prescribed by a physician</li> <li>Orthodontia</li> <li>Orthopedic shoes</li> <li>Physical examinations</li> <li>Physical therapy</li> <li>Physician-prescribed weight loss programs to treat a specific disease such as high blood pressure (excluding food replacement)</li> </ul>	<ul style="list-style-type: none"> <li>Physician-directed smoking cessation programs and medication</li> <li>Prescribed medicine</li> <li>Prescription sunglasses</li> <li>Psychiatric therapy and treatments</li> <li>Speech therapy</li> <li>Substance abuse treatment</li> </ul>
<p><b>Please Note:</b> All claims for health and dependent care must be incurred in the election year and must be submitted by March 31 of the following year.</p>		

## Ineligible health care expenses

include premiums or contributions for benefits coverage, cosmetic surgery, dietary supplements or vitamins, over-the-counter or non-prescription medications, cosmetics and toiletries, and services not performed or supervised by a qualified health care professional. Also, expenses incurred for individuals who do not qualify for tax-free coverage under the Internal Revenue Code are not eligible.

## Ineligible dependent day care expenses

include food, clothing, education, payments to a dependent relative, or care during nonworking hours.

**For a complete list** of eligible expenses, log on to [www.irs.gov](http://www.irs.gov) to retrieve IRS Publication 502 (Health Care) and IRS Publication 503 (Dependent Care).



### *The Dependent Care Reimbursement Account*

When you participate in the Dependent Care Reimbursement Account, your pre-tax contributions can pay for day care expenses incurred for “qualified persons” in order for you to work or look for work. If you are married, you may participate in the plan as long as your spouse works full-time, attends school full-time for at least five months out of the year, or is disabled and unable to care for your dependents.

“Qualified persons” may include your children, parents, or spouse. To qualify, the IRS says your dependent must live with you and be claimed as a dependent on your federal income tax return. Your dependent qualifies if he or she is either under age 13 or physically or mentally disabled, regardless of age, and unable to be self-reliant while you are working.



#### ELIGIBLE DEPENDENT CARE EXPENSES

- Child or adult day care services provided in your home, including employment taxes paid on behalf of your employee
- Child or adult day care services provided at someone else’s home or from a licensed day care facility
- A portion of wages for a housekeeper whose duties include caring for a qualified dependent
- Day camp

**Please Note:** All claims for health and dependent care must be incurred in the election year and must be submitted by March 31 of the following year.

### *Estimating Your Expenses*

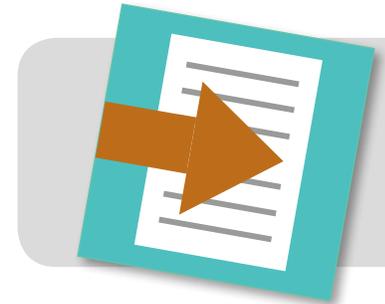
The worksheets below can help you estimate your likely health care and dependent care (child or elder care) expenses for the coming year.

#### **Important IRC Rules**

- Any money in your Accounts that is not used by the end of the Plan Year is forfeited. Be careful to contribute the right amount to match your needs.
- You cannot stop or change contributions during the year unless you have a qualifying change in status (see *If Your Needs Change After Enrollment* on page 15).
- Money may not be transferred between the two Accounts.

## HEALTH CARE REIMBURSEMENT ACCOUNT WORKSHEET

List the amount you spent or anticipate spending for:	This year's actual expenses	Next year's projected expenses
1. Medical deductibles and copayments	\$	\$
2. Dental deductibles and copayments	\$	\$
3. Prescription drugs	\$	\$
4. Vision deductibles and copayments	\$	\$
5. Medical, dental, prescription drug, and vision care expenses that are not covered by insurance	\$	\$
6. Physical exams, well-baby care, and immunizations	\$	\$
7. Orthodontic services*	\$	\$
8. Chiropractic, acupuncture, shiatsu, etc.	\$	\$
9. Other out-of-pocket health care expenses	\$	\$
<b>Your Health Care Reimbursement Account contribution amount (maximum amount is \$2,550)</b>	<b>Annual =</b> <b>Per Paycheck =</b>	<b>\$</b> <b>\$</b>



\*The Health Care Reimbursement Account may only reimburse orthodontia expenses for actual services received during the first year of treatment. For example, assume your provider bills you \$1,500 up front for a two-year treatment plan in one lump sum, and your expenses in the first year are \$500. The Health Care Reimbursement Account can only reimburse you \$500 in year one and nothing in year two.

## DEPENDENT CARE REIMBURSEMENT ACCOUNT WORKSHEET

List the amount you spent or anticipate spending for:	This year's actual expenses	Next year's projected expenses
1. Babysitter (full-time so you can work)	\$	\$
2. Qualified day care center	\$	\$
3. Nursery school or preschool tuition	\$	\$
4. Summer day camp (other than for teaching a specific skill)	\$	\$
5. After-school or before-school care	\$	\$
6. Housekeeper expenses in connection with dependent care	\$	\$
7. Adult day care	\$	\$
<b>Your Dependent Care Reimbursement Account contribution amount (maximum amount is \$5,000)</b>	<b>Annual =</b> <b>Per Paycheck =</b>	<b>\$</b> <b>\$</b>

## The Transportation Benefit Plan

The Transportation Benefit Plan can help reduce your commuting costs by allowing you to use pre-tax dollars to pay for mass transit or parking expenses related to your regular commute to work.

### How the Plan Works

If you incur commuting expenses on a regular basis, you may enroll in either the commuting and/or parking accounts. The amount you elect will be withheld from your pay before federal and state taxes, which means your commuting and/or parking costs are tax-free.

PayFlex administers this program. Your claim to PayFlex should include your receipts or used tickets for reimbursement. Claim forms are available from your Human Resources department, or online through your Company's intranet or at [www.flexab.com](http://www.flexab.com). Alternatively, you may pay for your commuting expenses with a MasterCard® debit card from PayFlex, if your commuting or parking provider accepts payment by MasterCard®. You have 180 days to file a claim for reimbursement for your commuting and parking expenses.

You may stop participating at any time; however, you may not re-enroll until the following year. Any unused balance remaining at the end of the Plan Year cannot be refunded to you and will be carried over into the new Plan Year. Please note that if you have any rollover of funds from one year to the next, you must enroll in the Transportation Benefit Plan for the next year in order to access those funds in your account.

You can access your account online at [www.mypayflex.com](http://www.mypayflex.com).

### Eligible and Ineligible Expenses

Each month, you can claim up to:

- ▶ \$255 for commuting expenses; and/or
- ▶ \$255 for parking costs.

Maximums are subject to change by the IRS each year—the above amounts reflect 2016 limits. Expenses must meet the eligibility requirements outlined in the chart below.

ELIGIBLE COMMUTING BENEFITS	ELIGIBLE PARKING BENEFITS
Tickets, passes, tokens, vouchers, or fares for buses, trains, subways, streetcars, ferries, commercial vanpools, or other forms of mass transit.	The cost of parking at or near your workplace, or at a park-and-ride lot at a transit station.
INELIGIBLE COMMUTING/PARKING BENEFITS	
Transportation in personal cars or vans, casual carpools, or taxis; tolls and traffic tickets; fuel, mileage, or other vehicle operating costs; expenses incurred for parking at your spouse's place of work, unless it is near your office; parking at a shopping mall or other location where you stop on your drive to or from your work location; free parking that is provided at your work or any amounts you claim as a deduction on your federal income tax return. In addition, you may not participate in the Plan if you receive an auto expense allowance.	



### MasterCard® Debit Card Tips

1. Make sure you have enough funds in your account before using the card.
2. Keep all receipts in the event PayFlex requests proof of the expense.

### Changing Your Election

You may change your Transportation Benefit Plan election three times a year. To make an election change, you must send or email your request at least 30 days prior to the effective date to the A&B Human Resources Department.

## IT'S TIME TO ENROLL

Now that you've reviewed your A&B *Benefits* Program choices, it's time to enroll.

When you enroll in A&B medical and dental benefits, there are three coverage levels to meet your needs. You choose plans that are right for you and the coverage levels for each plan:

- Employee only,
- Employee plus one eligible dependent, or
- Employee plus two or more eligible dependents.

See *Who Is Eligible* on page 1 for a list of eligible dependents.

### If You Are Currently Enrolled in A&B *Benefits*

Your current health plan and other benefit coverage's will carry over into 2017, unless you make changes online during the Open Enrollment period.

You **MUST** make new elections online for section 125 spending accounts (medical, dependent care) and the transportation benefit; if you do not, please note that your current elections **will not** carry over into 2017.

### If You Don't Enroll

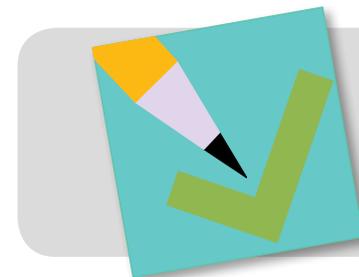
If you do NOT go online to enroll for 2017 benefits, you will automatically be enrolled in your current medical plan with your current elections. You will also be automatically enrolled in dental, vision, long-term disability, basic life insurance, basic accidental death and dismemberment insurance, and business travel accident insurance.

### If You Are a New Hire

To make your A&B *Benefits* Program elections, log on to [www.flexab.com](http://www.flexab.com). You must complete your enrollment by the date requested, or you will receive the default package of benefits described below and your dependents will not receive any coverage.

A&B wants you to have at least a basic level of protection. If you are a new employee and do not complete your initial enrollment by the date requested, you will receive only the coverage below. Your dependents will not receive coverage.

- **Medical and Dental** coverage for yourself only under plans specified by the Company, unless you provide proof that you are covered under another plan, such as your spouse's medical or dental plan
- **Long-Term Disability (LTD) Insurance** equal to 60% of your monthly base salary, up to a maximum benefit of \$15,000 per month
- **Employee Life Insurance** coverage equal to two times your annual base salary
- **Accidental Death and Dismemberment (AD&D) Insurance** coverage equal to one times your annual base salary
- **Business Travel Accident (BTA) Insurance** coverage equal to three times your annual base salary, up to a maximum benefit of \$500,000



#### How to Enroll

Please refer to the enrollment instructions included with your packet.

## If Your Needs Change After Enrollment

The choices you make now regarding your A&B benefits will remain in effect for the entire Plan Year (January 1 through December 31, 2017). That's why it's important for you to carefully review your options before completing your enrollment.

The only time you can change a benefit election during a Plan Year is when you have a qualifying "change in status" under the Internal Revenue Code, as described below:

### Changes in Status

- ▶ **Legal marital status** – An event that changes your legal marital status, including marriage, divorce, death of a spouse, legal separation, or annulment.
- ▶ **Number of dependents** – An event that changes your number of dependent children, including birth, death, adoption, and placement for adoption.
- ▶ **Employment status** – An event that changes your, your spouse's or your dependent child's employment status, resulting in a gain or loss of eligibility for coverage. Examples include:
  - Beginning or terminating employment
  - Starting or returning from an unpaid leave of absence
  - Changing from part-time to full-time employment or vice versa
  - A change in worksite
- ▶ **Dependent status** – An event that causes your dependent children to become eligible or ineligible for coverage because of age, student status, or similar circumstances (as outlined on page 1).



If you have a change in status and want to make a change to your A&B benefit elections, you must notify the A&B Human Resources Department, generally within 31 days of the event, or you will have to wait until the next Open Enrollment period.

### Consistency Rule

Any mid-year change to your benefit elections must be "due to and consistent with" your change in status. To satisfy the "consistency rule"—your change in status and corresponding change in election must have an effect on eligibility and must correspond with the change in status. For example, if your dependent loses eligibility for coverage under the terms of a medical program, you may cancel medical coverage only for that dependent. For the Dependent Care Reimbursement Account, your change in status must affect the amount of dependent care expenses eligible for reimbursement (for example, your child reaches age 13, and dependent care expenses are no longer eligible for reimbursement).

### Other Events Permitting Election Changes

- ▶ **Coverage and Cost Changes** – In some instances, you can make mid-year changes due to events that significantly affect your cost or coverage (except for the Health Care Reimbursement Account).
- ▶ **Special Enrollment Events** – If you and your eligible dependents gain eligibility for certain medical plan coverage, lose medical coverage, acquire newly eligible dependents during the year, or reach your lifetime maximum under a plan, you may enroll or disenroll in an A&B medical plan. See “Notice of Special Enrollment Rights for Medical Coverage” below for more information.
- ▶ **Medicare or Medicaid Entitlement** – You may change an election for medical coverage mid-year if you, your spouse, or your dependent child becomes entitled to or lose coverage for Medicare or Medicaid.
- ▶ **Judgment, Decree, or Order** – You may change your election(s) health coverage mid-year and make a new election for your child, including a foster child, if required under a qualified medical child support order (QMCSO).

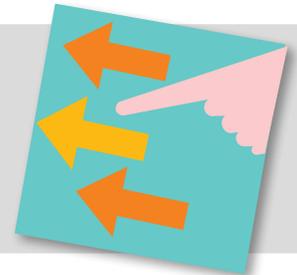
### Notice of Special Enrollment Rights for Medical Coverage

If you decline enrollment in an A&B medical plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in an A&B medical plan without waiting for the next open enrollment period if you:

- ▶ **Lose other coverage** – You must request enrollment within 31 days after the loss of other coverage.
- ▶ **Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption** – You must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- ▶ **Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible** – You must request enrollment within 60 days after the loss of such coverage.
- ▶ **Become eligible for a state’s premium assistance program under Medicaid or CHIP** – You must request enrollment within 60 days after becoming eligible for such a program.

#### Important Notice to Employees from A&B About Creditable Prescription Drug Coverage and Medicare

**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please refer to the Notice of Creditable coverage on the A&B Intranet site or request a copy from A&B’s Human Resources Department.**



The options available to you as a result of your status change are based on IRC regulations and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

To learn more about what action you may take when you experience a qualifying status change, visit [www.flexab.com](http://www.flexab.com) and click on *Qualifying Status Changes*.

For more details about status changes and special medical enrollment rights that may apply, refer to the *Alexander & Baldwin, LLC Benefits Handbook*, available online at [www.flexab.com](http://www.flexab.com).

## Important Health Care Legislation

### *Newborns and Mothers' Health Protection Act of 1996*

Federal law protects the benefit rights of mothers and newborns related to any hospital stay in connection with childbirth. In general, group health plans and health insurance issuers may not:

- Restrict benefits for the length of hospital stay for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).
- Require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay of up to 48 hours (or 96 hours).

For details on any state maternity laws that may apply to your medical plan, please refer to the benefits material for the medical plan in which you are enrolled.

### *Women's Health and Cancer Rights Act of 1998*

If you or one of your covered dependents have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided for the following services in a manner determined in consultation with the attending physician and the patient:

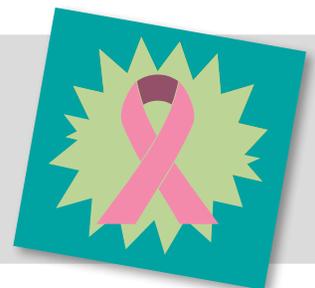
- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of the mastectomy, including lymphedemas

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits available under your medical plan. For information on WHCRA benefits or details about any state laws that may apply to your medical plan, please refer to the benefit plan material for the medical plan in which you are enrolled.

### Health Care Coverage and Your Privacy

Federal law has established standards to protect the privacy and security of participants' health plan information. As a result, A&B may not disclose your protected health information to another individual or entity without your authorization, except as needed to administer the A&B health plans and certain other circumstances.

If you need Human Resources to assist you with any claims-related issues, you will need to complete a form that authorizes HR to discuss your or your dependents' health and claims information on your behalf with the health plan. Authorization forms and A&B's HIPAA privacy notice are available online at [www.flexab.com](http://www.flexab.com).



## Benefit Contacts

PLAN	PHONE NUMBER	WEBSITE
<b>A&amp;B Human Resources Department:</b> Betty Gamundoy Jason Castro	808-525-6649 808-525-8468	<a href="http://www.flexab.com">www.flexab.com</a> N/A N/A
<b>HMSA</b> —PPO and HMO	808-948-6111	<a href="http://www.hmsa.com">www.hmsa.com</a>
<b>Kaiser</b> —Hawaii	808-432-5955 (Oahu) 800-966-5955 (Other than Oahu)	<a href="http://my.kaiserpermanente.org/hi/ab">my.kaiserpermanente.org/hi/ab</a>
<b>VSP</b> —Vision Plan	800-877-7195 (Customer Service) 888-354-4434 (Laser Support)	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Hawaii Dental Service</b> —Dental (Hawaii)	808-521-1431 (Oahu) 800-232-2533 (Other than Oahu)	<a href="http://www.deltadentalhi.org">www.deltadentalhi.org</a>
<b>Life Works</b> —Wellness and EAP (Resource and Referral) Programs	800-635-0606	<a href="http://www.lifeworks.com">www.lifeworks.com</a> User ID: alexander Password: baldwin
<b>PayFlex</b> —Reimbursement Accounts	800-284-4885	<a href="http://www.mypayflex.com">www.mypayflex.com</a>
<b>PayFlex</b> —Transportation Benefit Plan	800-284-4885	<a href="http://www.mypayflex.com">www.mypayflex.com</a>
<b>MetLife</b> —Life and AD&D Insurance	Contact your Human Resources Department	N/A
<b>MetLife</b> —Long Term Disability	Contact your Human Resources Department	N/A
<b>Fidelity Management</b> —IDC Plan and Profit Sharing Plan	800-835-5098	<a href="http://www.401k.com">www.401k.com</a>
<b>A&amp;B Retirement Plan</b>	Contact the A&B Human Resources Department	N/A

### About This Guide

This guide contains highlights of the benefit options available through the A&B Benefits Program. For more information, refer to the *Alexander & Baldwin, LLC Benefits Handbook*. In case of any conflict between the information provided here and in the official plan documents, the official plan documents govern.

By adopting and maintaining this benefits program, Alexander & Baldwin, LLC has not entered into an employment contract with any employee. Employment with A&B is “at will” and may be ended “at will” by A&B or the employee, with or without cause. Alexander & Baldwin, LLC intends to continue these benefit plans, but reserves the right, in its sole discretion, to terminate, suspend, withdraw, amend, or modify the plans, in whole or in part, at any time, including the right to introduce, or increase the amount of, employee contributions toward the cost of their coverage. Any such action is subject to applicable provisions of the plan documents. If a plan is terminated, it will not affect any claim made when the plan is in force.

The information in this guide applies only to Alexander & Baldwin, LLC regular full-time salaried non-bargaining employees working in the U.S. or its territories or possessions. All references to Alexander & Baldwin, LLC or “A&B” are intended to include all other participating companies unless specified otherwise.