



Benefits Enrollment Guide

2017 – 2018

FOR PLAN YEAR APRIL 1, 2017 – MARCH 31, 2018

Welcome to Your Benefits

Amazon offers a wide range of benefits to help you live a healthy life. It's important to understand your benefit options and which elections are best for you and your family.

This Benefits Enrollment Guide provides information about your choices and can help answer your questions. Use the guide now to enroll, and keep it as a reference to use throughout the year.

Questions?

In addition to this guide, these resources are available to help you choose the right benefits for you and your family.

- Watch the 2017-2018 videos at amznsubsbenefits.com/nh to learn about your medical, financial, and work/life benefits.
- Use ALEX, an interactive online tool, to determine the best coverage options for you and your family. Access ALEX through the Benefits Enrollment Tool.
- Register for Castlight, a personalized health care experience to help you maximize your benefits, find in-network providers, compare costs and quality, and track your health care expenses. Go to mycastlight.com/amazon.
- If you have questions about your benefits, call the Benefits Service Center at **1-866-644-2696**, Monday through Friday, 5 a.m. to 6 p.m. Pacific Time.

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Benefits Overview and Eligibility

If you are a regular employee scheduled to work at least 20 hours per week, you are eligible for benefits beginning on the date you were hired.* You can also enroll your eligible dependents for coverage.

Benefits Overview

If you are scheduled to work **20 or more hours per week**, you are eligible for the following benefits:

- Medical/Prescription Drug
- Dental
- Vision
- Medical Advice Line
- 401(k) Plan**
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account
- Basic Life and Accidental Death and Dismemberment (AD&D) Insurance
- Supplemental Life and AD&D Insurance
- Paid Time Off and Holidays
- Adoption Assistance
- Employee Assistance Program
- Support for Children with Developmental Disabilities
- Child, Elder, and Pet Care Referrals and Assistance
- Survivor Support and Transitional Support Financial Counseling
- Employee Discount
- Business Travel Program

Generally, if you are scheduled to **work 30 or more hours per week**, in addition to the benefits on the left, you are also eligible for:

- Restricted Stock Units (RSUs)
- Short-Term Disability Insurance
- Long-Term Disability Insurance
- Paid Maternity Leave
- Paid Parental Leave***
 - Leave Share Program***
 - Ramp Back Program (available to employees scheduled to work 40 hours per week)

IMPORTANT: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices for your prescription drug coverage. Please see the attached Important Notices for more details. Please keep the booklet for your records.

* Please see your *Summary Plan Description* for detailed benefits eligibility information as there are a few exceptions to this rule.

** Employees who work less than 30 hours per week are eligible to participate in the 401(k) Plan after 1,000 hours of service in 12 consecutive months.

*** Must complete one continuous year of service as of the birth or adoption date of a child.

Important Reminder

Any material omission or misrepresentation in answering questions when enrolling or making changes, or any misrepresentation or abuse of participation in any program, may result in denial of benefits, termination of coverage and enrollment for you and your dependents and/or disciplinary action including and up to termination of your employment.

Health Insurance Marketplace Premium Subsidy and Tax Credit Reminder

You are **not** eligible to receive a premium subsidy or health insurance tax credit for medical coverage purchased from a Health Insurance Marketplace if you are eligible for an Amazon-sponsored medical plan. In general, only individuals who are ineligible for employer-sponsored group health plan coverage or who are eligible for such coverage but that coverage is determined to be unaffordable or does not meet certain required minimum standards are eligible for a premium subsidy or tax credit for coverage purchased through the Health Insurance Marketplace. Because Amazon's medical plan options all satisfy these requirements, you are not eligible to receive a premium subsidy or tax credit for medical coverage even if you elect not to participate in an Amazon-sponsored medical plan and purchase medical coverage from the Health Insurance Marketplace.

Eligibility

Eligible Dependents*

Your eligible dependents include:

- **Spouse.** An eligible spouse is the person who is legally married to an eligible employee under the laws of any state or the District of Columbia, any territory or possession of the U.S., or any foreign jurisdiction having the legal authority to sanction marriages.
- **Domestic partner (opposite or same sex).** For benefits eligibility purposes, a domestic partner is someone with whom you live and share an enduring legal or personal relationship but are not joined to by a state or federally recognized marriage. Your domestic partner may be of the same or opposite sex, but you must be in an exclusive, committed relationship similar to marriage. You must verify your domestic partnership when you enroll. For the full definition of domestic partner, go to My Info > My Dependents on the [Benefits Enrollment Tool](#) or call the Benefits Service Center.
- **Your child(ren) up to age 26** (including children of a domestic partner, foster children, adopted children, stepchildren, and natural born children).
- **Your disabled child(ren) age 26 or older.** The child must have become disabled before reaching age 26 and you must provide for 50% of his or her support.

* The definitions of eligible dependents provided above are general in nature. For the definition applicable for a specific benefit, see the Summary Plan Description (SPD) for that benefit – available on the [Benefits Enrollment Tool](#).

Enrolling Is Quick and Easy

How to Enroll

1. From the [Benefits Enrollment Tool](#), select “Get Started.” You will be guided through your enrollment choices.
2. Use the new decision support tools throughout the process to help you make the best benefit decisions.
3. As you make your elections in the Benefits Enrollment Tool, you’ll see each benefit get added to your cart as you go.
4. Click “Checkout” to complete your enrollment and print your confirmation page.
5. Register for Castlight to manage your health plan and costs throughout the year.

What Happens if I Don’t Enroll?

You will not have Medical/Prescription Drug, Dental, or Vision coverage and you will not be able to contribute to a Flexible Spending Account for the rest of the plan year. You will also have to provide proof of good health if you decide to enroll in Supplemental Life Insurance after the 30-calendar-day period.

Enrolling as a New Hire

You can enroll in benefits about three days after your hire date. You have 30 calendar days starting on your hire date (as stated in your offer letter) to enroll in benefits.

Your next chance to enroll is during the annual Benefits Open Enrollment period (typically in February).

Are Changes Allowed During the Year?

You can make changes to some of your benefit elections during the year if you have a Qualifying Change in Status, such as marriage or the birth or adoption of a child. Any event that changes your legal marital status or your or your spouse’s employment status would also qualify.

For the full list of qualifying life events, visit the Benefits Enrollment Tool and review the Amazon.com Section 125 plan document.

Please note: You have 60 calendar days starting on the date the event occurred to make changes to your benefit elections. To make a change, log in to the [Benefits Enrollment Tool](#) or contact the Benefits Service Center at **1-866-644-2696**.

Enrolling in the 401(k) Plan

You can enroll in the 401(k) plan anytime during the year. Either go to [vanguard.com](#) or call Vanguard at 1-800-523-1188. Amazon’s plan number is 093958.

Questions?

Visit the [Benefits Enrollment Tool](#) or call the Benefits Service Center at **1-866-644-2696**.

Health Benefits

Health benefits include Medical/Prescription Drug, Dental, and Vision coverage.

Medical Advice Line

You and your family have access to the Medical Advice Line 24 hours a day, 7 days a week. The Medical Advice Line can connect you to a doctor.

Doctors are available around-the-clock to resolve many of your medical issues and prescribe medication – and you don't even have to leave home.

You can speak with a doctor who can:

- **Diagnose an illness**
- **Recommend treatment**
- **Prescribe short-term prescriptions**

The cost to speak with a doctor is much less than the cost to visit an urgent care facility or emergency room. The benefit is covered as any other in-network office visit. All office visits are subject to your annual deductible, copay/coinsurance, and out-of-pocket maximums.

The Medical Advice Line is available to all employees, regardless of what network they choose. If you are:

- Enrolled in an Aetna plan, call **1-866-574-9124**
- Enrolled in a Premera Blue Cross plan, call **1-877-995-2696**
- Waiving coverage, you can contact the Medical Advice Line at **1-888-434-9473***

* If you waive coverage of an Amazon medical plan, the cost to speak with a doctor is the full \$40.

Medical Plans

Our medical plan options give you the flexibility to select the right health care coverage for you and your family. There are four plan options and two networks to choose from:

	AETNA	PREMERA BLUE CROSS
Shared Deductible Plan	Yes	Yes
Standard Plan	Yes	Yes
Health Savings Plan	Yes	Yes
In-Network Only Plan	No	Yes

View details on each medical plan and use the Medical Plan Comparison Chart to compare costs and coverage. The plan benefits and paycheck contributions are the same under Aetna and Premera Blue Cross, but the network of providers may be different.



Click here for paycheck contributions

Decision Support Tools

alex

Meet ALEX. ALEX is an interactive tool to help you choose the right medical plan and learn about your benefits. At any time throughout the year, whether enrolling for the first time or making a change, ALEX is there to guide you through important benefit decisions. You can access ALEX through the [Benefits Enrollment Tool](#).

castlight
HEALTH

Castlight can help you maximize your benefits, find in-network providers, compare costs and quality, and track your health care expenses. Castlight is completely personalized to you and the medical plan and network you choose when you enroll.

When using this tool, think about these questions as a starting point:

- Is your primary care provider covered? What about any other doctors (e.g., dermatologist) and hospitals?
- What urgent care options are available near your home and work?
- What are the estimated costs for medical services I (or my covered family members) may need?

Register at mycastlight.com/amazon for a personalized experience.

Medical Plan Comparison – What You Pay

Here's a look at what you would pay with each of the Medical Plan options. The plan benefits are the same under Aetna and Premera Blue Cross. Please see the paycheck contributions for each plan on page 32.

	Shared Deductible Plan	Standard Plan	Health Savings Plan	In-Network Only Plan
Plan Network Choice	Aetna or Premera Blue Cross	Aetna or Premera Blue Cross	Aetna or Premera Blue Cross	Premera Blue Cross Only
Paycheck contribution (also see page 32)	\$	\$ \$ \$	\$	\$ \$ \$ \$
Out-of-network coverage*	Yes			No, except for emergencies
Need referral to see a specialist?	No			Yes
Account for health care expenses	Health Reimbursement Account (HRA); you may also enroll in a Health Care FSA	You may enroll in a Health Care FSA	Health Savings Account (HSA); neither you nor your spouse may enroll in a Health Care FSA	You may enroll in a Health Care FSA
Company contribution to account (annual total shown; prorated for mid-year hires)**	\$500/employee \$1,000/employee + spouse/domestic partner or child(ren) \$1,500/family	N/A	\$500/employee \$1,000/employee + spouse/domestic partner or child(ren) \$1,500/family	N/A
Who pays first?	HRA (Amazon) pays the first 50% of your deductible; then you pay the second half of your deductible until your deductible is met	You pay 100% of cost until your deductible is met; you do not need to meet your deductible for prescription drugs	You pay 100% of cost until your deductible is met; you may use available HSA dollars	You pay 100% of cost until your deductible is met; you do not need to meet your deductible for prescription drugs
Deductible	For medical and prescription drug expenses: \$1,000/employee \$2,000/employee + spouse/domestic partner or child(ren) \$3,000/family	For medical expenses: In-network: \$300/person \$900/family max Out-of-network: \$600/person \$1,800/family max	For medical and prescription drug expenses: \$1,500/employee \$3,000/employee + spouse/domestic partner or child(ren) \$4,500/family	For medical expenses: \$100/person \$300/family max (no out-of-network coverage)
Type of Deductible***	Combined	Individual	Combined	Individual
Annual out-of-pocket maximum (including deductible, coinsurance, and copays)	For medical and prescription drug expenses: \$2,000/person \$4,000/employee + spouse/domestic partner or child(ren) \$6,000/family	For medical expenses: In-network: \$2,300/person \$4,900/family Out-of-network: \$4,600/person \$9,800/family For prescription drug expenses (deductible does not apply): \$4,150/person \$8,000/family	For medical and prescription drug expenses: \$3,000/person \$6,000/employee + spouse/domestic partner or child(ren) (\$3,000/person max) \$9,000/family (\$4,500/person max)	For medical expenses: \$3,600/person \$7,300/family For prescription drug expenses (deductible does not apply): \$2,850/person \$5,600/family

* Subject to allowed amounts. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Please go to the Benefits Enrollment Tool for the applicable Summary Plan Description.

** Your full HRA contribution is available the first day you are covered by the plan. HSA contributions are made over time and you can only use funds currently in your account.

*** For deductible definitions see "Terms to Know" on page 30.

	Shared Deductible Plan	Standard Plan	Health Savings Plan	In-Network Only Plan
Plan Network Choice	Aetna or Premera Blue Cross	Aetna or Premera Blue Cross	Aetna or Premera Blue Cross	Premera Blue Cross Only
Preventive care (plan pays 100% in-network)	You pay \$0			
PRESCRIPTION DRUGS				
Retail (30-day supply)	10% after deductible	Generic: \$10 Preferred brand: 10% up to \$30 Non-preferred brand: 30% up to \$40	10% after deductible	Generic: \$10 Preferred brand: \$30 Non-preferred brand: \$40
Mail Order (90-day supply)	10% after deductible	Generic: \$20 Preferred brand: 10% up to \$60 Non-preferred brand: 30% up to \$80	10% after deductible	Generic: \$20 Preferred brand: \$60 Non-preferred brand: \$80
OUTPATIENT MEDICAL SERVICES**				
Primary care office visit	In-network: 10% after deductible Out-of-network: 30% after deductible*			In-network only: \$30 copay, then deductible applies, then plan pays 100% No out-of-network coverage; you pay 100%
Specialist office visit	In-network: 10% after deductible Out-of-network: 30% after deductible*			In-network only: \$45 copay, then deductible applies, then plan pays 100% No out-of-network coverage; you pay 100%
Mental health outpatient visit	In-network: 10% after deductible Out-of-network: 30% after deductible*			In-network only: \$30 copay, then deductible applies, then plan pays 100% No out-of-network coverage; you pay 100%
Substance abuse outpatient visit	In-network: 10% after deductible Out-of-network: 30% after deductible*			In-network only: \$30 copay, then deductible applies, then plan pays 100% No out-of-network coverage; you pay 100%
Outpatient surgery	In-network: 10% after deductible Out-of-network: 30% after deductible*			In-network only: After deductible, plan pays 100% No out-of-network coverage; you pay 100%
INPATIENT HOSPITAL SERVICES				
Inpatient admission (room and board and other charges related to a hospital stay)	In-network: 10% after deductible Out-of-network: 30% after deductible*			In-network only: \$1,000 copay, then deductible applies, then plan pays 100% No out-of-network coverage; you pay 100%

* Subject to allowed amounts. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Please go to the Benefits Enrollment Tool for the applicable Summary Plan Description.

** To the extent the visit or any services provided during the visit constitute preventive care, the plan pays 100% and you pay \$0.

	Shared Deductible Plan	Standard Plan	Health Savings Plan	In-Network Only Plan
Plan Network Choice	Aetna or Premera Blue Cross	Aetna or Premera Blue Cross	Aetna or Premera Blue Cross	Premera Blue Cross Only
FAMILY PLANNING/MATERNITY CARE**				
Prenatal/maternity care – office visit	In-network: 10% after deductible Out-of-network: 30% after deductible*			In-network only: \$45 copay for routine prenatal care, then deductible applies, then plan pays 100% No out-of-network coverage; you pay 100%
Prenatal/maternity hospital birth and delivery	In-network: 10% after deductible Out-of-network: 30% after deductible*			In-network only: \$1,000 copay, then deductible applies, then plan pays 100% No out-of-network coverage; you pay 100%
Infertility treatment (up to \$15,000 lifetime maximum benefit)	In-network: 10% after deductible Out-of-network: 30% after deductible*			In-network only: \$45 copay, then deductible applies, then plan pays 100% No out-of-network coverage; you pay 100%
EMERGENCY MEDICAL SERVICES				
Ambulance (travel to nearest hospital where treatment can be obtained)	In-network: 10% after deductible Out-of-network: 10% after deductible*			In-network: After deductible, plan pays 100% Out-of-network: * After in-network deductible, plan pays 100%
Emergency room	In-network: 10% after deductible Out-of-network: * 10% after deductible	In-network: \$150 copay, then 10% after deductible (copay waived if admitted to the hospital) Out-of-network: * \$150 copay, then 10% after deductible (copay waived if admitted to the hospital)	In-network: 10% after deductible Out-of-network: * 10% after deductible	In-network: \$150 copay, then deductible applies (copay waived if admitted to the hospital), then plan pays 100% Out-of-network: * \$150 copay, then in-network deductible applies (copay waived if admitted to the hospital)
Urgent care visit	In-network: 10% after deductible Out-of-network: * 30% after deductible	In-network: \$75 copay, then 10% after deductible Out-of-network: * \$75 copay, then 30% after deductible	In-network: 10% after deductible Out-of-network: * 30% after deductible	In-network only: \$75 copay, then deductible applies, then plan pays 100%

* Subject to allowed amounts. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Please go to the Benefits Enrollment Tool for the applicable Summary Plan Description.

** To the extent the visit or any services provided during the visit constitute preventive care, the plan pays 100% and you pay \$0.

	Shared Deductible Plan	Standard Plan	Health Savings Plan	In-Network Only Plan
Plan Network Choice	Aetna or Premera Blue Cross	Aetna or Premera Blue Cross	Aetna or Premera Blue Cross	Premera Blue Cross Only
MISCELLANEOUS				
Chiropractic visit (20 visits maximum per plan year)		In-network: 10% after deductible Out-of-network: 30% after deductible*		In-network only: \$45 copay, then deductible applies, then plan pays 100% No out-of-network coverage; you pay 100%
Outpatient rehabilitation (physical, occupational, and speech therapy, 60 visits maximum per plan year)		In-network: 10% after deductible Out-of-network: 30% after deductible*		In-network only: \$45 copay, then deductible applies, then plan pays 100% No out-of-network coverage; you pay 100%
Alternative care benefit (licensed massage therapist, licensed acupuncturist services, 18 visits maximum per plan year)		In-network: 10% (deductible waived) Out-of-network: 10% (deductible waived)*		In-network only: \$45 copay (deductible waived), then plan pays 100% No out-of-network coverage; you pay 100%
Transgender Surgery		In-network: 10% after deductible Out-of-network: 30% after deductible*		In-network only: After deductible, plan pays 100% (\$1,000 copay applies for inpatient surgery) No out-of-network coverage; you pay 100%
Applied Behavioral Analysis (ABA) Therapy		In-network: 10% after deductible Out-of-network: 10% after deductible*		In-network only: After deductible, plan pays 100% No out-of-network coverage; you pay 100%
Medical Care Outside the United States		In-network: 10% after deductible Out-of-network: 10% after deductible*		In-network: After deductible, plan pays 100% Out-of-network:* After deductible, plan pays 100%



[CLICK HERE](#) for a printable version of the medical plan comparison chart.

* Subject to allowed amounts. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Please go to the Benefits Enrollment Tool for the applicable Summary Plan Description.

Shared Deductible Plan - Aetna or Premera Blue Cross

The Basics

- Low paycheck contributions - \$\$\$\$
- Higher deductible - \$\$\$\$
- Lower out-of-pocket maximum - \$\$\$\$
- Combined deductible for medical and prescription drugs
- Access to out-of-network coverage
- No referrals needed to see specialists
- 100% coverage for preventive services
- Company-funded Health Reimbursement Account (HRA)
- [Health Care Flexible Spending Account](#)

This plan comes with an HRA

An HRA is a Company-funded account that covers the first 50% of your deductible. An HRA automatically pays covered costs first when you receive care or prescription drugs. You don't pay anything until all of the HRA has been used. You cannot contribute to an HRA, and it does not earn interest. If you don't use all of the HRA, the remaining balance is carried over into the new plan year if you stay enrolled in the Shared Deductible Plan.

After all HRA money has been used:

- You pay the full cost of care until the remaining deductible is met
- After the deductible is met, you pay 10% for in-network care and prescription drugs or 30% for out-of-network care

Use the [HRA Funding and Deductible chart](#) to see the amount you receive into your HRA and corresponding deductible when you enroll at different times throughout the plan year. This money will be available when your coverage takes effect.



HRA Funding and Deductible for the 2017-2018 Plan Year

Standard Plan - Aetna or Premiera Blue Cross

The Basics

- High paycheck contributions - \$\$\$\$
- Moderate deductible - \$\$\$\$
- Moderate out-of-pocket maximum - \$\$\$\$
- Out-of-network coverage
- No referrals needed to see specialists
- 100% coverage for preventive services
- Health Care Flexible Spending Account

The Standard Plan provides both in-network and out-of-network coverage, but you pay less when you see providers in the network. You pay the full cost of care until you reach the plan deductible. After that, you pay 10% of the cost for most in-network care. You don't pay for preventive services, such as annual exams or immunizations — the plan pays 100%. The Standard Plan does not come with an HRA or HSA, but you have the option of enrolling in a Health Care FSA. Then you can use FSA dollars to help pay the plan's deductible and your share of the costs when you receive care.

Questions?

Call the Benefits Service Center at **1-866-644-2696**.

Health Savings Plan - Aetna or Premiera Blue Cross

The Basics

- Low paycheck contributions - \$\$\$\$
- High deductible - \$\$\$\$
- Higher out-of-pocket maximum - \$\$\$\$
- Combined deductible for medical and prescription drugs
- Access to out-of-network coverage
- No referrals needed to see specialists
- 100% coverage for preventive services
- Company-funded Health Savings Account (HSA)
- You cannot enroll in a Health Care FSA

The Health Savings Plan is a high-deductible health plan that comes with a Health Savings Account (HSA). When you receive care or prescription drugs, you have to meet the deductible before the plan starts paying. If you cover one or more dependents on this plan, the entire family must meet the deductible before the plan covers a share of the cost. It can be met by one individual or the entire family in combination. After that, you pay 10% for most in-network care and prescription drugs.



HSA Company Contribution and Deductible for the 2017-2018 Plan Year

Effective on the first of the month following enrollment in the HSA. For enrollments made during Open Enrollment only, effective April 1.

This plan comes with an HSA

An HSA is a Company-funded account you can contribute pre-tax dollars to. Company contributions are not funded up front but throughout the plan year. You can choose to use HSA money to cover immediate costs or for future expenses. The money in your HSA earns interest and has investment options, which means your balance can increase or decrease depending on these investments. If you don't use all the money in your HSA during the plan year, the remaining amount stays in your account even if you change plans, retire, or leave the Company.

Total contribution limits for the 2017-2018 plan year (combined personal and Company):

- Employee-only: \$3,400
- Family: \$6,750
- If you are 55 or older, you can contribute \$1,000 more throughout the plan year

Use the [HSA Company Contribution Chart](#) to determine the amount you receive from the Company into your HSA and the corresponding deductible when you enroll throughout the plan year.

HSAs are governed by IRS rules. You may not have an HSA if:

- You have other health plan coverage that is not a high-deductible health plan, including coverage under your spouse's/domestic partner's health plan
- You or your spouse/domestic partner have a Health Care Flexible Spending Account (FSA) or Health Reimbursement Account (HRA)
- You can be claimed as a dependent on another person's tax return
- You are enrolled in Medicare (Parts A, B, C or D) or Tricare

Please note: You can enroll your domestic partner and his/her children as your dependents in the Health Savings Plan, but you may not use any HSA funds to pay for their expenses unless your domestic partner and his/her children are considered tax dependents.

Compare Your Options: HRA vs. HSA

Both the Health Reimbursement Account (HRA) and the Health Savings Account (HSA) help you pay for health care expenses, and both accounts receive contributions from the Company. But there are some important differences between the HRA and the HSA. Take a look at the following chart:

	HEALTH REIMBURSEMENT ACCOUNT (HRA)	HEALTH SAVINGS ACCOUNT (HSA)
Medical Plan option	<u>Shared Deductible Plan</u>	<u>Health Savings Plan</u>
A bank account is opened in your name	No	Yes
You have access to the full annual Company contributions to your account right away	Yes	No (only as the Company contributions are deposited following each paycheck)
You can also enroll in a Health Care FSA	Yes	No
You can contribute your own pre-tax money	No	Yes*
You can take your account with you if you leave the Company	No	Yes
You can choose whether to use your account now or save it for future expenses	No (the HRA automatically pays first)	Yes
If you have money left in your account after the end of the plan year, it can stay in your account	Yes (but you must remain enrolled in the Shared Deductible Plan)	Yes
You can invest your account contributions	No	Yes
The funds in your account earn interest tax-free	No	Yes*

Benefits of the Health Savings Account

Amazon contribution - When you participate in the Health Savings Plan, Amazon contributes to your Health Savings Account (HSA):

- Employee-only coverage: \$500
- Employee + Spouse/domestic partner or child(ren): \$1,000
- Family: \$1,500

Triple tax savings* - Your money is deposited, earns interest, and is spent tax free. In addition to covering short-term health care expenses, the HSA also offers a tax-efficient way to build long-term savings. You can use accumulated savings anytime in the future (including in retirement) to pay for eligible expenses tax free.

* HSA contributions and/or earnings might be taxable in some states.

In-Network Only Plan - Premera Blue Cross only

The Basics

- Most restrictive plan
- High paycheck contributions - \$\$\$\$
- Low deductible - \$\$\$\$
- High out-of-pocket maximum - \$\$\$\$
- No out-of-network coverage
- Designated Primary Care Physician required
- Referrals required to see specialists
- 100% coverage for preventive services
- Health Care Flexible Spending Account

The In-Network Only Plan is the most restrictive Medical Plan option offered. This plan pays only for care received from in-network providers, except in life-threatening emergencies. Also, before your claims can be paid, you must designate a Primary Care Physician (PCP) to coordinate your care, and you must have a referral from your PCP if you need to see a specialist. **If you do not have a PCP, or if you fail to obtain a referral to see a specialist, or if you receive care from an out-of-network provider, your claims will be denied.**

The In-Network Only Plan has high paycheck contributions but a low deductible. You pay the full cost of care until you reach the plan deductible. After that, you pay a flat fee for most types of care. Like all of the other Medical Plan options, the In-Network Only Plan covers preventive care at 100%.

The In-Network Only Plan does not come with an HRA or HSA, but you have the option of enrolling in a Health Care FSA. Then you can use FSA dollars to help pay the plan's deductible and your costs when you receive care.

Important Facts About the In-Network Only Plan

- The plan is only available through Premera Blue Cross.
- You must use medical providers in the Premera Blue Cross network.
- The plan does not pay for any out-of-network care except in an emergency.
- You must coordinate all of your care through a PCP.
 - To select or change your PCP, contact Premera Blue Cross Customer Service at premera.com/amazon or call 1-877-995-2696.
- You must obtain referrals from your PCP to see specialists, or your claim will not be covered.
- If you get a referral to see a specialist, you are responsible for checking that your referral was received by the plan.

Prescription Drug Plan - Express Scripts

You are automatically enrolled in the pharmacy plan when you enroll in one of Amazon's medical plans. If you select the Aetna or Premier Blue Cross network, your prescription drug coverage is managed and administered by Express Scripts. See the [Medical Plan Comparison chart](#) for more information about Prescription Drug coverage under each plan.

Express Scripts provides access to a nationwide network of pharmacies, as well as mail order and specialty pharmacy services through Accredo. Your costs are based on the medical plan you are enrolled in, the types of drugs you purchase and where you buy them. For more information visit express-scripts.com/amazon.

Ways to Save on Prescription Drugs

You pay for your prescription based on the type of drug you're taking. Here are the three basic types of prescription drugs.

Generic (Tier 1): These are lower cost alternatives to brand-name drugs. They are just as effective as brand-name drugs and must meet the same federal quality and safety requirements. Ask your doctor if a generic alternative is right for you.

Preferred brand-name (Tier 2): These drugs are preferred based on their safety, effectiveness, and cost. These are generally brand-name drugs that don't have generic substitutes.

Non-preferred brand-name (Tier 3): These are brand-name drugs for which generic alternatives are available. These drugs will typically cost you the most.

If you are taking a medication not on the preferred list, ask your doctor to consider prescribing a lower-cost generic or preferred brand-name drug. To find out which drugs are preferred, go to express-scripts.com/amazon or call 1-844-626-9387. If you take medication to treat a chronic condition, consider Express Scripts mail order. It is convenient and cost-effective.

Unless your doctor indicates "dispense as written" when prescribing you a brand-name drug, you may receive a generic drug if one is available. If your doctor does not indicate "dispense as written" and you request the brand-name drug when a generic alternative is available, you will pay the difference in cost between the brand-name and the generic drug. More information on drug costs under your plan can be found at express-scripts.com/amazon using the 'Compare prescription medication costs' tool.

Your pharmacy and Express Scripts will coordinate in real-time and may even contact your provider to ensure that your prescriptions are appropriate and safe based on your medical history. For example, if you take medications for certain conditions, such as migraines, diabetes, high blood pressure, or asthma, your pharmacy may need to coordinate with Express Scripts and your health care provider before your prescription is covered.

The plan provides each member up to four early refills per year as needed for personal or business travel. Please call Express Scripts at **1-844-626-9387** to request an early refill prior to submitting your prescription refill request by mail order or at a retail pharmacy.

To see if your prescription requires approval or prior authorization, visit express-scripts.com/amazon, or call Express Scripts at **1-844-626-9387**.

Specialty Medications

Specialty medications are usually self-injected and very expensive drugs that are used to treat complex conditions.

These drugs are limited to a 30-day supply and will be covered after the second fill only if purchased through Accredo Specialty Pharmacy. Specialty drug coverage and pricing information is available at express-scripts.com/amazon or by calling **1-844-626-9387**.

For questions, contact Accredo Health Group (an Express Scripts company) at 1-877-244-2995.

Dental Plan - Delta Dental of Washington

The Dental plan has a national network of providers and covers diagnostic and preventive services as well as basic and major restorative services. You can receive care from any licensed dental provider, but the plan pays more when you see a Delta Dental Preferred Provider in the Delta Dental PPO network. Benefits are lower when you receive care from any other Delta Dental participating provider or other licensed dental provider.

To find a Preferred Provider who is in the PPO Network, go to deltadentalwa.com/findadentist and select Delta Dental PPO in the dentist search.

Questions? You can reach Delta Dental at **1-844-466-8847**.

Dental Benefits Summary

For more details, please go to the Summary Plan Description on the [Benefits Enrollment Tool](#).

	DELTA PREFERRED PROVIDER (PPO NETWORK)	DELTA PARTICIPATING PROVIDER OR OTHER LICENSED DENTAL PROVIDER
DEDUCTIBLE	\$50/person; up to \$150/family maximum	
ASSOCIATED NETWORK	Delta Dental PPO	Delta Dental Premier
COVERED SERVICES (frequency limits apply)		
• Diagnostic/Preventive (exams, cleanings, fluoride, X-rays, and sealants)	Plan pays 100%, no deductible	Plan pays 100%, no deductible
• Basic Restorative (fillings, root canal, periodontics, and oral surgery)	Plan pays 90% after deductible	Plan pays 80% after deductible
• Major Restorative (crowns, bridges, dentures, partials, implants, etc.)	Plan pays 50% after deductible	Plan pays 50% after deductible
PLAN-YEAR MAXIMUM	\$1,500 per person per plan year	
TEMPOROMANDIBULAR JOINT (TMJ/JAW JOINT) DISORDER	Plan pays 50% after deductible (\$1,000 plan year maximum per person; \$5,000 lifetime maximum per person; does not apply to plan-year maximum)	
ORTHODONTIC SERVICES (CHILD/ADULT)	Plan pays 50% up to \$2,000 lifetime maximum per person, no deductible; does not apply to plan-year maximum	

Vision Plan - Vision Service Plan (VSP)

The Vision plan provides both in-network and out-of-network coverage, but the plan pays more when you visit in-network providers.

Find a provider from VSP's network at vsp.com. You will need to register and log in. Once you are logged in, click on "Find a VSP Doctor."

The VSP network includes the VSP Participating Retail Chain providers listed on the right. This means you can get your eye exam, frames and lenses, or contacts at the in-network level of benefits from these providers. To verify the coverage level or for more information, visit vsp.com or call VSP's Customer Care at **1-800-877-7195**.

Participating retail chains include:

- Costco*
- OPTYX
- Shopko Eyecare Centers
- Cohen's Fashion Optical
- Visionworks
- Wisconsin Vision
- Rx Optical

Vision Benefits Summary

For more details, please go to the Summary Plan Description on the [Benefits Enrollment Tool](#).

	IN-NETWORK	OUT-OF-NETWORK
EXAM (once every 12 months from date of service)	Plan pays 100%	Plan pays up to \$50
LENSES (once every 12 months) • Single Vision • Lined Bifocal • Lined Trifocal • Lenticular	\$10 copay,** then plan pays: 100% 100% 100% 100%	\$10 copay,** then plan pays: Up to \$50 Up to \$75 Up to \$100 Up to \$125
FRAMES (once every 12 months)***	\$10 copay,** then plan pays 100% up to \$130	\$10 copay,** then plan pays 100% up to \$70
CONTACT LENSES – ELECTIVE (once every 12 months)****	Plan pays 100% up to \$130	Plan pays 100% up to \$105

* VSP has a national agreement with Costco Optical dispensaries, however not all of the Optometrists are in-network. Please check with VSP to determine if the Optometrist you plan to visit is in-network prior to receiving services. If the Costco Optometrist is not in-network, you will be responsible for payment at the time of service and you will need to submit a claim to VSP for reimbursement based on the out-of-network schedule of allowances.

** Only one copay applies if you purchase both lenses and frames within one plan year.

*** If you purchase contact lenses, you may purchase a complete pair of glasses 12 months from the date the contact lenses were obtained.

**** You may purchase contact lenses instead of glasses (eyeglass frames and lenses), but the plan will not cover both in the same year.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) let you pay for certain eligible health and dependent care expenses with pre-tax dollars. If you contribute money to an FSA, you lower your taxable income, which reduces your federal income and Social Security taxes. **If you don't use the money in your FSA account(s) by the deadline, the unused FSA money is forfeited according to IRS rules, known as the "use it or lose it" rule.**

There are two types of FSAs for different types of expenses, and you can enroll in one or both.

Health Care FSA

This is used for eligible health care services and supplies not covered by your Medical, Dental, or Vision plans.

You can use your payment card from ConnectYourCare, our FSA administrator, or pay out-of-pocket and reimburse yourself from your account. For the 2017 plan year, you can contribute between \$120 and \$2,600 to the Health Care FSA.

If you are enrolled in the Shared Deductible Plan, your Health Reimbursement Account (HRA) automatically pays first for any eligible expenses. You can use your FSA for medical and prescription drug expenses only after the money in your HRA is used or for eligible expenses not covered by the Shared Deductible Plan.

Important: You can't have a Health Care FSA if you are enrolled in the [Health Savings Account](#).

Dependent Care FSA

This is for dependent care expenses, such as child or elder care, while you are working. This account cannot be used to pay for a dependent's medical expenses, and it cannot be used to pay for "Saturday night" babysitting.

You pay for expenses out-of-pocket and submit claims to pay yourself back. You cannot use a Health Care FSA to pay for Dependent Care expenses.

For the 2017 plan year, you can contribute between \$120 and \$5,000 to the Dependent Care FSA. If you earned more than \$120,000 in 2016, you may contribute up to \$1,300. The Dependent Care FSA limit of \$5,000 includes contributions made to another employer's plan within the same calendar year.

FSA Dates

For your claims to be reimbursed, here are the required dates for both the Health Care and the Dependent Care FSA:

	EXPENSES MUST BE INCURRED THROUGH	EXPENSES MUST BE SUBMITTED FOR REIMBURSEMENT BY
Health Care FSA	May 31, 2018	June 30, 2018
Dependent Care FSA	March 31, 2018	June 30, 2018

Enrollment Blackout Period

FSA enrollments and changes for the current plan year are not permitted from March 1 through March 31 each year.

Eligible FSA Expenses

For a complete list of eligible expenses, visit connectyourcare.com.

Need Help?

Use ALEX to learn more about spending accounts and how pre-tax dollars work. Access ALEX through the [Benefits Enrollment Tool](#).

Financial Security Benefits

Financial security benefits are designed to protect your income and save you money.

401(k) Plan - you can enroll anytime during the year.



The Amazon.com 401(k) Plan – administered by Vanguard – gives you a great way to save for the future with help from the Company.

Start Saving as Soon as Possible!

If you are age 18 or older and are regularly scheduled to work 30 hours or more per week, you can join the 401(k) Plan immediately upon hire. If you're at least age 18 but are scheduled to work fewer than 30 hours, you can join the plan after completing 1,000 hours of service in 12 consecutive months. Once you are eligible, Vanguard will mail you an Enrollment Kit with information about the 401(k) Plan. To enroll, contact Vanguard at 1-800-523-1188 or use the Vanguard website at vanguard.com (the Amazon plan number is 093958).

Making Contributions

For every \$1 you contribute to the plan (up to 4% of your base pay), the Company contributes \$0.50. In other words, the Company will match up to 2% of your base pay.

You can contribute from 1% to 90% of your pay – on a pre-tax basis, a Roth after-tax basis, or both – up to IRS limits. For calendar year 2017, the IRS limits your contributions to \$18,000.

If you are age 50 or older in 2017, you may make additional "catch-up" contributions – up to \$6,000, for a total of \$24,000. Catch-up contributions are not eligible for the Company match, and other IRS limits may apply.

If you have another 401(k) or 403(b) plan from a previous employer, you may roll over money from that plan into the Amazon.com 401(k) Plan at any time.

Investing in Your 401(k) Account

The 401(k) Plan offers a diverse investment lineup. This lets you choose a mix of investments that best fits your objectives. The Amazon.com Stock Fund is an available investment option only for Company matching contributions. Note that directing an allocation to or exchanging into or out of the Amazon.com Stock Fund is subject to Amazon's Insider Trading Policy. For details about the investment options, contact Vanguard at 1-800-523-1188 or log in to vanguard.com and select the Amazon.com 401(k) Plan.

Vesting in Your 401(k) Account

The money you contribute to your 401(k) account is always yours. The Company's contributions become yours (are vested) after three years of service, with at least 1,000 hours worked in each calendar year.

Naming a Beneficiary for Your 401(k) Plan Account

Remember to name a beneficiary for your 401(k) account – if you don't designate a beneficiary, or if your designation is outdated, your assets may not go to your intended heirs. To name or update your 401(k) beneficiary, log in to the Vanguard website at vanguard.com, select the Amazon.com 401(k) Plan and choose "Beneficiaries" under My Profile.

Withdrawing and Borrowing Money from Your 401(k) Account

You can withdraw money you own (are vested in) from your account once you reach age 59½, if you experience a serious financial hardship, or if you are a military reservist called to active duty for an extended period (Qualified Reservist Distribution). Withdrawals are subject to applicable income taxes. You also may borrow money from your vested account and pay your account back with interest. You pay no taxes on the loan as long as you stick to the loan's terms.

More Information

The 401(k) Plan Summary Plan Description (SPD) provides additional details about the 401(k) Plan. The SPD is available on Inside Amazon (search for "401k SPD") and on vanguard.com (once logged in to your account).

Use ALEX to Understand the Amazon.com 401(k) Plan

This decision support tool will explain how the 401(k) plan works and the advantages of participating.

Access ALEX through the [Benefits Enrollment Tool](#).

The Difference Between Pre-Tax and Roth After-Tax Contributions

Pre-tax contributions lower your taxable income today. You don't pay taxes on this money or its earnings until you take a distribution from the plan. Roth after-tax contributions don't lower your taxable income today. But since you've already paid taxes on this money, the contributions and, in most cases, the earnings won't be taxed when you take it out later.

Employee Stock - Restricted Stock Units



One of the ways we foster ownership among employees is through Restricted Stock Unit (RSU) awards. RSUs are a key part of our total compensation program, which has been carefully designed to help us attract, motivate, and retain employees of the highest caliber. An RSU is a right to receive a share of Amazon.com common stock after you've worked for the Company for a certain amount of time and met other service conditions. RSUs are awarded at no cost to you, and you don't have to enroll in the program to participate, but you must register and certify your RSU account with our stock plan administrator, Morgan Stanley. Information about how to register and certify your RSU account will be sent to you by Morgan Stanley. Depending on where you work, your instructions may come by email, or via MyDocs.

For more details about RSUs, visit the Employee Stock (RSU) page on Inside Amazon or go to morganstanley.com/amazonmystock.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance - underwritten by Securian Life

The Company provides you with Basic Life and AD&D Insurance at no cost to you. This insurance pays your beneficiary two times your annual base salary (to a maximum benefit of \$500,000) if you die.

AD&D pays an additional benefit (two times your annual base salary to a maximum benefit of \$500,000) to your beneficiary if you die, or pays a benefit to you if you suffer an injury due to a covered accident, whether the accident occurs at work or elsewhere. Benefits for Life and AD&D are reduced to 65% at age 65 and to 50% at age 70.

Make Sure Your Benefit Goes to the Right Person!

Your beneficiary is the person who receives your Life Insurance and AD&D benefits if you die. Naming your beneficiary ensures the money will go to the right person. You can designate more than one beneficiary, and you can change your beneficiaries at any time. You can also name a trust, charity, or estate to receive your benefit.

To update your beneficiary information, log in to the [Benefits Enrollment Tool](#) or contact the Benefits Service Center at 1-866-644-2696.

Life Insurance Protection While Disabled

If you are scheduled to work 30 or more hours per week and are on approved disability beginning on or after April 1, 2014, your Basic Life and AD&D Insurance — and Supplemental Life and AD&D Insurance, if applicable — will continue uninterrupted as long as you are disabled. In addition, the premiums you pay for Supplemental Life and AD&D Insurance may be waived.

Supplemental Life and Accidental Death and Dismemberment (AD&D) Insurance

In addition to the Company-provided Basic Life Insurance, you can purchase additional Supplemental Life Insurance for yourself, your spouse/domestic partner, and your dependent children. Supplemental Life and AD&D Insurance premiums are taken from your paycheck on an after-tax basis. You cannot purchase supplemental life and AD&D coverage for your dependents if they are employed by Amazon and its subsidiaries and only one employee can cover a dependent child.

For employee coverage, the guaranteed issue limit is 3 x your annual base salary or \$500,000 (whichever is lower). This means that you can elect supplemental life insurance up to the guaranteed issue without providing proof of good health. If you elect coverage between 4 and 10 x annual base salary, proof of good health is required.

Additional limitations on the maximum amount of supplemental life and AD&D coverage may apply. See the next page for details.

You can also elect automatic acceleration. With this election, your Supplemental Life coverage will automatically increase by 1 x your annual base pay, effective April 1 each year, without proof of good health. This will continue each year until you hit the maximum of 10 x your annual base pay, \$500,000 in coverage, or choose to stop participating in auto-acceleration.

Survivor Support

If you or your loved ones have lost a family member or have been diagnosed with a life-threatening illness, transitional and survivor support services are provided at no cost to you. This support includes one-on-one financial counseling and assistance.

For more information see [page 28](#).

Supplemental Life and AD&D Benefits

For more information, please go to the Life and AD&D certificates found under the Benefits tab on the [Benefits Enrollment Tool](#).

Supplemental Life Benefit

Employee: You may elect 1 to 10 x your annual base salary, to a maximum of \$2,000,000.

- **All Employees:** 3 x annual base salary (not to exceed \$500,000) is guaranteed issue and does not require proof of good health. If you elect coverage between 4 and 10 x annual base salary, proof of good health is required.
- **Qualifying Change in Status:** If you are not enrolled in Supplemental Life, you may elect 1 x annual base salary not to exceed \$500,000. If you already have Supplemental Life, you may increase coverage by one level providing the resulting amount does not exceed \$2,000,000.
- **Benefits Open Enrollment:** You can add or increase your coverage by one level without proof of good health up to a maximum of 10 x or \$500,000. You can also elect auto-acceleration.

Spouse/domestic partner: You may elect one of the following amounts: \$25,000 or ½, 1, 2, 3, or 4 x your annual base salary, to maximum of \$250,000, not to exceed 100% of your total amount of life insurance (Basic and Supplemental). The lesser of ½ x annual earnings or \$25,000 is guaranteed (no proof of good health required) if elected when the spouse is newly eligible for insurance.

Dependent children: You may elect one of the following amounts: \$5,000, \$10,000, \$15,000, or \$20,000, not to exceed 100% of your total amount of life insurance (Basic and Supplemental). All child life insurance is guaranteed issue and will never require proof of good health.

Supplemental AD&D Benefit

Employee: You may elect 1 to 10 x your annual base salary, to a maximum of \$2,000,000. Proof of good health is not required for Supplemental AD&D.

Family: Your dependents receive a percentage of the amount you elected for yourself:

- If you elect spouse/domestic partner coverage (no children), your spouse is insured for 60% of your benefit election.
- If you elect child coverage (no spouse/domestic partner), each child is insured for 20% of your benefit election to a maximum benefit of \$50,000.
- If you elect coverage for your spouse/domestic partner and children, your spouse/domestic partner is insured for 50% of your benefit election and each child is insured for 15% of your benefit election to a maximum benefit of \$50,000 per child.

All AD&D Insurance is guaranteed issue and will never require proof of good health.

Auto-acceleration

When you enroll as a New Hire, you can elect automatic acceleration. With this election, your Supplemental Life coverage will automatically increase by 1 x your annual base pay, effective April 1 each year, without proof of good health. This will continue each year until you hit the maximum of 10 x your annual base pay, \$500,000 in coverage, or choose to stop participating in auto-acceleration.

Monthly Cost of Coverage for Supplemental Life and AD&D

Supplemental Life – Full-Time Employees (working 30-40 hours per week)

Age	Rate per \$1,000
Under 25	\$0.029
25-29	\$0.029
30-34	\$0.047
35-39	\$0.053
40-44	\$0.059
45-49	\$0.087
50-54	\$0.133
55-59	\$0.248
60-64	\$0.381
65-69	\$0.735
70 and over	\$1.192

Supplemental Life – Part-Time Employees (working between 20-29 hours per week)

Age	Rate per \$1,000
Under 25	\$0.023
25-29	\$0.023
30-34	\$0.037
35-39	\$0.042
40-44	\$0.047
45-49	\$0.070
50-54	\$0.107
55-59	\$0.200
60-64	\$0.306
65-69	\$0.590
70 and over	\$0.957

Supplemental Life – Spouse/Domestic Partner

Age	Rate per \$1,000
Under 25	\$0.040
25-29	\$0.048
30-34	\$0.064
35-39	\$0.072
40-44	\$0.080
45-49	\$0.120
50-54	\$0.184
55-59	\$0.344
60-64	\$0.528
65-69	\$1.016
70 and over	\$1.648

Employee's cost and Spouse/DP's cost is based on their age as of April 1. Rates increase with insured's age and all rates are subject to change.

Child Term Life

Coverage Amount	Monthly Premium
\$5,000	\$0.64
\$10,000	\$1.27
\$15,000	\$1.91
\$20,000	\$2.54

The cost of Child Term Life coverage is the same, regardless of the number of children covered. All rates are subject to change.

Supplemental AD&D

Coverage Tier	Rate per \$1000
Employee Only	\$0.014
Employee + Family	\$0.021

Short-Term and Long-Term Disability

If you are scheduled to work 30 hours or more per week, the Company provides Short-Term and Long-Term Disability Insurance coverage to you at no cost. Short-Term and Long-Term Disability benefits replace a portion of your pay if you become ill, injured, or disabled and are unable to work. Short-Term Disability includes a maternity benefit that provides 100% of your base pay for up to four consecutive weeks prior to the birth of a child, conditional on medical certification, and up to ten consecutive weeks from the date of birth. These plans provide you valuable income protection and can help you and your dependents when you truly need it.

Short-Term and Long-Term Disability Benefits

	Short-Term Disability (STD)	Long-Term Disability (LTD)
Benefits begin	After 7 calendar days	After 180 calendar days
Benefit amount	60% of your eligible weekly pay	60% of your eligible monthly pay
Maximum benefit	\$2,300 per week	\$25,000 per month
Maximum benefit duration	26 weeks	Up to age 65; see plan document for details
<u>Maternity benefits</u>	100% of your eligible weekly pay for up to four consecutive weeks prior to the birth of a child, conditional on medical certification, and up to ten consecutive weeks from the date of birth. Maximum benefit and the 7-calendar-day wait period do not apply.	N/A

Eligible employees are automatically enrolled in Short-Term and Long-Term Disability Insurance.

A number of rules apply to Short-Term and Long-Term Disability Insurance, including restrictions on pre-existing conditions and the taxability of payments.

For general information about Short-Term and Long-Term Disability, go to the [Benefits Enrollment Tool](#) and find the applicable Summary Plan Description under the Benefits tab.

For more specific information about your Short-Term and Long-Term Disability coverage, contact MyLeave Services at **1-888-892-7180, Option 1**.

Employees who are on an approved Short-Term Disability leave will have their health benefits coverage continue during Short-Term Disability for up to 26 weeks. Employees will continue to be responsible for any paycheck contributions for their benefits coverage.

Benefits Overview
and Eligibility

Enrolling is Quick
and Easy

Health Benefits

Financial Security
Benefits

Work/Life Benefits

Business Travel Program

Terms to Know

Contact Information

Health Plan Paycheck
Contributions

Work/Life Benefits

The Company cares about your health and well-being, both on and off the job. Your work/life balance benefits are here to help make life a little bit easier, at no cost to you.

Paid Time Off and Holidays

Eligible U.S. employees accrue paid time off and the policy varies by location. You can review your paid time-off balances by logging on to ADP at mypay.amazon.com when on the Amazon network or portal.adp.com from outside the network. To view paid holidays, go to Inside Amazon.

Paid Maternity and Parental Leave

To apply for maternity and parental leave programs, call MyAmbassador at **1-888-892-7180**, press Option 1 for MyLeave, and press Option 1 again for Parental Programs.

Paid Maternity Leave

Full- and reduced-time employees are eligible for up to 14 weeks of paid maternity leave, consisting of 4 weeks before and 10 weeks following the birth of a child, through the short-term disability plan.

Paid Parental Leave

Full- and reduced-time employees, with one year of continuous service at the time of birth or adoption, are eligible for up to 6 weeks of Paid Parental Leave within the first year of a child's

birth or adoption placement. An employee whose working spouse or domestic partner is not eligible for paid parental leave through his or her employer may elect Leave Share, which allows you to receive base pay for the unused portion of Paid Parental Leave.

Ramp Back Program

Eligible full-time employees can gradually return to work on a reduced schedule over an 8-week period immediately following a maternity or parental leave. For more information, go to Inside Amazon.

To apply for maternity and parental leave programs, call MyAmbassador at **1-888-892-7180**, press Option 1 for MyLeave, and press Option 1 again for Parental Programs.

Adoption Assistance

Employees can be reimbursed for qualified adoption expenses up to \$5,000 for a single-child adoption or up to \$10,000 combined maximum for a sibling-group adoption. Generally the child adopted must be under the age of 18. Expenses such as adoption fees, attorney fees, court costs, and travel must be incurred on or after January 1, 2017. For more information, contact MyAmbassador at **1-888-892-7180**.

Employee Assistance Program (EAP)

Too much to do, and too little time to get it all done? Work, family, relationships, even planning vacation travel can add up to too much stress in your life. That's where GuidanceResources®, Amazon's Employee Assistance Program (EAP), can help.

GuidanceResources is administered by ComPsych and gives you free, confidential support, resources, and referrals for every aspect of your work and personal life. GuidanceResources is available 24 hours a day, 7 days a week for you and family members living with you.

Call the EAP for resources and referrals for counseling services related to bereavement, marital issues, depression, anxiety, stress, and other concerns. Additionally, GuidanceResources can assist with legal and financial questions, finding child or elder care, moving, and other personal needs. Up to three counseling sessions are available for each issue.

Visit guidanceresources.com or call **1-855-435-4333**. Use Company ID "AmazonEAP" when registering online for the first time.

Support for Children with Developmental Disabilities

Rethink Benefits is a program to help children who have autism and/or other developmental disabilities build the skills they need to reach their fullest potential. Families can access a variety of resources and support at no cost, including:

- Live clinical support
- An innovative online library of over 1,500 video-based lessons based on proven applied behavior analysis (ABA) teaching techniques
- Research-based assessments, which help guide parents and service providers in building unique treatment plans individualized for the particular needs of their child
- Rethink's Training Center, which helps train parents and service providers in ABA teaching techniques and strategies for implementing lessons
- Data collection tools to help monitor your child's progress and guide instruction

These comprehensive resources have been developed by a team of experienced, caring clinicians and are continually updated to offer you the latest treatment techniques and research. To access Rethink Benefits, register online at amazon.rethinkbenefits.com or call **1-877-988-8871**.

Child, Elder, and Pet Care Referrals and Assistance

Through Care Advantage you have free* memberships to **Sittercity** (babysitters, nannies, special needs caregivers, pet sitters, etc.) and **Years Ahead** (senior care needs, access to in-home health care, companion care, assisted living facilities, and nursing homes). To activate your Care Advantage membership, visit careadvantage.com/amazon or call **1-844-858-8336**.

* The Company pays for website access while you pay for the actual care you need.

Sittercity

Sittercity.com connects you with babysitters, nannies, special needs caregivers, pet sitters, and other household help. You can search by location or other qualifications, or post a job on the site so available caregivers can apply directly to you. Review caregiver profiles that include photos, biographies, experience, hourly rates, reviews by other members, and references to find the perfect caregiver for your care needs. You can instantly run standard background checks on potential caregivers at no extra charge to you.

Years Ahead

Years Ahead is a comprehensive solution for your senior care needs. You can take a needs assessment to help determine the level of care needed for your loved one, or you can call and speak with a Certified Senior Care Advisor that can help you through the process. Years Ahead provides access to both in-home health care and companion care, as well as specialized care facilities, including assisted living facilities and nursing homes.

Employee Discount

Eligible U.S. employees receive a 10% discount off Amazon merchandise. The code provides 10% off retail purchases of Amazon merchandise shipped and sold on Amazon.com, including digital items fulfilled by Amazon. The discount will not apply to items shipped or sold by a third party. The discount is capped at \$1,000 of merchandise purchased (\$100 of savings) per calendar year. Discount codes are reset every year on January 1. At the beginning of each year, employees need to collect their new code in PeopleSoft Self-Service. You can find your unique discount code by visiting **peopleportal.amazon.com** when on the Amazon network, logging in with your Amazon login ID and password and navigating to Self Service > Amazon Employee Self Service > Employee Discount Code. For more information, go to Inside Amazon.

Survivor Support and Transitional Support Financial Counseling

A life-threatening illness or death of a loved one can be one of life's most overwhelming events. Crucial decisions will likely have to be made that can affect your family's financial well-being over the long term. To help you and your family during such a difficult time, you have access to objective and professional guidance from Ayco – a leading expert in financial counseling services. Ayco's TransitionalSupportSM and SurvivorSupport[®] services can help you make benefit plan decisions, update or initiate estate planning documents, and settle a family member's estate. For more information, please go to the Survivor documents on the [Benefits Enrollment Tool](#) under the Benefits tab or call **1-800-235-3417**.

Business Travel Program

Amazon's Business Travel Program is designed to keep you safe and healthy while you are away from your home country on Amazon business. We also offer all business travelers, whether domestic or international, special business accident insurance.

Business Travel Accident

The Company provides Business Travel Accident insurance to employees traveling on approved domestic or international business trips. Amazon partners with Chubb to provide coverage. Coordination of services and claims is provided by International SOS.

Accidental Death and Dismemberment	Up to four (4) times salary, subject to a minimum of \$100,000 and a maximum of \$320,000 of accidental death insurance. Accidental Dismemberment insurance is a percentage of the accidental death amount, ranging from 25% to 100%.
Emergency Medical Evacuation and Repatriation	Provides up to \$1,000,000 for emergency medical evacuation and repatriation expenses combined.
Natural Disaster or Political Evacuation	This benefit pays for evacuation expenses in the event of a natural disaster or political evacuation while traveling on business (in addition to the benefits above).



How to contact International SOS

International Business Travel Assistance

International SOS is a 24/7 travel assistance resource for Amazon international business travelers. International SOS helps with medical, security, and logistical questions, including:

- Pre-departure medical and security information
- Country background, including visa and vaccine requirements
- Access to International SOS physicians for advice and referrals
- Coordination of medical and security evacuations
- Lost document advice and assistance

Medical Benefits Abroad (MBA)

Cigna Global Health Benefits provides coverage for accidents and illnesses that occur while you are traveling abroad on an approved business trip outside your country of residence, up to a maximum benefit of \$200,000. When possible, call International SOS first to help you coordinate your medical care to potentially reduce out-of-pocket costs and logistical issues.

For more information about coverage or filing claims, visit the International Business Travel page on Inside Amazon under US Benefits. You can also go to Cigna Envoy, a self-service portal that provides information for international travel as well as online transactions. Go to www.CignaEnvoy.com and log on by entering the username 00942AMBA and password: Cigna1.

Terms to Know

Allowed amount: The maximum amount on which our Medical Plan bases payments for covered services. This may also be called “eligible expense,” “payment allowance,” or “negotiated rate.” **If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.**

Annual base salary: Your basic rate of compensation, not including commissions, overtime, premium pay, bonuses, or any other compensation.

Coinsurance: The percentage of the charges you are responsible for paying when you get care (for example, the plan pays 90% and you pay 10%).

Combined deductible: For family coverage, the entire family has one deductible that applies to everyone. Once the family, in any combination, reaches that family deductible, the plan begins paying coinsurance for the whole family.

Copay: The flat fee you pay to the provider based on the care or service you receive.

Deductible: The amount you pay for certain services each year before the plan begins to pay benefits.

Imputed income: Defined by the IRS as income that may not be seen or delivered as cash but comes in the form of a benefit. Premiums paid by the Company for Basic Life Insurance coverage in excess of \$50,000 are considered imputed income. As a result, you will pay tax on amounts related to this coverage.

Individual deductible: Each member of the family has to reach the individual deductible amount before the plan starts paying coinsurance for that person. Once two or more family members reach the family deductible, the plan begins paying coinsurance for the whole family.

In-network: The doctors, hospitals, laboratories, pharmacies, etc., that are members of the plan’s provider network. When you see an in-network provider, the plan pays a higher benefit.

Out-of-network: The doctors, hospitals, laboratories, pharmacies, etc., that are not members of the plan’s provider network. When you see an out-of-network provider, the plan pays a lower benefit (or no benefit if you’re in the In-Network Only Plan, except for medical emergencies). If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.

Out-of-pocket maximum: The total amount you would pay during the plan year, including your deductible, coinsurance, and copays. If what you pay reaches this amount, the plan will pay 100% of your covered costs for the rest of the plan year.

Plan year: The period from April 1, 2017, to March 31, 2018.

Preventive care: Routine visits to your doctor to prevent illnesses and improve your health. Preventive care includes annual check-ups, immunizations, and certain screenings. The plans pay 100% of the cost of in-network preventive care.

Proof of good health: You and/or your dependent may need to provide personal health information to be considered eligible for life insurance coverage. Insurance companies use this information to determine your insurability.

Qualifying change in status: A life event that allows you to make changes to some of your benefit elections during the year. Examples include: a change in your marital status, the start or end of a domestic partnership, the death of your spouse/domestic partner, the birth/adoption of a child, or a change to your or your spouse’s employment status.

For the full list of qualifying life events, visit the Benefits Enrollment Tool and review the Amazon.com Section 125 plan document.

Referral (this applies only to the In-Network Only Plan): If you enroll in the In-Network Only Plan, you must designate a Primary Care Physician (PCP), and your PCP must give you a referral if you want to see certain specialists. Refer to the plan’s Summary Plan Description for details.

Contact Information

CONTACT		PHONE	WEBSITE
IF YOU NEED HELP...			
Employee Assistance Program	GuidanceResources Company ID "AmazonEAP"	1-855-435-4333	guidanceresources.com
Medical Advice Line	For Aetna members	1-866-574-9124	N/A
	For Premera Blue Cross members	1-877-995-2696	N/A
IF YOU HAVE QUESTIONS ABOUT...			
Your Benefits	The Benefits Service Center (Monday through Friday, 5 a.m. to 6 p.m. Pacific Time.)	1-866-644-2696	amazon.ehr.com
FOR IMPORTANT PLAN PROVIDER INFORMATION...			
Aetna Medical	Aetna Group # 868402	1-866-574-9124	aetnaresource.com/amazon
Premera Medical	Premera Blue Cross Group #4000083	1-877-995-2696	premera.com/amazon
Express Scripts Prescription Drug Plan	Express Scripts Customer Service	1-844-626-9387	express-scripts.com/amazon
Dental	Delta Dental of Washington Group #9013	1-844-466-8847	deltadentalwa.com
Vision	Vision Service Plan Group #12077753	1-800-877-7195	vsp.com
Health Savings Account/ Flexible Spending Accounts	For Aetna members	1-866-574-9124	connectyourcare.com
	For Premera Blue Cross members	1-877-995-2696	connectyourcare.com
Life and AD&D Insurance	Securian Life Group #70004	1-866-293-6047	amazon.ehr.com
401(k) Plan	Vanguard Plan #093958	1-800-523-1188	vanguard.com
Restricted Stock Units	Morgan Stanley Service Center	1-866-533-2575	morganstanley.com/amazonmystock

Health Plan Paycheck Contributions

Amazon shares the cost of health benefits with you. Your cost depends on your work status (30-40 Hours/Week or Part-Time 20-29 Hours/Week), the plan you choose, and whom you cover. Your paycheck contributions are deducted from your pay before federal and Social Security taxes are calculated, helping to reduce your taxable income. Paycheck contributions are deducted according to your pay frequency. The contribution rates below are effective from April 1, 2017, to March 31, 2018.

Bi-Weekly Contributions	30-40 Hours/Week				Part-Time 20-29 Hours/Week*			
	Employee Only	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Employee + Family
MEDICAL PLANS								
Shared Deductible Plan (Aetna or Premera Blue Cross)	\$12.00	\$78.46	\$63.69	\$130.15	\$18.00	\$117.69	\$95.54	\$195.23
Standard Plan (Aetna or Premera Blue Cross)	\$30.46	\$108.92	\$84.92	\$160.62	\$45.69	\$163.38	\$127.38	\$240.92
Health Savings Plan (Aetna or Premera Blue Cross)	\$12.00	\$78.46	\$63.69	\$130.15	\$18.00	\$117.69	\$95.54	\$195.23
In-Network Only Plan (Premera Blue Cross)	\$36.00	\$138.00	\$108.00	\$200.77	\$54.00	\$207.00	\$162.00	\$301.15
DENTAL PLAN	\$3.23	\$18.92	\$18.92	\$30.00	\$4.85	\$28.38	\$28.38	\$45.00
VISION PLAN	\$0.92	\$1.85	\$1.85	\$2.77	\$1.38	\$2.77	\$2.77	\$4.15

*Does not apply to Class Q employees.

Monthly Contributions	30-40 Hours/Week				Part-Time 20-29 Hours/Week*			
	Employee Only	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Employee + Family
MEDICAL PLANS								
Shared Deductible Plan (Aetna or Premera Blue Cross)	\$26.00	\$170.00	\$138.00	\$282.00	\$39.00	\$255.00	\$207.00	\$423.00
Standard Plan (Aetna or Premera Blue Cross)	\$66.00	\$236.00	\$184.00	\$348.00	\$99.00	\$354.00	\$276.00	\$522.00
Health Savings Plan (Aetna or Premera Blue Cross)	\$26.00	\$170.00	\$138.00	\$282.00	\$39.00	\$255.00	\$207.00	\$423.00
In-Network Only Plan (Premera Blue Cross)	\$78.00	\$299.00	\$234.00	\$435.00	\$117.00	\$448.50	\$351.00	\$652.50
DENTAL PLAN	\$7.00	\$41.00	\$41.00	\$65.00	\$10.50	\$61.50	\$61.50	\$97.50
VISION PLAN	\$2.00	\$4.00	\$4.00	\$6.00	\$3.00	\$6.00	\$6.00	\$9.00

*Does not apply to Class Q employees.

Paying for Domestic Partner Benefits

If you cover your non-tax dependent domestic partner and/or his or her children, the IRS considers both your and Amazon's contribution toward the cost of coverage as taxable income to you. **Beginning April 1, 2017, Amazon will no longer increase your pay to cover these additional taxes, known as "gross up" pay.**

You can choose to drop coverage for your domestic partner during open enrollment. Domestic Partners can enroll in medical coverage through the Exchange during a special enrollment period. Visit Amazon's Marketplace Tool from the Benefits Enrollment Tool for more information.

This Benefits Enrollment Guide represents a brief summary of your choices under Amazon's Benefit Plans and Programs. It is not intended to provide a complete description of each plan. Please refer to the Summary Plan Description and any other official documents for complete information about each benefit. Although every effort has been made to ensure information in this guide is accurate, the provisions of the official plan documents will govern in case of any discrepancy. Amazon's Benefit Plans and Programs are subject to review by the Company and may be modified or terminated at any time for any reason. This guide does not create a contract of employment between Amazon and any employee.

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HRA Funding and Deductible for the 2017-2018 Plan Year

If your coverage starts in this month	EMPLOYEE ONLY		EMPLOYEE + SPOUSE/DOMESTIC PARTNER OR CHILD(REN)		EMPLOYEE + FAMILY	
	Company-funded HRA	Deductible	Company-funded HRA	Deductible	Company-funded HRA	Deductible
May	\$458	\$916	\$917	\$1,834	\$1,375	\$2,750
July	\$375	\$750	\$750	\$1,500	\$1,125	\$2,250
September	\$292	\$584	\$583	\$1,166	\$875	\$1,750
November	\$208	\$416	\$417	\$834	\$625	\$1,250
January	\$125	\$250	\$250	\$500	\$375	\$750
March	\$42	\$83	\$83	\$166	\$125	\$250

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HSA Company Contribution and Deductible for the 2017-2018 Plan Year

Effective on the first of the month following enrollment in the HSA. For enrollments made during Open Enrollment only, effective April 1.

If your coverage starts in this month	EMPLOYEE ONLY		EMPLOYEE + SPOUSE/DOMESTIC PARTNER OR CHILD(REN)		EMPLOYEE + FAMILY	
	Company HSA Contribution	Deductible	Company HSA Contribution	Deductible	Company HSA Contribution	Deductible
May	\$458	\$1,500	\$917	\$3,000	\$1,375	\$4,500
July	\$375	\$1,500	\$750	\$3,000	\$1,125	\$4,500
September	\$292	\$1,500	\$583	\$3,000	\$875	\$4,500
November	\$208	\$1,500	\$417	\$3,000	\$625	\$4,500
January	\$125	\$1,500	\$250	\$3,000	\$375	\$4,500
March	\$42	\$1,500	\$83	\$3,000	\$125	\$4,500

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Contacting International SOS:

- Go to the International Business Travel page on Inside Amazon under US Benefits and print the handout.
- Download the ISOS Membership App. Open your smartphone's browser and go to [Internationalsos.com](https://internationalsos.com). Enter Amazon's membership number: 11BCPA000001.
- Call International SOS at +1-215-942-8226 if you need medical or security assistance, 24 hours a day, 7 days a week. Collect calls are always accepted.