

2016 OPEN ENROLLMENT GUIDE

FLIGHT ATTENDANTS

HUMAN RESOURCES

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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. See page 39-40 for more details.



WELCOME

YOUR 2016 BENEFITS OPEN ENROLLMENT November 1st – 24th, 2015

We want to welcome all Spirit Team Members to the 2016 Benefits Open Enrollment!

This is the time of year when all eligible Team Members can re-evaluate their benefit needs and review current plan elections, to ensure they continue to meet their needs and those of their families. Now is the time to make changes to all 2015 elections, or enroll for the first time for the 2016 calendar year. Any new elections and all changes will become effective January 1, 2016, and will continue through December 31, 2016.

You can add or remove benefits, dependents, amounts of insurance, and more. Any changes requested to your health and welfare plans after the open enrollment period will require a Qualifying Life Event, such as changes in marital status, birth, spouse's work status or coverage, etc.

This guide is designed to provide you with information about your benefits and help you make informed benefit choices. We encourage you to spend time reviewing all the information in this packet; even if you plan to stay with your current benefit elections.

We have simplified the enrollment process by offering a full passive session! Your current benefit elections will automatically rollover to next year; unless you tell us you want to change your plan.

The cost of healthcare continues to rise for everyone. Cost increases can be seen and felt by each of us in the form of higher out of pocket costs for procedures, and are seen by Spirit when it compares its total benefits cost from one year to the next. Due to the continued increase in the cost of healthcare, Team Members and Spirit will be sharing year-over-year increases in contribution rates for all plans for 2016.

We will be conducting Open Enrollment information sessions at a number of stations, Crew bases, and at the Spirit Support Center. Please watch for upcoming communications regarding dates and times.

Spirit is committed to offering a competitive benefits package to help you take care of yourself and the important people in your life. Please let us know if we can be of any assistance to you during Open Enrollment.

OPEN ENROLLMENT HIGHLIGHTS



- 2016 Open Enrollment will be held from Sunday, November 1, 2015 through Tuesday, November 24, 2015.
- We are pleased to announce that a full Passive Open Enrollment option is available for this year's session. This means that if you want to maintain all your current elections for 2016 (including dependents and beneficiaries) you will not have to complete the Enrollment process. Your current benefit elections will automatically rollover to next year.
- An active Open Enrollment option is also available in the event that you would like to make changes to your benefit elections or dependents.
- Please note that in order to participate in the Flexible Spending Account (FSA) program you **must** actively enroll or re-enroll for the 2016 calendar year as per IRS (Internal Revenue Service) regulations. ***This is the only benefit that will not rollover to next year.***
- Your Open Enrollment materials will be emailed to your Spirit email address and posted on the home page of Employee Self Service (ESS) the week of October 26, 2015.
- To enroll in any Voluntary Life coverage (self, spouse and children) or to make changes to your existing voluntary coverage amount, manual enrollment is required. All enrollment forms are available on Employee Self Service (ESS) > 2016 Open Enrollment.
- **During Open Enrollment everyone should take time to review and update any personal information in ESS. Please make sure that you have an updated address, cell and home phone number, email address and emergency contacts in our system. To update your information go to ESS > Myself> Name, address and Phone number.**
- If you have any questions about your enrollment please contact Human Resources at 954-447-7888 or at hr@spirit.com.

Benefit Changes Summary



Medical

- We are pleased to introduce a new health plan for 2016. The High Deductible Health plan is compatible with an exciting new benefit – a Health Savings Account (HSA). With an HSA you can:
 - **Save up to 30% more for healthcare.** You don't pay taxes on the money you put in, spend on qualified healthcare expenses, or earn in an HSA.
 - **Take advantage of lower premiums.** HSA-qualified health plans typically have lower premiums than other plans. Add the money you save on premiums to your HSA — it's like earning extra income!
 - **The money never expires.** Unlike a Flexible Spending Account (FSA), the money saved in your HSA is yours and carries over from year-to-year. Even if you change jobs, switch health plans, or retire — you own your HSA.
 - **Use it for your family.** You can also use your HSA to pay for qualified expenses for your spouse and tax dependents, even if they're not covered by your health plan.
- We will offer this High Deductible Health Plan with a HSA-qualified account along with your other Health plan options, Plan A, Plan B, EPO and HealthFund Diamond. Please see page 10 for details.

Prescription Program

- Effective January 1, 2016 Optum RX will no longer be the carrier for our prescription program. Our new pharmacy carrier will be Express Scripts. See page 11 for details.
- If you have any questions about your enrollment please contact Human Resources at 954-447-7888 or at hr@spirit.com.

General

- Effective January 1st, 2016, you will be able to cover your Domestic Partner in all of your health plan options. Please note that as per the IRS guidelines your Domestic Partner's premiums must be made post-tax and will be subject to imputed income. Please see page 22 for more details.

ELIGIBLE DEPENDENTS

Spirit extends Health, Dental and Vision coverage to your eligible dependents. Please note that if you are adding a new dependent to your benefits for 2016, you are required to provide supporting documentation to prove their eligibility for coverage.

You can send the supporting documentation to Human Resources by fax at 954-447-7962 or email to hr@spirit.com. Please make sure that you write your name and employee number on any documentation submitted.

Supporting documentation must be received by Tuesday, November 24, 2016.

RELATIONSHIP	REQUIRED DOCUMENTATION
Spouse	Copy of certified marriage certificate/ license
Domestic Partner	Complete Domestic Partner Declaration form including required documentation. Form is located on ESS> Home Page > Open Enrollment
Natural Child	Copy of certified Birth Certificate
Stepchildren	Copy of Certified Birth Certificate
Adopted Child	Copy of the adoption documents along with birth certificate

QUALIFYING LIFE EVENTS

The Internal Revenue Service (IRS) rules direct that Team Members enrolled in pre-tax benefit plans only make elections or changes to their plans once per year. Because of these rules, your benefit elections (with the exception of voluntary life insurance) will be binding through December 31, 2016; however, you may make changes to your election (add or drop your coverage and/or your dependents) if you experience one or more of the following special circumstances, which are known as Qualifying Life Events:

- Change in legal marital status (including marriage, divorce, death of spouse, legal separation, or annulment)
- Domestic Partnership status (you enter into or terminate a domestic partnership)
- Change in the number of dependents (including birth, death, adoption, legal guardianship, and placement for adoption)
- Employment status (any event that changes your, your spouse, your domestic partner or your other dependents employment status that results in gaining or losing eligibility for coverage)
- Dependent status (any event that causes your dependent to become eligible or ineligible for coverage).

You have 31 days from the day the qualifying event occurred to process these changes through ESS (Employee Self Service). If you do not submit the information within 31 days you will have to wait until the next Open Enrollment period.

HEALTH INSURANCE PLANS

- Visit www.myuhc.com or call 1-888-380-1844 for more information about your plans
- You can obtain a complete Summary Plan Description for each plan on ESS > Home Page > 2016 Open Enrollment
- You will receive a new ID card for 2016.
- You can always print a temporary ID card from www.myuhc.com.
- You can also download the United Healthcare smart phone app “Health4me” to access your ID card.
- Available Plans:
 - Choice Plus POS Plan A
 - Choice Plus POS Plan B
 - Select EPO Plan
 - Healthfund Diamond
 - High Deductible Plan with HSA

	Choice Plus POS Plan A		Choice Plus POS Plan B		Choice Plan Select EPO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY
Deductible (annual)					
Individual	\$299	\$299	None	\$299	NONE
Family	\$899	\$899	None	\$899	NONE
Co-Insurance	90%	70%	100%	80%	90%
Coinsurance Limit					
Individual	\$599	\$1,798	\$599	\$1,199	\$1,199
Family	\$1,798	\$5,397	\$1,801	\$3,598	\$3,598
Annual Out-of-Pocket Maximum	<i>(includes deductible, coinsurance, medical and Rx copays)</i>				
Individual	\$898	\$2,097	\$599	\$1,498	\$1,199
Family	\$2,697	\$6,296	\$1,801	\$4,497	\$3,598
Office Visits	\$17 co-pay (deductible waived)	70% after deductible	\$11 co-pay	80% after deductible	\$17 co-pay
Special office visits (non-surgical)	\$17 co-pay (deductible waived)	70% after deductible	\$11co-pay	80% after deductible	\$17 co-pay
Emergency room	\$89 co-pay (waived if confined)	\$89 co-pay (waived if confined)	\$61 co-pay (waived if confined)	\$61 co-pay (waived if confined)	\$29 co-pay; waived if confined
Hospital-inpatient	90% after deductible	70% after deductible	100% after deductible	80% after deductible	90%
Hospital-outpatient	90% after deductible	70% after deductible	100% after deductible	80% after deductible	90%

HEALTH INSURANCE PLANS

Administered by United Healthcare

Choice Plus HRA Diamond HealthFund			High Deductible Plan w/ HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Employer deposit Fund (fund coinsurance reimburses at 100%)	The fund will be used to pay for your member responsibility, including your deductible and co-insurance. Once the deductible is met, the underlying medical plan provides coverage and if a fund balance still exists, the fund will pay your member responsibility (your share of co-insurance) until the out of pocket maximum has been satisfied or the fund has been exhausted, whichever comes first		Spirit will deposit the appropriate amounts noted below into an account with Optum Bank on January 1 st , 2016. You also may deposit funds into this account on a pre-tax basis through payroll deductions.	
EE only	\$1,000		\$1,000	
EE+1	\$2,000		\$2,000	
Family	\$3,000		\$2,000	
Deductible (annual)	All covered expenses accumulate toward both the In-network and out-of-network deductible. Once family deductible is met, all family members will be considered as having met their deductible for the remainder of the plan year.			
EE only	\$1,500	\$1,500	\$2,500	\$5,000
EE+1	\$3,000	\$3,000	\$5,000	\$10,000
Family	\$4,500	\$4,500	\$5,000	\$10,000
Co-Insurance	90%	60%	90% Preferred Tier 1. 80% Non Preferred Tier 1	50%
Coinsurance Limit				
EE only	\$1,000	\$2,000	\$2,500	\$5,000
EE+1	\$2,000	\$4,000	\$5,000	\$10,000
Family	\$3,000	\$6,000	\$5,000	\$10,000
Out-of-Pocket Maximum (Out-of-Pocket max limit includes deductible, coinsurance, medical and Rx copays)			No individual within a family is responsible for more than \$6,550	
EE only	\$2,500	\$3,500	\$5,000	\$10,000
EE+1	\$5,000	\$7,000	\$10,000	\$20,000
Family	\$7,500	\$10,500	\$10,000	\$20,000
Office visits	90% after deductible	60% after deductible	Applicable coinsurance after deductible	50% after deductible
Special office visits (non-surgical)	90% after deductible	60% after deductible	Applicable coinsurance after deductible	50% after deductible
Emergency room (true emergency)	90% after deductible	90% after deductible	Applicable coinsurance after deductible	50% after deductible
Hospital-inpatient	90% after deductible	60% after deductible	Applicable coinsurance after deductible	50% after deductible
Hospital-outpatient	90% after deductible	60% after deductible	Applicable coinsurance after deductible	50% after deductible

HEALTH SAVINGS ACCOUNT

Administered by United Healthcare

You must be enrolled in the High Deductible Health Plan in order to be eligible to open an HSA.

Health Savings Accounts

A health savings account (HSA) is an account funded to help you save for future medical expenses not covered by your insurance plan, including the deductible, coinsurance and even dental expenses. You must be enrolled in a HSA compatible health plan to be eligible, there are certain advantages to putting money into these accounts, including favorable tax treatment and the ability to roll unused funds over from year to year.

What are the benefits of an HSA Account:

- You can use the funds in this account to pay for qualifying out-of-pocket expenses, such as deductibles, copayments and coinsurance.
- The contributions made by you and Spirit are tax-deductible.
- Interest accrued in your HSA Account is also tax-free.
- You can withdraw money from your HSA without paying taxes to cover the cost of qualifying medical expenses.
- Unspent funds can remain in your HSA account from year to year, unlike flexible spending accounts and health reimbursement accounts, that require you to spend or lose the money that was set aside each year.
- HSA accounts are Portable, meaning they stay with you even if you change jobs or leave the workforce.

HSA Contributions

You can make a contribution to your HSA via payroll deductions each year that you are eligible. Spirit will also fund your account on January 1, 2016. Contributions from all sources are limited by the IRS and cannot exceed the following in 2016:

	Spirit Contribution (Full amount for year 2016 will be deposited on January 1st, 2016)	HSA 2016 Limits (Under IRS regulations includes Spirit funding)	HSA Catch Up Contribution (For Team Members 55 and over)
Individual Only	\$1,000	\$3,350	\$1,000
Family	\$2,000	\$6,750	\$1,000

How to Enroll

Once you enroll in the High Deductible Plan, your information and company funding will be transferred to United Healthcare. An HSA account will be automatically open for you with Optum Bank. You will have the ability to add funds to your HSA account through payroll deductions in addition to the company funding. Employee contributions via payroll deduction are completely voluntary. Within 10 days of opening your HSA you will receive your Optum Bank Health Savings Account Debit card .

You can maintain your HSA online by registering at www.optumbank.com

For more information contact Optum Bank at 1-866-234-8913 . Automated information is available 24 hours a day. Customer care professionals are available Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time.

PRESCRIPTION PROGRAM

Administered by Express Scripts

- There is no extra cost for your prescription program.
- Your new UHC card will also have your pharmacy information on it.
- Your Rx ID number is included on your health insurance card; you will receive a new ID card for 2016.
- Visit www.express-scripts.com or call 1-800-282-2881 for more information about your prescription program

Choice Plus POS Plan A & Plan B

	Retail Pharmacy 30 day supply	Mail in Order 90 day supply
Generic	\$11	\$22
Formulary Brand	\$23	\$46

Choice Plan Select EPO

Generic	\$8	\$16
Brand	\$11	\$23

Choice Plus HRA Healthfund Diamond

Generic	\$15	\$30
Formulary Brand	\$25 min/\$300 max Copay lesser of 25%	\$50 min/\$600 max Copay lesser of 25%
Non- Formulary Brand	\$50 min/ no max Copay greater of 50%	\$100 min/ no max Copay greater of 50%

High Deductible Plan w/HSA

Generic	\$10 after deductible	\$20 after deductible
Formulary Brand	\$25 after deductible	\$50 after deductible
Non- Formulary Brand	\$50 after deductible	\$100 after deductible
Specialty	50% max \$300	50% max \$600

DENTAL INSURANCE PLANS

Administered by Aetna

- Please remember that you are not going to receive an ID card from Aetna, even if you change plans.
- Visit www.aetnavigators.com or call 1-877-238-6200 to locate nearby providers and for more information about your Dental plans.
- Dental rates apply only if you are **not** enrolled in a medical plan; If you are enrolled in a medical plan, your dental premium is waived.
- To obtain a complete summary of each plan, go to ESS > Home Page> 2016 Open Enrollment
- Available Plans:
 - Aetna Dental DMO
 - Aetna Dental PPO

	Aetna Dental PPO	Aetna Dental DMO
	<ul style="list-style-type: none"> • Under this plan, you may choose at the time of service either a PPO participating dentist or any non-participating dentist. • With the PPO plan, savings are possible because the participating dentists have agreed to provide care at a negotiated fee schedule. • Non-participating benefits are subject to reasonable and customary charge limits. 	<ul style="list-style-type: none"> • For a covered person to be eligible for benefits, dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. • Under the DMO dental plan, services performed by specialists are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna Dental.
Deductible		
Individual	\$61	N/A
Family	\$179	N/A
Office Visit	N/A	\$5.00
Diagnostic and Preventive Care	100%	100%
Basic services	80%	See DMO summary for fee schedule (ESS> Home Page > 2016 Open Enrollment)
Major services	50%	
Annual benefit maximum	\$1,500	
Orthodontia	Not covered	

VISION INSURANCE PLAN

Administered by Vision Service Plan (VSP)

- Spirit Airlines offers a vision plan through Vision Service Plan. This plan allows you to receive an eye exam once every 12 months, and provides substantial savings on your eye-care purchases. The plan is available through thousands of private provider locations participating in the VSP network.
- You will not receive an ID card from VSP
- Visit www.vsp.com to print your ID card or call 1-800-877-7195 to find a nearby provider.

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Doctor			
Well Vision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> • \$150 allowance for a wide selection of frames • 20% off amount over your allowance 	Included in prescription glasses	Every calendar year
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	Included in prescription glasses	Every calendar year
Lens Options	<ul style="list-style-type: none"> • Progressive lenses • Scratch-resistant coating • UV protection • Average 20-25% off other lens options 	\$0 \$0 \$0	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$150 allowance for contacts: copay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Extra Savings and Discounts	<ul style="list-style-type: none"> • Glasses and Sunglasses 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last well vision exam • Laser Vision Correction Average 15% off the regular price or 5% off the promotional price: discounts only available from contracted facilities 		

LIFE INSURANCE

Administered by Principal Insurance

EMPLOYEE VOLUNTARY LIFE INSURANCE

You have the opportunity to elect Voluntary Life insurance or modify your current coverage amount at any time throughout the year and during Open Enrollment:

- The maximum amount of coverage is the amount of 5 times your base salary or \$500,000, whichever is less.
- Minimum amount of coverage is \$10,000.
- Manual enrollment is required.
- **If you are enrolling for the first time**, you must complete a Voluntary Life Enrollment form and an Evidence of Insurability form (EOI). Please complete both forms and submit them to Human Resources at your earliest convenience for processing. Forms are available on ESS > Home Page > 2016 Open Enrollment.
- **If you are already enrolled** and want to modify the amount of your Voluntary Life coverage, you must complete a Voluntary Life Enrollment form and an Evidence of Insurability form (EOI). Please complete both forms and submit them to Human Resources at your earliest convenience for processing. Forms are available on ESS > Home Page > 2016 Open Enrollment.
- All new Voluntary Life amounts are subject to approval by the insurance company.
- Coverage requiring Evidence of Insurability (EOI) will not be in force until approval is received from the insurance company (Principal).
- You will be able to review or amend your life Insurance beneficiary information. To do so please complete a Beneficiary Designation Form. Forms are available on ESS > Home Page > 2016 Open Enrollment

LIFE INSURANCE

Administered by Principal Insurance

DEPENDENT VOLUNTARY LIFE INSURANCE (SPOUSE/DOMESTIC PARTNER)

- Maximum amount of coverage is \$250,000
- Minimum amount \$5,000
- Coverage amount can be increased in increments of \$5,000
- **If you are enrolling your Spouse/DP for the first time**, you must complete a Voluntary Life Enrollment form and an Evidence of Insurability form (EOI). Please complete both forms and submit them to Human Resources at your earliest convenience for processing. Forms are available on ESS > Home Page > 2016 Open Enrollment.
- **If your Spouse/DP is already enrolled** and you want to modify the amount of their Voluntary Life coverage, you must complete a Voluntary Life Enrollment form and an Evidence of Insurability form (EOI). Please complete both forms and submit them to Human Resources at your earliest convenience. Forms are available on ESS > Home Page > 2016 Open Enrollment.

CHILDREN VOLUNTARY LIFE INSURANCE

- Maximum amount \$10,000.
- Eligibility starts at 14 days and ends at age 26.
- Can be increased in increments of \$2,500 (for children 14 days and older).
- Maximum amount for children under 14 days of age is \$1,000.
- No proof of insurability is required for Children.
- To enroll you must to complete a Voluntary Life Enrollment form. Please complete the form and submit it to Human Resources at your earliest convenience for processing. Forms are available on ESS > Home Page > 2016 Open Enrollment.

You can submit all Life insurance forms including the Beneficiary designation form to Human Resources by email at hr@spirit.com or by fax at 954-447-7962

LIFE INSURANCE

Administered by Principal Insurance

VOLUNTARY ACCIDENT INSURANCE (AD&D) EMPLOYEE & FAMILY

You have the opportunity to enroll for Voluntary Life insurance or to modify your current coverage amount at any time throughout the year, as well as during Open Enrollment:

- The maximum amount of coverage is 5 times (5x) times your base salary or \$500,000, whichever is less.
- Minimum amount of coverage is \$10,000.
- Manual enrollment is required.
- To enroll or to modify your Voluntary Accident coverage for you or your dependents, you must complete a Voluntary Accident Enrollment form. Please complete the form and submit it to Human Resources at your earliest convenience for processing. Forms are available on ESS > Home Page > 2016 Open Enrollment.
- No Evidence of Insurability form (EOI) is required for Voluntary Accident coverage.
- You can submit the forms to Human Resources by email at hr@spirit.com or by fax at 954-447-7962.

Rates for all life insurance coverage will remain the same for 2016.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

Administered by United Healthcare

The health care FSA account provides an opportunity to authorize a payroll deduction on a pre-tax basis to pay for eligible Health, Dental and Vision expenses that are not covered by your insurance plans.

To be eligible for reimbursement, a health care expense must be:

- For you, your spouse or qualifying dependent children
- Medically necessary
- Not reimbursed by your health/dental/vision insurance or any other benefit plan
- If you enroll in the High Deductible Health Plan you cannot elect a medical FSA.

Examples of eligible expenses include:

- Health plan copays
 - Dental expenses
 - Prescription expenses
 - For a complete list of eligible/non-eligible expenses visit www.myuhc.com or call member services at 1-888-380-1844
-
- You will receive a debit card from United Healthcare to use for your eligible expenses **ONLY** if you are a new enrollee in the plan.
 - Maximum amount that you can contribute towards your Health care FSA for 2016 is \$2,550.
 - Minimum amount that you can contribute towards your Health care FSA for 2016 is \$250.
 - **You are required to re-enroll every year for your FSA account. This benefit does not rollover to the following year.**
 - **Remember** that FSA dollars are "use-it-or-lose-it" funds. Account balances cannot be carried over from year to year. If you have any unused funds at the end of the plan year, or at the end of any applicable grace period, those funds will be forfeited.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)

Administered by United Healthcare

The Dependent care FSA account provides an opportunity to authorize a payroll deduction on a pre-tax basis to pay for eligible dependent care expenses. ***Please note that this account cannot be used to pay for healthcare expenses of your eligible dependents.***

- **A qualifying dependent is:**
 - A tax dependent of yours that is under age 13
 - Any other tax dependent, such as an elderly parent, who is physically or mentally incapable of self-care and has the same principal residence as you.
 - A spouse who is physically or mentally incapable of self-care and has the same principal residence as you

- **Examples of eligible expenses include :**
 - Adult day care
 - Before/after school care
 - For a complete list of eligible/non-eligible expenses visit www.myuhc.com or call member services at 1-888-380-1844

- You will receive a debit card from United Healthcare to use for your eligible expenses **ONLY** if you are a new enrollee in the plan.
- Maximum amount that you can contribute towards your Dependent Care FSA for 2016 is \$5,000.
- Minimum amount that you can contribute towards your Dependent Care FSA for 2016 is \$250.
- **You are required to re-enroll every year for your FSA account. This benefit does not rollover to the following year.**

- **Remember** that FSA dollars are "use-it-or-lose-it" funds. Account balances cannot be carried over from year to year. If you have any unused funds at the end of the plan year, or at the end of any applicable grace period, those funds will be forfeited.

401 K RETIREMENT SAVINGS PLAN

Administered by Charles Schwab

- You can make changes to your 401K plan at any time throughout the year. You don't have to wait until Open Enrollment to process changes to your retirement plan.
- To enroll or to make changes to your 401K, please contact Charles Schwab directly at 1-800-724-7526 or at www.Schwab.com/workplace.
- The 2016 401K plan limits are:

	2016
Employee Contribution Limit	\$18,000
Catch Up Contribution 50+	\$6,000
Defined contribution maximum deferral (Employee/Employer combined)	\$53,000

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Administered by Ceridian/LifeWorks

Just when you think you have life figured out, along comes a challenge. Whether those challenges are big or small, the Employee Assistance Program (EAP) is available to help you and your eligible dependents to find a solution and restore your peace of mind. Take advantage of the following services:

- Basic clinical and work/life support by phone or web,
- Up to three phone sessions with licensed behavioral clinicians,
- 24/7 phone consultation with LifeWorks licensed clinicians,
- Unlimited access to online research and other key resources,
- Life events research and qualified referrals (i.e., child care providers).

TRAVEL BENEFITS

Please remember that you can only drop/add dependents to your travel benefits outside of the Open Enrollment period if you have a qualifying event.

Eligible dependents for travel benefits are:

Single Team Members:

- Designated Travel Companion (anybody over the age of 18)*
- Children (to age 25)
- Parents

Married Team Members:

- Spouse
- Children/stepchildren (to age 25)
- Parents/Parents In Law*(a total of two parents between parents and parents in-law)

Team Members with Domestic Partners

- Domestic Partner*
- Team Member's children
- Team Member's parents

** Travel benefit for these dependents is subject to imputed income as per IRS rules*

Eligible Dependents	Required Documentation
Designated Travel Companion*	None
Spouse	Certified Marriage certificate/License
Children /Stepchildren	Certified Birth Certificate
Parents	Team Member's certified birth certified
Parents In-Law*	Spouse's Certified birth certificate

2016 BENEFIT RATES

(PER PAY PERIOD)

HEALTH INSURANCE PLANS

Choice Plus HRA HealthFund Diamond	EE only	EE + 1	Family			
All Levels	\$15.00	\$68.58	\$144.80	n/a	n/a	n/a
Choice Plus POS -PLAN A	EE only	EE & Spouse	EE + 1 Child	EE + 2 Child	EE + 3 Child	Family
0-18k	\$11.37	\$97.34	\$63.31	\$87.91	\$114.38	\$142.70
18,001-25k	\$17.21	\$103.02	\$68.98	\$93.56	\$120.03	\$148.38
25,001-38k	\$23.73	\$108.72	\$74.65	\$99.23	\$125.70	\$154.05
38,001+	\$27.97	\$112.47	\$78.46	\$103.03	\$129.47	\$157.86
Choice Plus POS -PLAN B	EE only	EE & Spouse	EE + 1 Child	EE + 2 Child	EE + 3 Child	Family
0-18k	\$27.98	\$204.13	\$134.21	\$190.25	\$241.93	\$292.99
18,001-25k	\$38.72	\$213.61	\$143.66	\$198.49	\$251.41	\$302.40
25,001-38k	\$49.51	\$223.03	\$153.11	\$207.90	\$260.86	\$311.88
38,001+	\$60.31	\$232.49	\$162.47	\$217.37	\$270.29	\$321.66
Choice Plan Select (EPO)	EE only	EE & Spouse	EE + 1 Child	EE + 2 Child	EE + 3 Child	Family
0-18k	\$14.74	\$126.55	\$82.34	\$114.27	\$148.68	\$185.51
18,001-25k	\$22.40	\$133.93	\$89.71	\$121.11	\$156.01	\$192.89
25,001-38k	\$30.91	\$141.27	\$97.08	\$129.15	\$163.40	\$200.26
38,001+	\$36.38	\$146.24	\$102.00	\$133.93	\$168.32	\$205.17
High Deductible Plan	EE only	EE + 1	Family			
All Levels	\$46.00	\$127.50	\$215.00	n/a	n/a	n/a

For Domestic Partner Rates, please see next page.

2016 BENEFIT RATES

(PER PAY PERIOD)

Domestic Partners

Please note that employee premium contributions for Domestic Partners must be deducted from your pay on a post-tax basis and are subject to imputed income as per IRS

Level	Plan A	Plan B	EPO	Healthfund Diamond All Levels	High Deductible Plan w/HSA All Levels
0-18k	\$85.97	\$176.15	\$111.81	\$53.58	\$81.50
18,001-25k	\$85.81	\$174.89	\$111.53	n/a	n/a
25,001-38k	\$84.99	\$173.52	\$110.36	n/a	n/a
38,001+	\$84.50	\$172.18	\$109.86	n/a	n/a

Imputed Income

According to federal tax law, employees are required to pay income taxes on the fair market value of insurance benefits being provided to a Domestic Partner. In order to withhold the appropriate tax amount from your paycheck, the value of the coverage for each non-tax dependent is “imputed” as income. You will see the imputed income amount added to each of your semi-monthly paychecks as earnings AND deducted as a withholding. You do not actually receive additional income; you only pay taxes on the amount as if it were income.

How Imputed income is calculated

This is a calculation for a Flight Attendant enrolled in Plan B Level 1

Employee only monthly premium = \$960.67

Spirit share = \$904.71

Team Member share = \$55.96

Employee + one monthly premium = \$2017.39

Spirit share = \$1609.12

Team Member Share= \$408.27

Calculation:

\$1609.12 - \$904.71= \$704.41(monthly)

\$704.41x 12 months = \$8452.92

Imputed income (for one domestic partner covered) for full year = \$8452.92.

2016 BENEFIT RATES

(PER PAY PERIOD)

DENTAL PLANS

Dental rates apply only if you do not enroll in medical coverage. If you enroll in medical coverage, your dental premium is waived.

Aetna DPPO & DMO	EE only	EE + Spouse	EE + 1 Child	EE + 2 Children	EE + 3 Children	Family	Domestic Partner
	\$2.80	\$18.16	\$11.31	\$16.94	\$22.60	\$28.21	\$13.88

VISION PLAN

	VSP Vision per pay period
EE Only	\$3.12
EE + 1	\$6.25
Family	\$10.04

TEAM MEMBER AND SPOUSE/DOMESTIC PARTNER VOLUNTARY LIFE

Age band	Rate per \$1000 per month
-29	\$0.09
30-34	\$0.10
35-39	\$0.12
40-44	\$0.19
45-49	\$0.32
50-54	\$0.53
55-59	\$0.82
60-64	\$1.28
65-69	\$2.30
70-74	\$3.69
75+	\$5.83

Sample Calculation of Voluntary Life Premium	
AGE	35
Desired Coverage Amount	\$150,000
Rate per \$1,000/month for a 35 year old	\$0.12
Calculation	$\$0.12 \times 150 = 18$
Monthly Premium	\$18.00

VOLUNTARY ACCIDENT COVERAGE AD&D

	Voluntary AD&D
EE only	\$0.04 per \$1,000 of coverage per month
Family	\$0.05 per \$1,000 of coverage per month

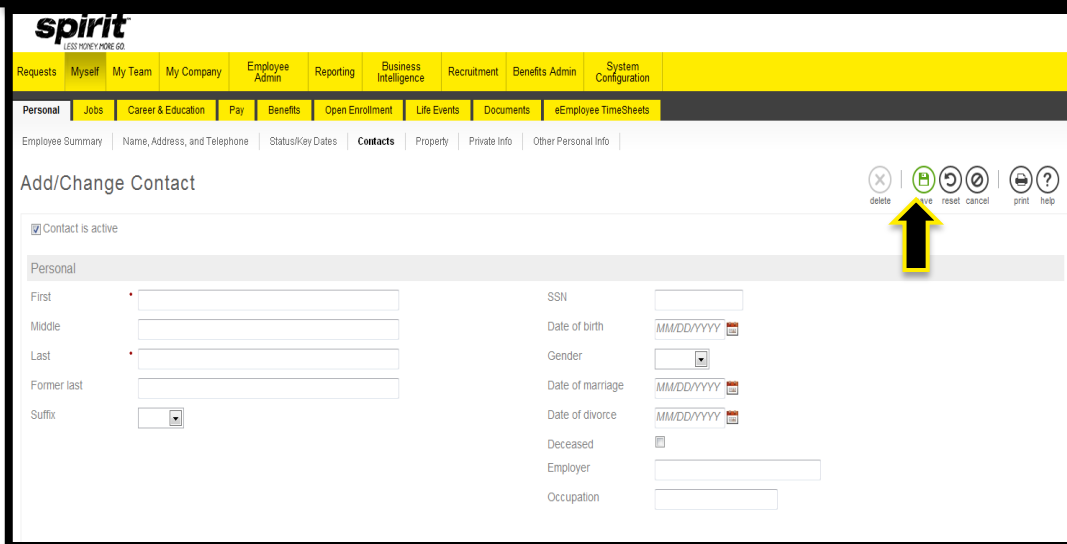
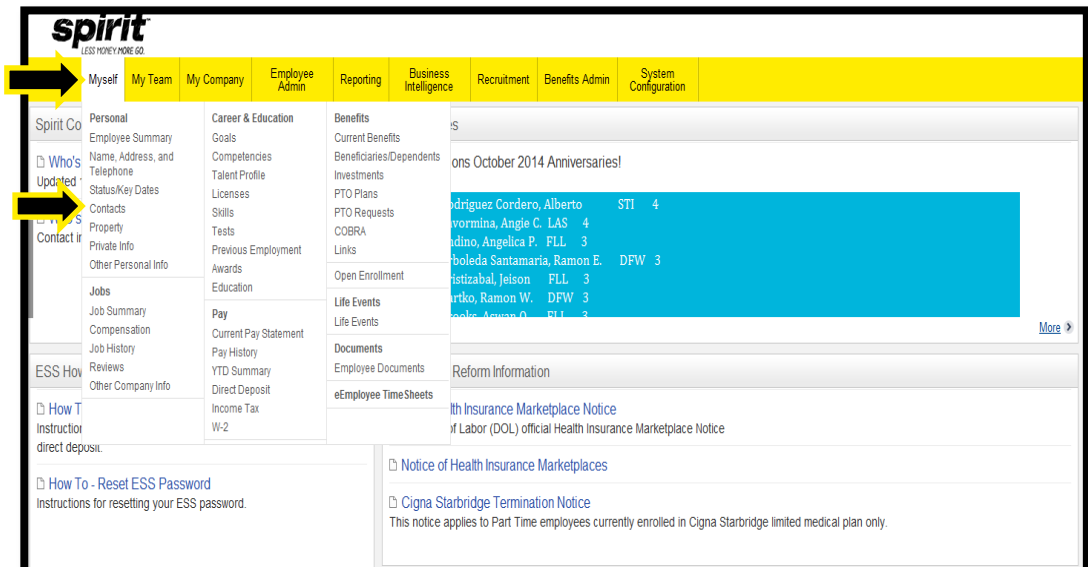
CHILD VOLUNTARY LIFE

Coverage	Rate / per month
\$2,500	\$0.45
\$5,000	\$0.90
\$7,500	\$1.35
\$10,000	\$1.80

OPEN ENROLLMENT STEP BY STEP INSTRUCTIONS

Access Employee Self Service (ESS) from any computer (compatible with Internet Explorer browser version 7 and 8 only, Firefox browser and Google Chrome; Open Enrollment module is not compatible with any Apple products) beginning Sunday, November 1, 2015 through Tuesday, November 24, 2015.

1. Access Employee Self Service (ESS) by going to www.spirit.com and clicking on Team Member login link at the bottom of the page or by going to <https://e14.ultipro.com>. **Confirm that your personal information and emergency contact information are correct.**
2. If you are adding new dependents to your benefits, enter their information before you start your enrollment, to do so, go to Myself > contacts > add. Make sure you enter your dependent's name, SSN and date of birth; Click "save".



OPEN ENROLLMENT STEP BY STEP INSTRUCTIONS

- To start your enrollment go to ESS> Myself> Open Enrollment. Select your session. The About Open Enrollment page is the starting point for making your enrollment elections. It includes a welcome message and tips for completing the session that you should read before starting your enrollment. Select “next”.

Employee Open Enrollment
OE2016 Flight Attendants

spirit
LESS MONEY MORE GO

About Open Enrollment

Verify Beneficiary And Dependent Information

Medical

Health Savings Account

Dental

Vision

Flexible Spending Account

FSA: Health Account

FSA: Dependent Account

Travel

Confirm Your Elections Or Changes

About Open Enrollment

Welcome to your 2016 Open Enrollment Session!

Open Enrollment will be held from November 1st 2016 through November 24th 2016. All changes to current benefit elections will be effective January 1st, 2016

Due to changes in your benefit offerings for 2016, this is an active open enrollment; this means that you are required to make elections for all your benefits for the next plan year.

For details on the benefit plan offerings, please consult your 2016 Open Enrollment Guide located on the Home page of ESS (Employee Self Service) under the Open Enrollment Link.

Click here to access your guide.

Helpful Tips For Completing Your Open Enrollment

Familiarize yourself with your benefit options before starting your enrollment.
Make sure you check the enroll box for all your dependents.
Review your confirmation statement to ensure you have selected your desired benefit options.
Keep a copy of your confirmation statement for your records.

Remember that you have until 11:59 pm EST on Tuesday, November 24th, 2016 to complete your enrollment. This deadline cannot be extended.

If you have any questions about your 2016 Open Enrollment, please contact Human Resources at 954-447-7888 or send us an email at hr@spirit.com

- The Verify Beneficiary and Dependent information page appears next. Review your dependents information for accuracy. If dependents are missing or their information is incorrect, you can add or modify on this page. Select “next”.

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Confirm Your Elections Or Changes

Verify Beneficiary and Dependent Information

Find by: Status Active

Name	Relationship	Designation
Dependent 1	Father	<input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input type="checkbox"/> Emergency contact
Dependent 2	Mother	<input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input type="checkbox"/> Emergency contact
Dependent 3	Designated Traveller	<input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input type="checkbox"/> Emergency contact

If you have any questions about your 2016 Open Enrollment, please contact Human Resources at 954-447-7888 or send us an email at hr@spirit.com

OPEN ENROLLMENT STEP BY STEP INSTRUCTIONS

- Select Medical. Select a plan option as well as coverage option. Check the decline box if you don't need health coverage for next year. Make sure that you enroll all your dependents (if any) by checking their enrollment box. Select "next".

The screenshot shows the 'Medical' enrollment page. On the left is a navigation menu with 'Medical' highlighted. The main content area is titled 'Medical' and contains a yellow-highlighted message: 'Spirit will continue to offer the same plans for 2016. Now you also have a new high deductible plan with an HSA option for 2016.' Below this is a checkbox for 'I decline Medical plans.' and a radio button for 'Medical: POS II Plan A'. Underneath, there is an 'Options' section with radio buttons for plans A through G. A yellow arrow points to the 'next' button in the top right navigation bar.

- **IMPORTANT!** Select the Health Savings Account ONLY if you enroll in the High Deductible Health plan. Other health plans are not eligible for a HSA account. Check the decline box if you don't need this coverage for next year. Select "next".

The screenshot shows the 'Health Savings Account' enrollment page. The left navigation menu has 'Health Savings Account' highlighted. The main content area is titled 'Health Savings Account' and includes a 'Select a Plan' section with instructions to use the options below. A yellow-highlighted message says: 'Click the following link for details.' Below that is a checkbox for 'I decline Health Savings Account plans.' and a radio button for 'HSA Employee Only'. There is a text input field for 'Enter amount for:' with radio buttons for 'Contribution per pay check' and 'Annual contribution'. A 'Current Plan as of 12/31/2015' box is visible on the right. A yellow arrow points to the 'next' button in the top right navigation bar.

OPEN ENROLLMENT STEP BY STEP INSTRUCTIONS

- Select Dental. Select a plan option as well as coverage option. Check the decline box if you don't need dental coverage for next year. Make sure that you enroll all your dependents (if any) by checking their enrollment box. Select "next".

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Dental

Select a Plan
Use the options below to choose or decline a plan.

In 2016 you will have a DMO and PPO option.

I decline Dental plans.

Den: FA DMO with Medical

Options

<input type="radio"/> A-Dental EE only Lvl1	\$0.00
<input type="radio"/> B-Dental EE+Spouse Lvl1	\$0.00
<input type="radio"/> C-Dental EE+1 Child Lvl1	\$0.00
<input type="radio"/> D-Dental EE+2 Child Lvl1	\$0.00
<input type="radio"/> E-Dental EE+3 Child Lvl1	\$0.00
<input type="radio"/> F-Dental Family Lvl1	\$0.00

Current Plan
as of 12/31/2015

Den: FA DMO with Medical Plan Information

You may only select this plan if you are enrolled in the Medical Plan.

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- Select Vision. Select a plan option as well as coverage option. Check the decline box if you don't need vision coverage for next year. Make sure that you enroll all your dependents (if any) by checking their enrollment box. Select "next".

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FSA: Dependent Account
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Confirm Your Elections Or Changes

Vision

Select a Plan
Use the options below to choose or decline a plan.

I decline Vision plans.

Vision

Options

<input type="radio"/> A-Vision Employee Only	\$3.11
<input type="radio"/> B-Vision Employee + One	\$6.23
<input type="radio"/> C-Vision Employee + Fam	\$10.04

Current Plan
as of 12/31/2015

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OPEN ENROLLMENT STEP BY STEP INSTRUCTIONS

- Select Dependent Flexible Spending Account. The maximum goal amount for your Dependent Care FSA is \$5,000. The minimum goal amount is \$250. Please enter an amount between \$10.42 and \$208.34 in your amount per pay period. The system will automatically display your 2016 goal amount. Check the decline box if you don't want to participate in this plan next year. Select "next".

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FSA: Dependent Account
Travel
Confirm Your Elections Or Changes

Flexible Spending Account

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Current Plan
as of 12/31/2015

Select a Plan
Use the options below to choose or decline a plan.

I decline the FSA: Health Account plan.

FSA: Health Account
\$10.42 Semi-monthly*

Enter amount for:

Contribution per pay check
 Annual contribution \$250.00

Remaining pay checks*: 24

*Estimated values

FSA: Health Account Plan Information

- Select Health Flexible Spending Account. The maximum goal amount for your Health Care FSA is \$2,500 The minimum goal amount is \$250. Please enter an amount between \$10.42 and \$104.18 in your amount per pay period. The system will automatically display your 2016 goal amount. Check the decline box if you don't want to participate in this plan next year. Select "next".

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FSA: Dependent Account
Travel
Confirm Your Elections Or Changes

Flexible Spending Account

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Current Plan
as of 12/31/2015

Select a Plan
Use the options below to choose or decline a plan.

I decline the FSA: Dependent Account plan.

FSA: Dependent Account
\$10.42 Semi-monthly*

Enter amount for:

Contribution per pay check
 Annual contribution \$250.00

Remaining pay checks*: 24

*Estimated values

FSA: Dependent Account Plan Information

OPEN ENROLLMENT STEP BY STEP INSTRUCTIONS

- Select Travel. Make sure that you enroll all your dependents (if any) by checking their enrollment box. Select “next”.

Employee Open Enrollment
OE2016 Flight Attendants

Travel

If your dependent does not have a SSN or is not covered under medical, dental or vision with Spirit Airlines, you may enter '999-99-9999' as the social security number. Please contact HR@spirit.com with any questions.

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Travel - Employee

I decline Travel plans.

Travel - Employee
\$0.00 Semimonthly*

*Estimated values

choose not to enroll dependents
Enroll Dependents

Dependent 1
 Dependent 2
 Dependent 3

Travel - Employee Plan Information

Eligible dependents for Travel benefits are:

For Single Team Members:

- Designated Travel Companion (anybody over the age of 18)
- Children (Up to the age of 25)
- Parents

For Married Team Members:

- Spouse

- The confirmation page appears. Review your elections on this page before submitting. Information on selected plans will include dependent information and per pay period cost. Please note that your Open Enrollment confirmation statement will include a summary of all benefits including those that are not part of the Open Enrollment session. Click “submit”. Print a copy of this confirmation page for your records.

Employee Open Enrollment
OE2016 Flight Attendants

Confirm Your Elections or Changes

back next submit draft reset cancel print help

This page shows a summary of the changes you are about to make. Please verify your changes carefully before submitting. If you need to make any edits you can do so by selecting the plan type or plan description hyperlink to return to the election page. When you are satisfied with your changes, please click the Submit button on the toolbar.

Effective 01/01/2016

Personal Information

Name Home phone
Address Work phone
Work extension
E-mail

Current Benefits - As of 12/31/2015 Estimated Total Cost: \$0.00

New Benefits - As of 01/01/2016 Estimated Total Cost: \$0.00

Plan Type	Plan Details	Your semi-monthly cost
Total		\$0.00

OPEN ENROLLMENT STEP BY STEP INSTRUCTIONS

- If you submit your elections, you *will not* be able to make any changes without the assistance of Human Resources. If you need to make changes after you have submitted your elections, please contact HR at 954-447-7888 so your session can be re-opened. You can print the Confirm Your Changes page. If you select OK, the confirmation page appears. Select the print icon to print a summary of your elections then select close to finish your enrollment.
- Make sure that you complete your enrollment by 11:59pm EST on Tuesday November 24, 2015. If you have any questions please contact the HR department by phone at 954-447-7888 or by email at hr@spirit.com.

REQUIRED ANNUAL EMPLOYEE DISCLOSURE NOTICES

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you 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 of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- 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; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS ACT DISCLOSURE – FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth 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). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 30 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact person listed at the end of this summary.

REQUIRED ANNUAL EMPLOYEE DISCLOSURE NOTICES (continued)

MICHELLE'S LAW DISCLOSURE

Under the ACA, dependent children are covered by the group health plan until age 26. Spirit Airlines group health plan extends dependent coverage beyond the ACA requirements, to age 26, so long as the child is covered as a student. If your child has extended coverage as a student but loses their student status because they take a medically necessary leave of absence from school your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This is available if, immediately before the first day of the leave of absence, your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges and universities).

To obtain more information, contact person listed at the end of this summary.

PATIENT PROTECTION MODEL DISCLOSURE

United Health Care(UHC) EPO plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. Until you make this designation, UHC designates one for you. For information on how to select a primary care provider, please visit the UHC Website at www.myuhc.com .

You do not need prior authorization from UHC or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, please visit the UHC Website at www.myuhc.com.

REQUIRED ANNUAL EMPLOYEE DISCLOSURE NOTICES (continued)

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA(3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2015. Contact your State for more information on eligibility.

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: www.myalhipp.com Phone: 1-855-692-5447	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ALASKA – Medicaid	INDIANA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: http://www.in.gov/fssa Phone: 1-800-889-9949
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
FLORIDA – Medicaid	KANSAS – Medicaid
Website: https://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268	Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884

REQUIRED ANNUAL EMPLOYEE DISCLOSURE NOTICES (continued)

<p align="center">KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: http://www.dhs.state.mn.us/id_006254 Click on Health Care, then Medical Assistance Phone: 1-800-657-3739</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://www.oregonhealthykids.gov http://www.hijosaludablesoregon.gov Phone: 1-800-699-9075</p>
<p align="center">NEBRASKA – Medicaid</p> <p>Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633</p>	<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462</p>

REQUIRED ANNUAL EMPLOYEE DISCLOSURE NOTICES (continued)

NEVADA – Medicaid	RHODE ISLAND – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: www.ohhs.ri.gov Phone: 401-462-5300
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-866-435-7414	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

MEDICARE PART –D – CREDITABLE COVERAGE

This notice applies to employees and covered dependents who are eligible for Medicare Part D. Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with UHC and about your options under Medicare's prescription drug Plan. If you are considering joining, you should compare your current coverage including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plan (like an HMO or PPO) that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

UHC has determined that the prescription drug coverage offered by the Welfare Plan for Employees of Spirit Airlines Group under the UHC option are, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage under the Choice Plus POS Plan A & B, Choice Plan Select EPO and Choice Plus HRA Healthfund Diamond.. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You should also know that if you drop or lose your coverage with UHC and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

When can you join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current UHC coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you decide to join a Medicare drug plan and drop your current UHC coverage, be aware that you and your dependents will be able to get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare drug Plan?

You should also know that if you drop or lose your current coverage with UHC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

MEDICARE PART –D – CREDITABLE COVERAGE (continued)

For more information about this notice or your current prescription drug coverage...

Contact our office for further information (see contact information below). NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through UHC changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,

Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Name of Entity/Sender: **Spirit Airlines**
Contact--Position/Office: Sr. Manager
Benefits & Leave Administration
Edna.Bechara@spirit.com
Address: 2800 Executive Way
Miramar, FL 33025
Phone Number: **954-628-4817**



NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

The Health Insurance Marketplace is an option to purchase health coverage. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October each year for coverage starting in January.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer Contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or your Human Resources Department. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.



NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name	Spirit Airlines	1. Employer Identification Number (EIN)	38-1747023
2. Employer Address	2800 Executive Way	3. Employer Phone Number	954-628-4817
4. City	Miramar		
5. State	FL	6. Zip	33025
7. Who can we contact about health coverage at this job	Edna Bechara		
8. Phone Number (if different)	N/A		edna.bechara@spirit.com

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to: All full time employees averaging a minimum of 30 hours a week

With respect to dependents: We offer coverage to: Legal Spouse and Domestic Partner

This coverage meets the minimum value standard, and the cost of this coverage and has been determined affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

Presented by:



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