



 Health  Savings  Well-Being

Know More. Choose Well.

2017 Benefits Resource Guide

U.S. Employees



Important Benefits Contacts

Resource	Pg	Phone Number	Web Address
AVNET HUMAN RESOURCES DEPARTMENT		800-88-AVNET 800-882-8638, option #4	home.avnet.com/hr/benefits
MEDICAL BENEFITS			
UnitedHealthcare (UHC)	8	844-518-8072 (Policy #905940)	myuhc.com after you are enrolled welcometouhc.com/avnet before you are enrolled
Health Savings Account	9	866-346-5800 (HealthEquity)	myhealthequity.com after you are enrolled healthequity.com/ed/avnet before you are enrolled
OptumRx Pharmacy (Rx, specialty, mail order)	10	844-518-8072	myuhc.com after you are enrolled
UHC 24-Hr. Nurse Line	12	844-518-8072	myuhc.com after you are enrolled
Kaiser Permanente (California only)	11	800-464-4000	kaiserpermanente.org
Best Doctors	13	866-904-0910 Effective January 1, 2017	bestdoctors.com
Employee Assistance Program (EAP)	13	800-634-6433	mylifematters.com (Password: AVNET1)
Health Advocate	13	866-695-8622	healthadvocate.com/avnet answers@healthadvocate.com (for questions)
DENTAL BENEFITS			
MetLife Dental	16	800-942-0854 (Policy #305519)	metlife.com/mybenefits after you are enrolled metlife.com/dental before you are enrolled
VISION BENEFITS			
Vision Service Plan	17	800-877-7195 (Customer Service)	vsp.com
FLEXIBLE SPENDING ACCOUNTS			
Healthcare/Limited Purpose/Dependent Care	18	866-346-5800	myhealthequity.com
LIFE INSURANCE			
Liberty Mutual	20	888-287-8494	mylibertyconnection.com (Company code: AVNETINC)
LEAVES OF ABSENCE/DISABILITY (STD & LTD)			
Liberty Mutual	22	888-408-7300	mylibertyconnection.com (Company code: AVNETINC)
RETIREMENT/INVESTMENT PROGRAMS			
Pension Plan	24	800-882-8638, option #4	retirementservices@avnet.com
401(k) Plan	24	800-835-5098 (Fidelity Investments)	401k.com (Plan #05162)
Employee Stock Purchase Plan	24	800-544-9354 (Fidelity Investments)	netbenefits.com
Deferred Compensation Plan		800-824-0040 (MullinTBG)	nq.prudential.com
OTHER PROGRAMS			
MetLife Discount Insurance	25	800-438-6381 (Auto/Home) 800-438-6388 (Pet - VPI)	metpay.com (Access code: 05N)
Liberty Mutual Discount Insurance	25	Effective January 1, 2017	libertymutual.com/avnet
Employee Service Awards	25	866-294-2290 (Globoforce)	avnet.me/awards
Business Accident/Emergency Sickness/ Travel Assistance	25	855-327-1414 (U.S.) 630-694-9764 (International)	acetravelassistance.net
COBRA		888-844-1372, option 4 (TRI-AD)	tri-ad.com/cobra
Supplemental Medical/Universal Life (no new enrollments)		800-537-5024 (Voya)	voya.com

The Avnet Benefits Program: Offering Value and Choice

As an Avnet employee, you play an important role in our company's success. Part of our commitment to you is a comprehensive, flexible, and competitive benefits program that allows you to choose the benefits coverage that supports your needs.

This brochure provides an overview of the Avnet benefits program and information on how to enroll. We encourage you to carefully review this guide and use the other suggested resources for more specific information.



Look for the smartphone icon indicating this benefits partner offers a mobile app.

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For benefit questions, contact the

Avnet Human Resources Department

Email:
benefits@avnet.com

800-88-AVNET
(800-882-8638)
Option #4

Or your local HR business partner

This brochure provides only highlights of the benefits offered by Avnet. Additional details are set forth in the summary plan description for each plan. If there are any inconsistencies between this brochure and a summary plan description (which also serves as the official plan document), the summary plan description will govern. Notwithstanding the foregoing, this document may describe changes to the health plans that are not yet reflected in the summary plan descriptions. With respect to those changes, this document is intended to serve as a summary of material modification that sets forth the applicable terms of the plan. Avnet reserves the right to modify, amend, or terminate any of the benefit plans, in whole or in part, with or without prior notice, at any time. This brochure does not serve as a contract or offer of employment. If you have any questions, please contact Avnet's Human Resources department.

Avnet Benefits Summary

Benefit	Coverage Options					
MEDICAL You pay part of the cost	UnitedHealthcare HSA 70 Plan	UnitedHealthcare HSA 80 Plan	UnitedHealthcare Classic 70 (PPO) Plan	Kaiser Permanente Plan (California employees only)		
HEALTHCARE ASSISTANCE No cost to you	Health Advocate					
EMPLOYEE ASSISTANCE PROGRAM (EAP) No cost to you	LifeMatters					
EXPERT SECOND OPINION No cost to you	Best Doctors (UHC participants only)					
DENTAL You pay part of the cost	MetLife PPO Dental Plan			MetLife Copay Dental Plan		
VISION You pay all of the cost	Vision Service Plan					
FLEXIBLE SPENDING ACCOUNTS (FSA) You make pre-tax contributions	Healthcare Flexible Spending Account (not available with HSA options) (HealthEquity)	Limited Purpose Flexible Spending Account (HSA 70 and HSA 80 participants) (HealthEquity)		Dependent Care Flexible Spending Account (HealthEquity)		
DISABILITY COVERAGE No cost to you	Short-term and Long-term Disability Coverage (Liberty Mutual)					
EMPLOYEE LIFE Insurance Coverage	Basic coverage (no cost to you): 1x annual pay or target income (up to \$500,000); includes AD&D and travel accident life insurance coverage (Liberty Mutual)			Supplemental coverage (you pay the cost): 1x, 2x, 3x, 4x, 5x annual pay or target income (Liberty Mutual)		
	Maximum amount of coverage for basic and supplemental combined is \$1,000,000 (Liberty Mutual)					
FAMILY LIFE Insurance Coverage You pay the cost	\$10,000 Life/ AD&D (Spouse) \$1,000 Life (Children) (Liberty Mutual)	\$25,000 Life/ AD&D (Spouse) \$2,500 Life (Children) (Liberty Mutual)	\$50,000 Life/ AD&D (Spouse) \$5,000 Life (Children) (Liberty Mutual)	\$75,000 Life/ AD&D (Spouse) \$7,500 Life (Children) (Liberty Mutual)	\$100,000 Life/ AD&D (Spouse) \$10,000 Life (Children) (Liberty Mutual)	\$200,000 Life/ AD&D (Spouse) \$20,000 Life (Children) (Liberty Mutual)
RETIREMENT/ INVESTMENT PROGRAMS	Pension Plan (company paid)		401(k) Savings Plan (you contribute to save towards retirement)		Employee Stock Purchase Plan (you can buy Avnet stock at a 5% discount)	

Paying for Coverage

You and Avnet share the cost for medical and dental coverage. You pay your share of contributions through payroll deductions. All of your contributions are pre-tax*.

Avnet pays the full cost of your coverage for basic life, accidental death and dismemberment (AD&D), and travel accident insurance. Avnet also pays for your short-term and long-term disability coverage.

You pay the full cost of the vision plan, and you may choose to contribute to a health savings account or a flexible spending account and/or purchase employee and family supplemental life insurance. All of your contributions are pre-tax*, except for employee and family supplemental life insurance.

*Payroll deductions for retroactive coverage are on an after-tax basis.



Avnet Benefits Eligibility

Benefit	Who is Eligible?	When Are You Eligible?	How Do You Enroll?
MEDICAL*	Regular employees who are scheduled to work 20 or more hours per week	First of the month after date of hire	Workday
HEALTH SAVINGS ACCOUNT (HSA)	Regular employees who are scheduled to work 20 or more hours per week, if enrolled in the HSA 70 or HSA 80 medical plan	First of the month after date of hire	Workday
HEALTHCARE AND CLAIMS ASSISTANCE (HEALTH ADVOCATE)	Regular employees and their spouses, dependent children, parents and parents-in-law	Date of hire	Automatic (You do not need to participate in an Avnet medical plan)
EXPERT SECOND OPINION (BEST DOCTORS)	Regular employees who are UHC plan participants and their covered spouses and children	After plan enrollment	Automatic
EMPLOYEE ASSISTANCE PROGRAM (EAP)	Regular employees and their spouses and dependent children	Date of hire	Automatic (You do not need to participate in an Avnet medical plan)
DENTAL*	Regular employees who are scheduled to work 20 or more hours per week	First of the month after date of hire	Workday
VISION*	Regular employees who are scheduled to work 20 or more hours per week	First of the month after date of hire	Workday
FLEXIBLE SPENDING ACCOUNTS (FSA)*	Regular employees who are scheduled to work 20 or more hours per week	First of the month after date of hire	Workday
HOLIDAYS	Regular employees who are scheduled to work 20 or more hours per week	Date of hire	Automatic
PAID TIME OFF	Regular non-exempt employees who are scheduled to work 20 or more hours per week	After 90 days of employment	Automatic
PAID FAMILY LEAVE AND SHORT/LONG-TERM DISABILITY	Regular employees who are scheduled to work 20 or more hours per week	First of the month after date of hire	Automatic
FLEXIBLE TIME AWAY	Regular exempt employees who are scheduled to work 20 or more hours per week	Date of hire	Automatic
LIFE INSURANCE/AD&D/TRAVEL ACCIDENT LIFE INSURANCE*	Regular employees who are scheduled to work 20 or more hours per week	First of the month after date of hire	Basic Life/AD&D/Travel Accident Life - Automatic Employee/Family Supplemental Life - Workday
PENSION PLAN	All employees who are at least 21 years old	January 1 or July 1 following the first year of employment in which you work 1,000 hours	Automatic
401(K) SAVINGS PLAN	All employees	30th day of employment	Fidelity (401k.com)
EMPLOYEE STOCK PURCHASE PLAN (ESPP)	Regular employees who are scheduled to work 20 or more hours per week	First of the month after 3 months of employment	Fidelity (netbenefits.com)
ADOPTION ASSISTANCE	Regular employees	After 3 months of employment	Send a completed request form to the Benefits department
AVNET SCHOLARSHIPS	Children and spouses of regular employees who are scheduled to work 20 or more hours per week	After 3 months of employment	Send a completed application form to Scholarship Management Services
BUSINESS ACCIDENT/EMERGENCY SICKNESS/TRAVEL ASSISTANCE	Regular employees	Date of hire	Automatic
COMPUTER LOANS	Regular employees	After 1 year of employment	Send a completed request form to your supervisor
EDUCATION ASSISTANCE	Regular employees	After 1 year of employment	Send a completed request form to your supervisor
DISCOUNT INSURANCE	Regular employees	Date of hire	Call MetLife at 800-438-6381 (Auto/Home) 800-438-6388 (Pet - VPI) Call Liberty Mutual

NOTE: For purposes of eligibility, "regular employees" do not include temporary employees or seasonal interns. Interns extended beyond the summer program or those who are hired with the anticipation of working at Avnet for more than 120 days are eligible for health, FSA, life, disability, and paid time off benefits.

*You may change your medical, vision, dental, life insurance, and flexible spending account coverage within 30 days of a qualified change in status. See page 6 for more information.

Health Plan Eligibility

All regular employees scheduled to work 20 or more hours a week are eligible for medical, dental, vision and flexible spending account (FSA) benefits. Your coverage can begin on the first of the month after date of hire. You may enroll your eligible dependents in the same medical, dental, and vision plans in which you are enrolled.



Choose coverage for:

- Employee
- Employee+Spouse
- Employee+Child(ren)
- Employee+Family

Eligible dependents include:

- Your legal spouse (a former spouse does not qualify).
- Your children/stepchildren who are younger than 26 years of age and children for whom you are the legal guardian.
- Your children who are primarily supported by you and incapable of sustaining employment by reason of mental or physical disability.

Avnet reserves the right to audit the eligibility of dependents enrolled in its health plans. Employees covering ineligible dependents forfeit continued coverage for those dependents and could be subject to corrective action.



Open enrollment is held each fall, with coverage changes effective on January 1.

When you leave Avnet, health coverage continues until the end of the month in which you terminate.

Changing Your Coverage

Once enrolled, you may not change your medical, dental, vision or flexible spending account elections until the next open enrollment period. However, certain changes may be allowed during the year if you have a qualified change in status that is reported to the Human Resources department within 30 days of the qualifying event. If you do not meet this requirement, your change is not allowed.

If you or your spouse are enrolled in an Avnet medical plan and have a baby, your newborn baby is covered for the first 30 days following birth. However, you must add your baby to your plan in Workday within 30 days of birth for coverage beyond the initial period.

Life insurance elections and the amount you wish to contribute to a health savings account can be changed in Workday at any time during the year.

Qualifying events include:

- Birth or adoption of a child
- Legal guardianship or Qualified Medical Child Support Order
- Loss or gain of coverage under another plan
- Change in marital status, including legal separation
- Death
- Loss of COBRA coverage, but only if it is the end of the continuation period

In addition to the above events, you may make changes to your dependent care flexible spending account if:

- The amount you must pay for dependent day care changes
- A change in your or your spouse's employment status changes your dependent care needs

Important Notices

Healthcare Reform

The Patient Protection and Affordable Care Act (or Affordable Care Act), commonly referred to as healthcare reform, was passed in 2010. This law focuses on extending coverage to more people, offering additional protections to those covered and controlling health costs.

The Affordable Care Act requires that every individual be enrolled in medical coverage or **pay a penalty**. In 2016, the penalty was the greater of 2.5% of your annual household income or \$695 per person. The penalty for 2017 will be announced in late 2016. Coverage may be available through:

- An employer
- Spouse's (or domestic partner's) employer
- Medicaid/Medicare
- Health Insurance Marketplace (public exchange)
- Individual policy

Avnet will continue to offer medical coverage to eligible employees and their eligible dependents in 2017, and this coverage will meet the requirements outlined in the law. If you have the choice to enroll for coverage through a spouse's/domestic partner's employer, you should compare your options and determine which plan makes the most sense for you and your family.

For more detailed information about the Affordable Care Act, visit the federal government's healthcare website (healthcare.gov).

Note to Massachusetts plan participants: Avnet's medical plan administrator will issue you a Form MA 1099-HC after each plan year (documenting your coverage) for you to file with your state tax return.

What is a Health Insurance Marketplace?

A "health insurance marketplace" is an online shopping site where individuals can buy health insurance from states or the federal government, as required by the Affordable Care Act. Each state has chosen to offer a state public health insurance marketplace, the federal marketplace, or both. The Marketplace enrollment is held annually from November 1 through January 31.

You may receive advertisements from these marketplaces; however, it's important to note that Avnet offers qualified medical coverage so you're not required to purchase coverage through a marketplace. In addition, since Avnet offers a plan that meets the requirements of the law, in most cases you will not be eligible for a federal subsidy to purchase coverage through the Marketplace.

Also, if you purchase coverage through the Marketplace, you must pay for your coverage with after-tax dollars. In contrast, you can pay for coverage under an Avnet plan with pre-tax dollars. You should consider the tax consequences before buying coverage through the Marketplace.

For more information, please visit healthcare.gov.

Medicare Enrollment

Following is an overview of common Medicare benefits. You are encouraged to contact Medicare directly to review your personal circumstances and discuss your eligibility for these programs. For more information, visit medicare.gov.

Medicare is a federal health insurance program that covers people age 65 and older and qualified disabled people. Beginning on the first day of the month in which you reach age 65, Medicare Part A (hospital insurance) is available premium-free. Medicare Part B (medical insurance), which includes coverage for doctors' visits and many other outpatient services, requires a monthly premium. Medicare Part D is a voluntary program that helps pay for prescription drugs.

You may choose to enroll in Medicare Part A and/or Part B when you are first eligible, but there are a few things to consider while you are employed by Avnet. First, if you enroll in Medicare, you will not be eligible for contributions to an HSA (see page 9). Second, since Avnet's plan is the primary payer, you may receive little, if any, additional coverage from Medicare if you enroll in both Medicare and Avnet coverage. When your Avnet employment ends, you will have a limited period in which to enroll in Part A and Part B without having to pay a higher premium. If you enroll in COBRA coverage and are Medicare eligible, your claims under the Avnet medical plans will be processed as if you are enrolled in Medicare Parts A and B, regardless of whether you are enrolled. In most cases, you will be better off enrolling in Medicare or through the Healthcare Marketplace instead of COBRA coverage.

Avnet's prescription benefits are considered "creditable" coverage. This means you can keep this coverage and not pay a higher premium if you later join a Medicare drug plan. You can join a Part D drug plan when you first become eligible for Medicare, during a limited period after your employment ends, and each year during the annual enrollment.



Medical Plan Options

The HSA 70, HSA 80, and Classic 70 (PPO) are Preferred Provider Organization (PPO) plans that give you access to more than 2.7 million providers in the UnitedHealthcare (UHC) Choice Plus network, including the Mayo Clinic and associated providers. You can receive care from any medical provider, but your costs are lower if you use a network provider because they have negotiated (discounted) rates. California employees have an additional choice of a Kaiser Permanente plan. The Kaiser plan benefits are similar to the in-network benefits of the Classic 70 (PPO) plan. As you compare all your medical options, be sure to review the deductibles, coinsurance percentages, out-of-pocket maximums, and employee contributions for each plan. Visit welcometouhc.com/avnet for help in selecting a plan (see page 12).

HSA 70 and HSA 80 Plans

Avnet offers two consumer-directed health plans (CDHPs), which are IRS-qualified health plans paired with a health savings account (HSA). CDHPs give you greater control over your healthcare decisions and how you spend your money; and they can help you save for future healthcare needs. In addition to providing quality healthcare, CDHPs can responsibly manage plan costs in the face of rising expenses in the U.S. healthcare system.

How Does a CDHP Work?



A CDHP is a health plan meeting federal requirements paired with a health savings account (HSA)

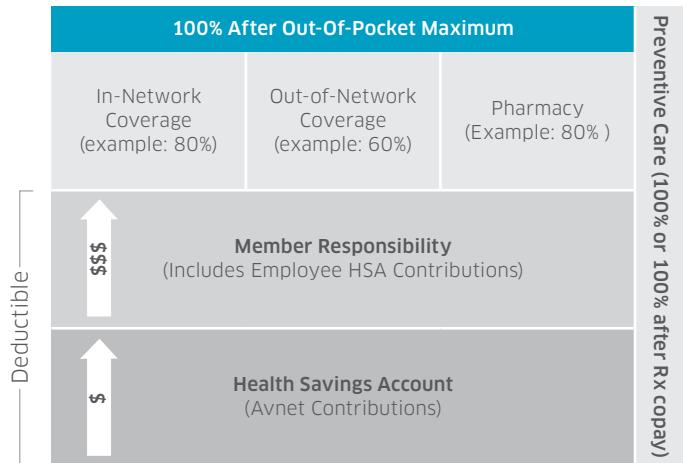
The first element of a CDHP is enrollment in an IRS-qualified health plan—either HSA 70 or HSA 80. By enrolling in one of these plans, you will be eligible to open a personal account earmarked for healthcare expenses called a health savings account (HSA). You can contribute pre-tax money to this account to be used to pay your out-of-pocket healthcare expenses, such as deductibles and coinsurance amounts. Avnet will also make a contribution to your HSA each year. Your HSA belongs to you and unused balances roll over from year to year. After you accumulate \$2,000 in your HSA, you can also choose to invest your money.

Plan Highlights

Medical plan expenses (including most prescription drugs) are your responsibility until you meet the annual deductible. The only exceptions are preventive care, which is paid by the plan at 100% if you use a network provider for covered services, and select preventive prescription drugs (e.g., diabetes, high blood pressure, cholesterol, etc.), which are available for a copay. A list of the select preventive drugs available for a copay is posted on the Benefits intranet.

After meeting the individual (if Employee Only coverage) or family deductible, you pay the specified coinsurance (20 or 30 percent) and your cost for prescription drugs is capped (see page 10).

Understanding Your Share of Costs



Your Deductible

If you enroll your dependents in coverage, the deductibles in the HSA 70 and HSA 80 plans work differently than in a traditional PPO plan.

If you enroll in...	You are responsible for expenses up to the...
Employee Only	Individual Deductible
Employee + Spouse Employee + Child(ren) Employee + Family	Family Deductible

Medical Expenses Subject to the Deductible

- Doctor's visits
- Diagnostic lab services/x-rays
- Most prescription drugs
- Emergency room/urgent care visits
- Hospitalizations
- Maternity
- Mental health services

You can use your available HSA funds to pay for your out-of-pocket costs.

Medical Expenses NOT Subject to the Deductible

- Covered preventive services
- Select preventive medications for asthma/COPD, cancer, cardio/heart disease, diabetes, HIV/AIDS, multiple sclerosis, osteoporosis, psychoses, transplant, and vitamins/electrolytes (\$5 generic or \$25 brand-name copay); see the list posted on the Benefits intranet

Need a second opinion? Contact Best Doctors for assistance (see page 13).

Health Savings Accounts

Health savings accounts are available only to employees who enroll in the HSA 70 or HSA 80 plan. To help you build your HSA, Avnet will make a contribution to your account, which will be available to you in January (or when you are eligible if you enroll mid-year). Unlike a traditional flexible spending account where your entire annual election is available at the beginning of the year, HSA contributions you make through payroll deduction will be available for your use only after they have been deposited into your account. In conjunction with CDHPs, HSAs offer several significant advantages, including:

- HSA funds are deposited pre-tax and earn tax-free interest;
- When used to reimburse medical expenses, HSA distributions are non-taxable;
- The funds in the HSA can roll over each year—there is no “use it or lose it”;
- After meeting a minimum savings threshold of \$2,000, you can choose to invest the account similar to a 401(k);
- The HSA is portable and goes with you even after your employment with Avnet ends;
- HSA funds can be used to fund your healthcare needs into retirement; and
- You don’t need to be enrolled in an HSA to use the funds for eligible expenses, only to contribute.

NOTES: 1. HSA contributions and earnings are subject to state taxes in AL, CA and NJ. Please contact your tax advisor for information about your state. 2. Distributions for non-medical expenses are subject to a 20% penalty (unless age 65+) in addition to income tax.

In order to open and make and/or receive contributions to an HSA:

- You must be enrolled in Avnet’s HSA 70 or HSA 80 plan;
- You must not have any other medical coverage (including Medicare, TRICARE or tribal benefits), unless that coverage is also IRS qualified;
- Your spouse cannot participate in a flexible spending account (unless it is for dental and vision only); and
- You cannot be claimed as a dependent on someone else’s tax return.

If you do not meet the above requirements, you can still enroll in the HSA 70 or HSA 80 plan for your medical coverage, but you would not be eligible to make HSA contributions yourself or receive the company HSA contributions.

2017 HSA Limits*

Plan Tier	Employee Only	Employee + One or More Dependents
Total Contribution	\$3,400	\$6,750
Avnet’s Contribution**	HSA 70: \$250 HSA 80: \$500 2016 PPWB: \$260***	HSA 70: \$500 HSA 80: \$1,000 2016 PPWB: \$260***


*Avnet’s contribution goes toward the annual limits, which are set by the IRS. Employees age 55 or older can contribute an additional \$1,000 to their account.
 **Employees who enroll in a CDHP July 1 or later will receive half of the Avnet contributions shown.
 ***Path to Physical Well-Being wellness incentive for completing 2016 health screening, health survey, and coaching (if required).



Your HSA

Your HSA is an individual bank account in your name and is not maintained, sponsored, or endorsed by Avnet. Avnet has contracted with HealthEquity to establish an HSA in your name and administer your account. The company will pay the HealthEquity administrative fees as long as you remain employed at Avnet and enrolled in a qualified plan.

For more information about the HealthEquity HSA, visit the education website at healthequity.com/ed/avnet. When you are enrolled in an HSA, HealthEquity will provide you a debit card to pay your health expenses. Manage your account by logging on to myhealthequity.com to view claims, account balances, and investment options.

 **Phone 866-346-5800 (available 24/7/365)**

HealthEquity
Building Health Savings™

NOTE: You are solely responsible for managing your HSA to ensure that contributions qualify for favorable tax treatment and that funds are used only for qualifying medical expenses (HSAs are not subject to a claims process). Making or receiving contributions to an HSA when you are not eligible, or withdrawing HSA funds for expenses that are not qualified, will generally result in tax penalties.

Pharmacy Coverage

OptumRx

OptumRx (a UnitedHealth Group company) offers pharmacy benefit services to employees enrolled in a UHC medical plan. You have access to more than 64,000 retail pharmacies, including all large national chains, local community pharmacies, and the OptumRx Mail Service Pharmacy. You can access your prescription and mail service information online. Just log in to myuhc.com and visit the pharmacy section. Quickly view your medications, check status, and refill mail service prescriptions that are eligible for refills. If desired, set up mobile text refill reminders.

Step Therapy

Be advised that some drugs may be subject to step therapy—a program where you need to try a lower-cost medication before a more expensive medication may be covered. When you bring a prescription to the pharmacy, the OptumRx system will automatically screen the medication for step therapy requirements. If you have tried the lower-cost drug in the recent past, the pharmacy will process your prescription as written; otherwise, the pharmacy will work with your provider regarding your options. A list of step therapy drugs is posted on the Benefits intranet; call OptumRx if you have questions or need assistance.

Mail Service Pharmacy

Many participants use OptumRx prescription mail service for convenience, safety, and cost savings. A 90-day supply of your medications is delivered directly to your home, which means fewer trips to the pharmacy. Registered pharmacists are available 24 hours a day, 7 days a week to answer questions. New prescription orders are delivered by standard U.S. mail and will arrive around 10 business days from the date OptumRx receives the order. Refills normally arrive within 7 business days. If you have an email address on file, you can expect to receive an email when your prescription ships; otherwise, you'll receive a phone call.

Specialty Pharmacy

If you are on a specialty drug to treat a complex medical condition (e.g., multiple sclerosis, rheumatoid arthritis, etc.), your prescriptions must be filled through the OptumRx Specialty Pharmacy Program. A list of specialty drugs is posted on the Benefits intranet. The program offers on-call pharmacists, information about lower-cost medication options, and additional resources. Visit myuhc.com for more information.



Search for lower cost drug options on myuhc.com.

Order your Prescriptions – OptumRx Mail Service Pharmacy

- **Online:** Log on to myuhc.com and visit the pharmacy section.
- **Mail:** Mail in your new prescription with a completed order form to the address provided. Go to myuhc.com to download an order form.
- **Fax or electronically:** Your doctor can fax or e-prescribe a new mail service order for you.
- **Phone:** Call 844-518-8072.

MEDICAL PLAN	HSA 70	HSA 80	Classic 70 (PPO)	Kaiser (California only)
PRESCRIPTION DRUGS (costs shown are for a 30-day supply unless otherwise stated)	Subject to the deductible with the exception of select preventive medications (e.g., diabetes, blood pressure, cholesterol, etc.).	Subject to the deductible with the exception of select preventive medications (e.g., diabetes, blood pressure, cholesterol, etc.).	Not subject to the deductible.	Not subject to the deductible; covered only at Kaiser pharmacies.
	Preventive • Generic - \$5 • Brand - \$25	Preventive • Generic - \$5 • Brand - \$25	Not Applicable	Not Applicable
	Subject to the deductible. • Generic - 30% to \$75 maximum • Preferred Brand - 30% to \$100 maximum • Non-Preferred Brand - 30% to \$150 maximum	Subject to the deductible. • Generic - 20% to \$75 maximum • Preferred Brand - 20% to \$100 maximum • Non-Preferred Brand - 20% to \$150 maximum	Not subject to the deductible. • Generic - \$10 copay • Preferred Brand - 30% to \$60 maximum • Non-Preferred Brand - 30% to \$120 maximum	Not subject to the deductible. Generic - \$10 copay • Preferred Brand - \$30 copay • Non-Preferred Brand - \$30 copay
	Specialty medications are covered only through the OptumRx Specialty Pharmacy Program.			
	Order a 90-day supply of your maintenance medications through OptumRx Mail Service Pharmacy and pay 2x the 30-day cost.			Order a 100-day supply of your maintenance medications through Kaiser mail order pharmacy and pay 2x the 30-day cost.

Medical Plan Comparison

MEDICAL PLAN	HSA 70	HSA 80	Classic 70 (PPO)	Kaiser (California only)
PROVIDERS	You may use any provider, but you save money when you use UnitedHealthcare Choice Plus network providers.			Plan covers services with Kaiser providers only.
PREVENTIVE HEALTH	Plan pays: 100% for covered preventive services (health check-ups, birth control*, immunizations, prostate screenings, etc.) through a network provider; no deductible required.			
DOCTOR OFFICE VISITS	You pay 30% for most services after deductible	You pay 20% for most services after deductible	You pay a \$25 copay (\$50 for specialists); x-rays and lab are included	You pay a \$40 copay for primary care and specialists
NETWORK BENEFITS	<p>Deductible: \$2,500/employee only \$5,000/employee + one or more dependents</p> <p>You pay: 30% for most services after deductible</p> <p>Out-of-pocket maximum¹: \$6,000/person \$12,000/family</p>	<p>Deductible: \$1,500/employee only \$3,000/employee + one or more dependents</p> <p>You pay: 20% for most services after deductible</p> <p>Out-of-pocket maximum¹: \$5,000/person \$10,000/family</p>	<p>Deductible: \$1,500/person \$3,000/family</p> <p>You pay: 30% for most services after deductible</p> <p>Out-of-pocket maximum¹: \$5,000/person \$10,000/family</p>	<p>Deductible: \$1,500/person \$3,000/family</p> <p>You pay: 30% for most services after deductible</p> <p>Out-of-pocket maximum¹: \$4,000/person \$8,000/family</p>
NON-NETWORK BENEFITS²	<p>Deductible: \$5,000/employee only \$10,000/employee + one or more dependents</p> <p>You pay: 60% for most services after deductible</p> <p>Out-of-pocket maximum¹: \$12,000/person \$24,000/family</p>	<p>Deductible: \$3,000/employee only \$6,000/employee + one or more dependents</p> <p>You pay: 40% for most services after deductible</p> <p>Out-of-pocket maximum¹: \$10,000/person \$20,000/family</p>	<p>Deductible: \$3,000/person \$6,000/family</p> <p>You pay: 60% for most services after deductible</p> <p>Out-of-pocket maximum¹: \$10,000/person \$20,000/family</p>	Out-of-area emergency coverage only
HEALTH SAVINGS ACCOUNT AVNET'S CONTRIBUTION	\$250/Employee only \$500/Employee + one or more dependents	\$500/Employee only \$1,000/Employee + one or more dependents	Not Available	Not Available
FLEXIBLE SPENDING ACCOUNTS	You may contribute to a limited purpose flexible spending account (FSA) for dental and vision expenses (see page 18).		You may contribute to a healthcare flexible spending account (FSA) for medical, dental, and vision expenses (see page 18).	

NOTE: If you enroll dependents in the HSA 70 or HSA 80 plan, you will have to meet the family deductible before coinsurance will apply. In the Classic 70 (PPO) or Kaiser plan, one person can meet the deductible and then coinsurance will apply.

*FDA-approved generic drugs only.

¹The out-of-pocket maximum includes deductible amounts, coinsurance, and copays for doctor office visits and prescriptions. After you pay eligible expenses that total the out-of-pocket maximum amount, the plan pays 100% of additional eligible charges for the remainder of the calendar year.


²Non-network benefits are the specified percentage of reasonable and customary charges. You must pay 100% of any excess over the reasonable and customary amount.

UnitedHealthcare Resources

Medical Plan Comparison

Spend 20 minutes to ensure you enroll in the right plan for your individual needs.

UHC offers an online tool to enter your projected healthcare use and see a side-by-side comparison of what your out-of-pocket costs (including biweekly contributions) will be if you enroll in any of the four medical plans (both UHC and Kaiser). You can then choose the plan most appropriate for your needs.



To access the tool, visit:
Website: welcometouhc.com/avnet
(no ID or password required)

Under "How much will my plan cost me?", click on "Estimate your costs."

Navigating myUHC.com

Manage your medical benefits online through the **myuhc.com** secure portal.:

- Find a doctor and compare hospitals for cost/quality
- Review benefits eligibility and check claims status
- Print a temporary ID card and request a replacement card
- Access the Rally wellness platform
- Online chat with a nurse and learn more about health conditions
- Use the Personal Health Record to organize and store your health data

To register after receiving ID cards, go to **myuhc.com** and click the Register Now button.

- Enter name, date of birth, and account number from your UHC ID card, or enter your Social Security number and date of birth
- Create a username and password
- Enter your email address and optional phone numbers, and choose security questions
- Review and agree to website policies

After you register, important information, such as UHC explanation of benefits, health statements, claim letters, etc., will be sent to you electronically. You may choose to receive free paper communications at any time by changing your mailing preferences.

24-Hour Nurse Line
Call **844-518-8072**
or chat online at **myuhc.com**



Virtual Office Visits

Participants in all three UHC medical plans can choose a telemedicine provider from one of UHC's in-network doctor groups. Physicians can treat minor issues such as allergies, bronchitis, cold/flu, ear/sinus infections, joint aches, etc., and prescribe medications.

Doctor on Demand

Phone: 800-997-6196

Website: **doctorondemand.com**

Amwell

Phone: 855-818-DOCS

Website: **amwell.com**

If you are enrolled in the Classic 70 (PPO) plan, you pay a \$25 copay per visit. If you are enrolled in the HSA 70 or HSA 80 plan, you pay the per visit cost (varies by vendor) until the deductible is met, then coinsurance.



Employee Resources



New! Best Doctors

You want to feel confident with medical decisions for you and your family, whether it's an important health question or a serious diagnosis. All UHC plan participants now have access to expert second opinions and medical advisory services from more than 50,000 physicians worldwide through Best Doctors. This confidential service is available at no cost to you, helping you get the right information, diagnosis, and treatment.

- Have an expert conduct an in-depth review of your case and get a personalized report recommending your best course of action.
- Get expert advice and answers to your questions about medical conditions, health challenges, and appropriate treatments.
- Find one of Best Doctors' in-network specialists voted best-in-class by their peers.
- Explore treatment options, including drugs and medical procedures, before making a decision.

With Best Doctors, there's no need to travel, visit physicians' offices, or chase medical records. Now you can benefit from the world's best medical minds no matter where you are.



Phone: 866-904-0910 (Monday - Friday; 8 a.m. - 9 p.m. ET)
Website: bestdoctors.com

Health Advocate

Health Advocate provides healthcare assistance at no cost to you and your spouse, dependent children, parents, and parents-in-law (regardless of health coverage). When you call, you have your own personal health advocate—a registered nurse supported by a team of doctors and administrative experts—to help you.



- Resolve healthcare claims, appeals, and paperwork
- Explain tests, treatments, and medications
- Find the right doctor or hospital
- Research treatment plans and estimate health costs
- Obtain unbiased health information

Health advocate does not replace your health insurance coverage or provide medical care. Rather, it can help you meet your healthcare needs by working through issues with health providers and insurance companies.



Phone: 866-695-8622 (Monday - Friday; 8 a.m. - 9 p.m. ET)
Website: healthadvocate.com/avnet
Email: answers@healthadvocate.com

Employee Assistance Program

You have access to Employee Assistance Program (EAP) services offered through LifeMatters. The EAP provides free, professional, confidential counseling for all types of personal issues and work/life balance challenges.

When you or a family member calls the EAP's toll-free telephone number, you have immediate access to a trained professional. The EAP professional will discuss your personal concerns with you and make sure you have access to appropriate resources.

You may receive counseling over the telephone with an EAP professional or you may be referred to a counselor in your area depending on your situation and your preference. If you visit a counselor, up to three sessions are provided at no charge to you. If more sessions are needed, the EAP professional can work with your health plan to explore further coverage.

The EAP also offers work/life resource and referral services for:

- Alcohol/drug concerns
- Balancing work and personal life
- Family conflict/concerns
- Family/dependent care needs
- Financial/budgeting difficulties
- Grief/loss
- Personal law questions (includes one free 30-minute legal consultation per issue and discounts for ongoing representation)
- Relationship-building skills
- Resolving workplace conflict
- Self-improvement/personal development
- Stress/anxiety/depression

None of your personal information is ever shared with Avnet. You do not need to participate in an Avnet medical plan in order to access EAP benefits.

Confidential,
free assistance from
LifeMatters

Call **800-634-6433** (toll-free)
24 hours a day, 7 days a week

Visit mylifematters.com
(password: AVNET1) for educational
resources, self-assessments, and the option
to contact counselors electronically.

LifeMatters[®]

Live Well

Your health and the health of your family is an essential part of Avnet's focus on promoting better living through wellness. We encourage you to make fitness, nutrition, stress management, and personal health a priority by participating in the Live Well programs.



Lose Weight – Feel Great

Dropping those extra pounds is a difficult task, especially when you try to do it alone. Feel and look your best, be more active, and improve your health with Real Appeal, the experts in weight management behavior change. This innovative program is available at no cost to all employees who are enrolled in an Avnet UnitedHealthcare medical plan.



Real Appeal has proven experience in helping people develop simple weight loss plans that actually work. Using tools such as interactive weekly internet shows, videos, and live online coaching, you can make small behavior changes to help you lose weight and achieve your long-term health goals. Real Appeal has designed an individualized program to support you through every stage of weight management.

- **Expert coaching** – One-on-one/weekly group coaching and online discussions
- **Personalized support** – Nutrition guides, meal plans, recipes, dining out tips, etc.
- **Engaging entertainment** – Educational videos featuring popular celebrities/experts
- **Tools and tracking** – Website, digital resources, and online/mobile tracking

Whether you need to lose significant weight or simply want to drop those last 10 pounds, Real Appeal may work for you. Visit realappeal.com or avnet.me/livewell to learn more. Available January 2017.



Sign up for Real Appeal to help you lose weight and keep it off (available January 2017).

Onsite Health Improvement

Take advantage of these programs designed to enhance your physical well-being. Visit avnet.me/livewell to view current offerings.

- Company-wide health challenges
- Annual flu shots
- Wellness webinars
- Weight Watchers at Work (minimum participation required)



Connect with Live Well

Join the Avnet Live Well community on Yammer to stay up to date on all things wellness.

Kick the Tobacco Habit

Employees who use tobacco pay higher contributions for their company-sponsored medical benefits (only applies to employees who use tobacco products, not dependents). **Tobacco-users pay an additional \$20 in biweekly contributions for medical coverage***. When you complete your enrollment in Workday, you choose a medical plan as a tobacco-user or a non-tobacco-user. Either way, your identification will be in place for the full calendar year.

What is considered tobacco use? Avnet defines a tobacco-user as anyone who uses cigarettes, cigars, pipes, chewing tobacco and/or e-cigarettes. You can be considered a non-user if you are free from tobacco use for a minimum of six months.

*If you are trying to stop using tobacco products, but have found it difficult due to nicotine addiction, you can elect a non-tobacco-user medical option if you:

- Participate in a tobacco cessation program;
- Begin using nicotine replacement under a physician's supervision; or
- Create an individually-designed program with your physician

Need help quitting? Call 800-478-1057 and ask a health coach to help.

NOTE: New employees who are tobacco-users can qualify for the lower non-tobacco-user rates by enrolling in a tobacco cessation program within 30 days of hire.

Path to Physical Well-Being

Stay on the path in 2017. Employees have the opportunity to take steps toward better health and earn a \$260 incentive* through our Path to Physical Well-Being program. This program is purely voluntary and open to all regular employees, regardless of medical plan enrollment. The personal information gathered from program participants is entirely confidential and will not be disclosed to anyone at Avnet or used to deny coverage to any employee. View the full wellness program notice at avnet.me/livewell.

NOTE: Employees hired after July 30, 2017, can participate in the program beginning in 2018.

*Employees not enrolled in an Avnet medical plan will receive a one-time \$50 gift card.

Health Screening Metric	Avnet Target Values
Body Mass Index (BMI)	< 27.5 (or improve 2 points over 2016)
Total Cholesterol	< 200
Blood Sugar	< 100 Fasting < 150 Non-fasting
Blood Pressure	≤ 140 Systolic/90 Diastolic

NOTE: Avnet target values are based on clinical thresholds supported by government and academic research.

If you meet the target health goals outlined above and complete your health survey, you've met the requirements to qualify for an incentive in 2018.

Just 3 Easy Steps!

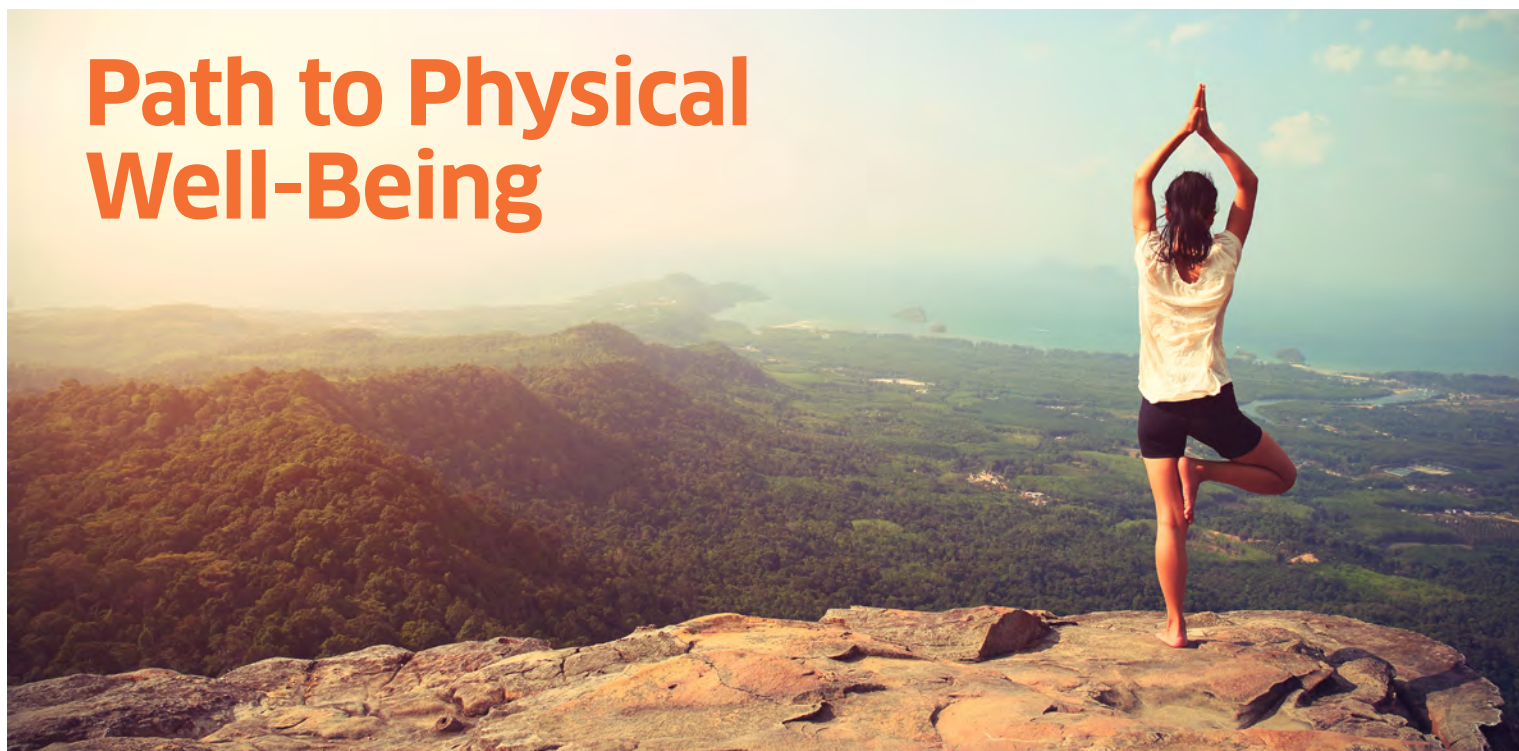
STEP 1 Complete a free health screening. These simple tests determine your risk level for certain diseases and medical conditions. Complete your screening at one of the Avnet onsite testing events, at a lab close to home or work, or through your doctor.

STEP 2 Fill out the health survey. You can complete the confidential online health survey in less than a half-hour. Once the assessment is complete, you will receive your Rally Age. UnitedHealthcare (UHC), Avnet's healthcare partner, will only share aggregate information with Avnet.

STEP 3 If you don't meet the target health goals, you can still qualify for the 2018 incentive by completing an approved health coaching program. Choose from one of UHC's telephonic coaching programs or complete three missions in Rally to complete Step 3.



Visit avnet.me/rally to get started on the 2017 Path.



Path to Physical Well-Being

Dental Options

Avnet offers two dental plans that use the nationwide **MetLife PDP and PDP Plus dental networks**. More than 350,000 dentists across the country are participating providers. You can enjoy choice and savings when you visit a PDP Plus provider for your dental care, but the greatest discounts will be in the smaller PDP network contained inside the wider PDP Plus network. While using the same networks, the plans differ in how they pay benefits (see below). **You don't receive an ID card for either dental plan; however, you can print one from the MetLife website. Your dentist can verify your eligibility and available benefits with MetLife using your Social Security number.**

PPO Dental Plan


Preventive services are covered at 100% (frequency limits apply).

Once you meet the annual deductible, the plan pays a portion of your covered expenses for basic and major services (subject to an annual benefit maximum of \$1,800).


Orthodontic services for both adults and children are covered (subject to a lifetime maximum of \$1,500).

Your portion of the dentist's charges is less when you use a network dentist because MetLife has negotiated (discounted) fees with its participating dentists.

Find a MetLife network dental provider in your area:



Log on to metlife.com/mybenefits
Call 800-942-0854
 (Customer service consultants are available Monday through Friday, 8 a.m. – 11 p.m. ET)



Copay Dental Plan

You are not required to choose a primary dentist.

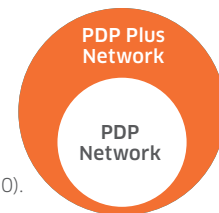
Orthodontic services for both adults and children are covered (subject to a lifetime maximum of \$1,000).

For network providers:

- You do not have to meet an annual deductible.
- All dental services, including preventive, have copays associated with them (subject to an annual benefit maximum of \$1,200).
- Copays differ by geographic location based on your dentist's ZIP code. There are four different copay schedules.
- The copay schedule is posted on the Benefits intranet.

For non-network providers:

- Annual deductible applies.
- Limited non-network benefits.
- Benefits are paid as a percentage of the network negotiated fee instead of a copay (subject to an annual benefit maximum of \$750).



Dental Options	PPO Dental Plan		Copay Dental Plan	
	Network	Non-network	Network	Non-network
Choice of Dentist	You can visit any dentist you wish, but in most cases, you pay less if you use a MetLife network provider			
Plan Year Deductible	You pay \$50 per person; \$150 maximum for family ¹	You pay \$50 per person; \$150 maximum for family ¹	None	You pay \$75 per person; \$225 maximum for family ²
Type A - Preventive Care (exams, cleanings, x-rays) ³	Plan pays 100% with no deductible ⁴	Plan pays 100% with no deductible ⁵	You pay applicable copay • Exam - \$5 copay • Cleaning - \$10 copay • X-rays - \$10 copay	You pay 40% after deductible ⁵
Type B - Basic Services (such as fillings)	You pay 20% after deductible ⁴	You pay 20% after deductible ⁵	You pay applicable copay	You pay 60% after deductible ⁵
Type C - Major Services (such as crowns)	You pay 50% after deductible ⁴	You pay 50% after deductible ⁵	You pay applicable copay	You pay 80% after deductible ⁵
Type D - Orthodontics (includes adults and children)	Plan pays 50% (up to \$1,500 lifetime maximum) ⁴	Plan pays 50% (up to \$1,500 lifetime maximum) ⁵	Plan pays 50% (up to \$1,000 lifetime maximum) ⁴	Plan pays 50% (up to \$1,000 lifetime maximum) ⁵
Annual Benefit Maximum (excludes orthodontics)	\$1,800 per person	\$1,800 per person	\$1,200 per person	\$750 per person

¹Applies only to Type B & C services ²Applies only to non-network Type A, B & C services ³Frequency limits apply ⁴Paid by MetLife based on negotiated fees that network dentists have agreed to accept as payment in full, subject to any deductibles, copayments, maximums, etc. ⁵MetLife pays the specified percentage of the 90th percentile of reasonable and customary (R&C) charges. You are responsible for 100% of any excess over the 90th percentile of the R&C amount.

Vision Coverage

Avnet offers vision care benefits through Vision Service Plan (VSP). Services such as eye exams, lenses, and frames are covered at more than 25,000 private practice optometrists and ophthalmologists through the **Choice network**.



VSP's Eye Health Management Program® is all about wellness. You receive care from VSP doctors who use Evidence-Based Eyecare®. This includes best practice medical guidelines, comprehensive eye exam standards and coordination of care with primary care physicians.

If you go to a network doctor, be sure to let him or her know you are a VSP member when making your appointment. For non-network providers, you must file a claim for reimbursement of covered expenses. **No ID card is issued for this plan; your ID number is your Avnet employee number.**

Visit vsp.com for special offers exclusively for VSP members.

Find a VSP Choice network doctor in your area:

Call 800-877-7195
Email Imember@vsp.com
Visit vsp.com



(use your Avnet employee number or last four digits of your Social Security number)

Customer service reps are available Monday through Friday, 5 a.m. to 7 p.m. PT, and Saturday, 6 a.m. to 2:30 p.m. PT. You can call, email, or chat live with them online.

Vision Benefits	VSP Provider	Non-VSP Provider
WellVision Exam (once every calendar year)	<ul style="list-style-type: none"> Thorough eye exam covered in full after \$10 copay Maximum copay of \$39 on routine retinal screening (enhancement to WellVision exam) 	Plan pays up to \$45
Prescription Glasses	<ul style="list-style-type: none"> \$10 copay 	
Eyeglass Lenses (once every calendar year)	<ul style="list-style-type: none"> Glass or plastic prescription lenses covered in full after copay 20-25% off all lens options 20% off unlimited additional pairs of prescription glasses and sunglasses* Children are eligible for polycarbonate prescription lenses covered in full 	
Single Vision		Plan pays up to \$30
Lined Bifocal		Plan pays up to \$50
Lined Trifocal		Plan pays up to \$65
Lenticular		Plan pays up to \$100
Eyeglass Frames (once every other calendar year)	<ul style="list-style-type: none"> Frames are covered in full after copay up to the retail allowance of \$130 (\$150 for featured frame brands or \$70 at Costco) 20% off any amount above the allowance 	Plan pays up to \$70
Contact Lenses (once every calendar year; benefit is available in lieu of lenses and frame)	<ul style="list-style-type: none"> Contact lens exam (fitting and evaluation) covered in full after \$60 copay (in addition to 15% discount) Elective contact lenses are covered in full up to the retail allowance of \$120 With pre-approval from VSP, medically necessary contact lenses are covered in full, if certain medical conditions prevent member from wearing eyeglasses 	<p>Plan pays up to \$105 for elective contact lenses</p> <p>Plan pays up to \$210 for medically necessary contact lenses</p>
Laser VisionCare ProgramSM	<ul style="list-style-type: none"> VSP-contracted laser centers provide discounts for laser surgery including PRK, LASIK and Custom LASIK Discounts average 15% off (or 5% off a promotional price) 	Not covered
Diabetic Eyecare Plus Program (diabetic eye disease, glaucoma and age-related macular degeneration)	<ul style="list-style-type: none"> Services covered in full after a \$20 copay Retinal screening for eligible members with diabetes Limitations and coordination with medical coverage may apply 	Not covered
Filing Claims	No claim forms to file	You must file a claim for reimbursement at vsp.com
Plan Limitations	<p>The following items are excluded under this plan:</p> <ul style="list-style-type: none"> Two pairs of glasses instead of bifocals Replacements of lenses, frames, or contacts Medical or surgical treatment Orthoptics, vision training or supplemental testing 	<p>Items not covered under the contact lens coverage:</p> <ul style="list-style-type: none"> Insurance policies or service agreements Artistically painted or non-prescription lenses Additional office visits for contact lens pathology Contact lens modification, polishing, or cleaning

*Discounts valid through any VSP doctor within 12 months of the last covered eye exam.

Flexible Spending Accounts

An Overview of the Accounts

Avnet offers three flexible spending accounts (FSAs). You can direct pre-tax dollars to these accounts, which you can use to pay for eligible expenses. Each year you can choose to contribute to a **Healthcare FSA** and/or a **Dependent Care FSA**. If you enroll in the HSA 70 or HSA 80 medical plan, you can choose to contribute to a **Limited Purpose FSA** to pay for dental and vision expenses only. All accounts are administered by HealthEquity.

You must re-enroll for coverage in an FSA each year; participation is not automatic. If you enter mid-year, your election is spread over the remaining pay periods in the calendar year.

IRS Rules to Keep in Mind

- Money left in your accounts after the claims filing period may be forfeited (see Use or Lose section).
- You cannot stop or change contributions during the year unless you have a qualified change in status (see page 6).
- Money cannot be transferred between the FSAs.

Tax Savings

Since you never pay federal, Social Security and sometimes state taxes on the money you contribute to an FSA, using an FSA can mean that you SAVE the amount you would have paid in taxes.

For most people, federal income and Social Security taxes combined can be 22% to more than 40% of their gross income.

Use or Lose

FSAs are subject to a use-or-lose rule. Your balance may be used to reimburse only claims incurred during the calendar year, while you are employed by Avnet, and you must submit reimbursement claims for a year no later than the next March 31. You can carry up to \$500 of your healthcare or limited purpose FSA into the next calendar year; however, the IRS rules require that you forfeit any unused dependent care FSA balance.

NEW! In order to carry over a healthcare or limited purpose FSA into the next year, you must enroll in an FSA for that year (minimum annual amount of \$26).

Flexible Spending	Healthcare FSA	Limited Purpose FSA	Dependent Care FSA
Your Contributions Deducted in equal amounts from your paychecks.	You may contribute up to \$2,550* per year (not available for HSA 70 and HSA 80 plan participants).	You may contribute up to \$2,550* per year. (available for HSA 70 and HSA 80 plan participants only)	You may contribute up to \$5,000* per year, per family (\$2,500 if you are married but file your taxes separately).
Eligible Expenses A complete list of eligible expenses is given in IRS Publications 502 and 503, available by calling 800-829-3676 or logging on to irs.gov/publications/index.html You can also visit the Benefits intranet for additional information.	Expenses for you, your spouse and/or children provided they have not been reimbursed by other coverages, include: <ul style="list-style-type: none"> • medical, dental, drug or vision plan deductibles, coinsurance and copayments, and • certain expenses not covered by a plan. Examples of ineligible expenses are your payroll contributions for coverage and cosmetic surgery.	Like healthcare FSA, but reimburses only dental and vision expenses.	Expenses to care for eligible dependents that allow you (and your spouse, if married) to work or attend school. Eligible dependents include: <ul style="list-style-type: none"> • children under age 13 who qualify as dependents on your federal income tax return, and • your spouse (or other eligible dependent) who is physically or mentally incapable of self-care. Examples of ineligible expenses include food, clothing, education, payments to a dependent relative, or care during nonworking hours.
Reimbursements	Full annual goal amount available on January 1.	Full annual goal amount available on January 1.	Reimbursements up to the amount currently deposited to your account.
Special Notes You must submit a year's claims incurred during the calendar year no later than the next March 31. If you leave Avnet mid-year, FSA expenses must be submitted within 90 days of your termination date.	You cannot deduct reimbursed expenses on your income tax return.	You cannot deduct reimbursed expenses on your income tax return.	<ul style="list-style-type: none"> • You cannot use reimbursed expenses toward the Earned Income Credit or the Child Care Tax Credit. For some employees, the Child Care Tax Credit might be more favorable than participating in the dependent care FSA. • You are required to list the Social Security number or federal tax ID number for any dependent care provider. • This account is not for dependent healthcare expenses. • To be eligible for reimbursement, expenses must be incurred while both you and your spouse are working, looking for work or engaged as a full-time student.

*Contribution limits for 2017 will be announced by the IRS in late 2016.

How the FSAs Work

First, you make contributions – Your pre-tax payroll deductions are credited to your account(s) in equal amounts each pay period.

Then, you can be reimbursed for eligible expenses incurred during the year – You are reimbursed for dependent care expenses up to the amount currently deposited to your dependent care FSA. However, you may be reimbursed for healthcare expenses up to your full annual FSA goal amount at any time (including before the contributions have been made).

Money left over at year end – You are permitted to carry over up to \$500 of unused healthcare or limited purpose FSA balances into the next calendar year (as long as you enroll in an FSA for the following year). Dependent care balances are not eligible for carry over.



HealthEquity
866-346-5800
myhealthequity.com



HealthEquity[®]
Building Health Savings[™]

Healthcare FSA

If you are enrolled in the Classic 70 (PPO) or Kaiser plan, or are not enrolled in any Avnet-sponsored medical plan, you can enroll in a healthcare FSA and HealthEquity will issue you a debit card. You can pay your qualified health expenses with the debit card or submit them through the HealthEquity online tool for reimbursement. Remember to save all receipts; you'll need them for reimbursements and to validate your expenses.

Reimbursements are made after HealthEquity receives a completed request form and the necessary documentation. You can elect to receive your reimbursement via direct deposit into your bank account or as a check by mail (\$2 fee).

Limited Purpose FSA

If you are enrolled in one of the CDHP options (HSA 70 or HSA 80), you can enroll in a limited purpose FSA to pay for dental and vision expenses. In addition to providing you a debit card to pay for medical expenses from your HSA, HealthEquity will issue a separate debit card to pay your dental and vision expenses using your FSA funds. Or you can pay these expenses out-of-pocket and submit for reimbursement to HealthEquity.

Reimbursements are made after HealthEquity receives a completed request form and the necessary documentation. You can elect to receive your reimbursement via direct deposit into your bank account or as a check by mail (\$2 fee).

Dependent Care FSA

To be reimbursed, you must submit a dependent claim form and receipts to HealthEquity. Once your claim is received, your reimbursed amount can be deposited directly into your bank account.

UnitedHealthcare and MetLife will send periodic medical and dental claim files to HealthEquity, allowing you to choose which claims you want to pay out of your FSA.

Learn more at healthequity.com/avnet



Life Insurance Coverage

An Overview of Coverage

Avnet provides basic life and accidental death and dismemberment (AD&D) coverage equal to one time your annual pay or target income (up to \$500,000) at no cost to you. You are automatically enrolled in these benefits on the first of the month after date of hire. You also have the option to purchase additional life insurance for you and/or your family:

- Employee Supplemental Life Insurance
- Family Supplemental Life Insurance

You pay for supplemental insurance coverage through after-tax payroll deductions. **Elections for life insurance can be changed any time during the year in Workday (see Statement of Health rules).**

Choosing a Beneficiary

When you enroll for benefits, be sure to choose a beneficiary for your life insurance. Even if you don't elect Employee Supplemental Life Insurance, you need to name a beneficiary for your company-provided Basic Life Insurance. At any time, you can change your beneficiaries in Workday (click on Change Beneficiaries under the Benefits worklet). If you choose Family Supplemental Life Insurance, you are the beneficiary.

Statement of Health (SOH)

When you are first eligible (or within 30 days of a qualified change in status), you may choose Employee Supplemental Life Insurance coverage of one time your annual pay, and/or up to \$100,000 (spouse)/\$10,000 (child) of Family Supplemental Life Insurance without supplying a Statement of Health (SOH).

However, if you want to enroll for a higher amount, or are not within your initial enrollment period or 30 days of a qualified change in status, you need to complete a Liberty Mutual SOH form online at mylibertyconnection.com (company code: AVNETINC). Once the insurance company approves your request, your coverage increases to the higher amount elected.

If a SOH is required, you receive an email with instructions for completing the form online.

Life Insurance Limitations

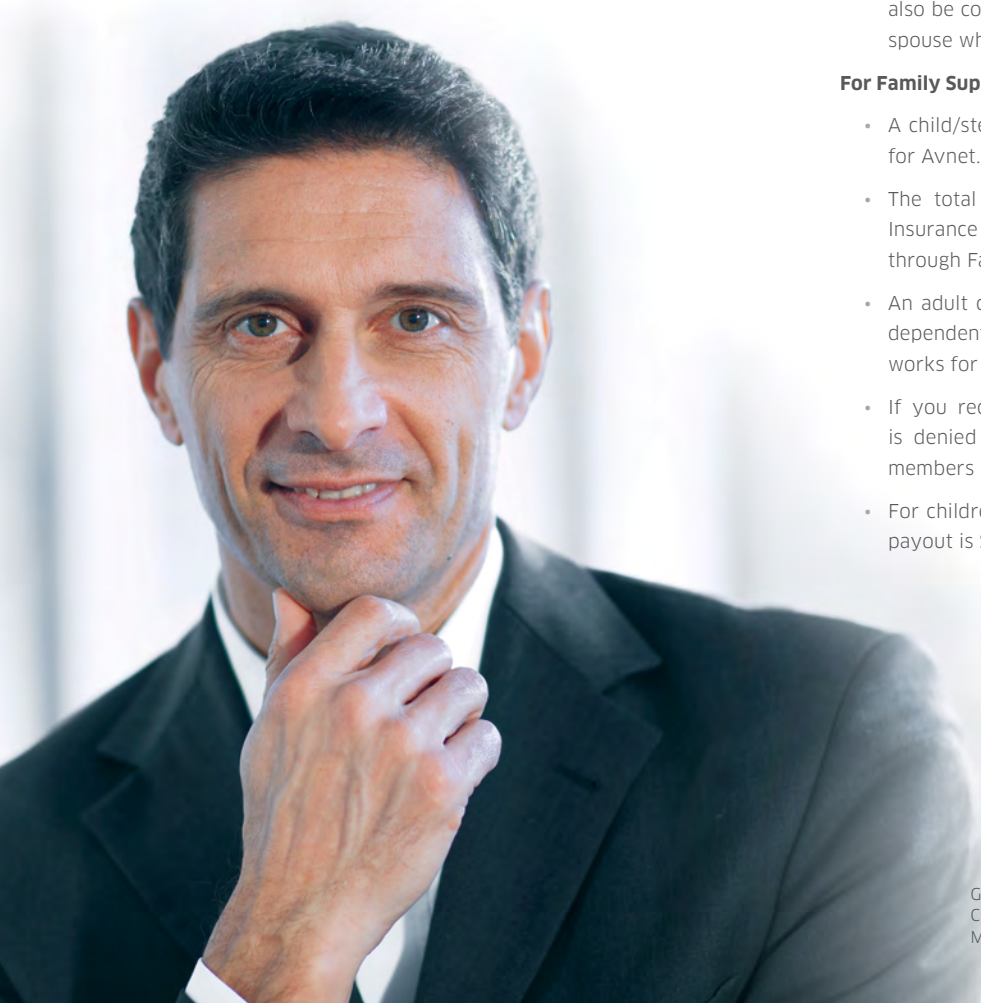
The following limitations apply to your life insurance:

For Employee Life Insurance:

- Beginning at age 65, your Employee Basic Life Insurance amounts are reduced to 60% of your election. Further reductions apply at each subsequent five-year age increment and are adjusted for any later changes in annual income. Employee Supplemental Life Insurance amounts are not reduced at age 65 or older.
- If you enroll in Employee Supplemental Life Insurance, you cannot also be covered as a dependent under the family coverage of your spouse who also works for Avnet.

For Family Supplemental Life Insurance:

- A child/stepchild can be covered by only one parent if both work for Avnet.
- The total of your own Basic and Employee Supplemental Life Insurance has to be the same or greater than your spouse's coverage through Family Supplemental Life Insurance.
- An adult child who is an Avnet employee cannot be covered as a dependent under the family coverage of either parent who also works for Avnet.
- If you request family coverage requiring SOH and your spouse is denied by Liberty Mutual, requested coverage for all family members is canceled.
- For children under six months of age, the maximum life insurance payout is \$500.



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Type of Insurance	Coverage	Special Notes						
Basic Life Insurance Company-paid coverage for you	1 time your annual pay (or target income) to a maximum of \$500,000. Your coverage is reduced beginning at age 65.	Under IRS rules, employees must pay income tax on the value of their life insurance in excess of \$50,000. This is referred to as "imputed income." The calculation of the amount you are taxed on is subject to your age and current IRS rates. To avoid paying taxes on your Basic Life Insurance, you can choose to limit your coverage to \$50,000 when you enroll.						
Accidental Death & Dismemberment Insurance (AD&D) Company-paid coverage for you	Coverage is equal to your basic life insurance Variable benefits are payable if you die or lose a limb or your eyesight in an accident. Your coverage is reduced beginning at age 65.	If you limit your Basic Life Insurance to \$50,000, your AD&D coverage is also limited to \$50,000.						
Travel Accident Life Insurance Company-paid coverage for you	Coverage is equal to your basic life insurance to a maximum of \$150,000. Benefit is paid if you or your covered spouse die accidentally while traveling on public transportation. Your coverage is reduced beginning at age 65.	If you limit your Basic Life Insurance to \$50,000, your travel accident life insurance is also limited to \$50,000.						
Supplemental Life Insurance Employee-paid coverage for you	1, 2, 3, 4 or 5 times your annual pay (or target income), up to a maximum of \$1,000,000 for the total of your basic and supplemental coverage.	<ul style="list-style-type: none"> • A Statement of Health may be required. • Certain limitations may apply. 						
Family Supplemental Life Insurance Employee-paid coverage for your spouse/children	You can choose from six levels of coverage. This coverage includes AD&D insurance for your spouse in the same amount as the life insurance coverage shown below. <table border="0" style="margin-left: 20px;"> <tr> <td>\$10,000 Spouse \$1,000 Children</td> <td>\$75,000 Spouse \$7,500 Children</td> </tr> <tr> <td>\$25,000 Spouse \$2,500 Children</td> <td>\$100,000 Spouse \$10,000 Children</td> </tr> <tr> <td>\$50,000 Spouse \$5,000 Children</td> <td>\$200,000 Spouse \$20,000 Children</td> </tr> </table>	\$10,000 Spouse \$1,000 Children	\$75,000 Spouse \$7,500 Children	\$25,000 Spouse \$2,500 Children	\$100,000 Spouse \$10,000 Children	\$50,000 Spouse \$5,000 Children	\$200,000 Spouse \$20,000 Children	<ul style="list-style-type: none"> • You are the beneficiary for this coverage. • Covered children must be under age 26. • A Statement of Health may be required. • If you are married, your spouse must be approved for coverage in order to cover any children. • Biweekly rates are the same regardless of the number of dependents covered.
\$10,000 Spouse \$1,000 Children	\$75,000 Spouse \$7,500 Children							
\$25,000 Spouse \$2,500 Children	\$100,000 Spouse \$10,000 Children							
\$50,000 Spouse \$5,000 Children	\$200,000 Spouse \$20,000 Children							

Life Services

Liberty Mutual Insurance offers an educational life services website with valuable information on:

- **Online will preparation**
- **Funeral planning**
- **Grief and loss**

Access life services via the Learn More Life Insurance tab on mylibertyconnection.com (company code: AVNETINC).

Liberty Mutual offers online will preparation services to document your final wishes, such as designating beneficiaries to inherit property and naming a guardian for minor children.

- Log in to **mylibertyconnection.com** using your ID and password
- Select "Learn More – Life Insurance" from the home page and follow the link to the life services website
- Choose "Legal Tools – Online Wills" (separate registration required)



Leaves of Absence & Disability Coverage

Avnet provides leaves of absence and disability coverage at no cost to you. You are automatically enrolled for these benefits on the first of the month after date of hire.

Family Medical Leave (FML)

If you have been an employee at least 12 months and worked a minimum of 1,250 hours, you may qualify for benefits under the Family Medical Leave Act (FMLA). Eligible employees can take up to 12 weeks of unpaid leave during any 12-month period for one or more of the following reasons:

- Birth and care of your newborn child
- Placement of a child with you through adoption or foster care
- Care of an immediate family member (spouse, child, or parent) with a serious health condition
- Medical leave when you are unable to work because of a serious health condition
- Needs arising from a family member's call to active military duty or care (up to 26 weeks) for a family member injured in military service

Special Notes:

- FML runs concurrently with time off for disability, Paid Family Leave (PFL), and Workers' Compensation.
- FML may be taken on a consecutive or intermittent basis.
- Employees not receiving disability or Workers' Compensation benefits must use accrued Paid Family Leave (PFL) and/or Paid Time Off (PTO) while on leave prior to going unpaid.
- Local or state leave laws may prevail.
- If both you and your spouse are employed by Avnet, you are jointly entitled to a total of 12 weeks (or 26 weeks) to care for a child or family member.
- Please refer to the FML policy posted on the Benefits intranet for complete details.



Reporting a Disability or Leave

If you are unable to work for 6 days or more,

Call Liberty Mutual at 888-408-7300

Paid Family Leave (PFL)

PFL provides additional paid time away from work for you to bond with a new child or care for a family member with a serious health condition as defined by FML. Both exempt and non-exempt employees are eligible for this leave beginning January 1, 2017. The minimum benefit duration is five consecutive business days. You are requested to notify your supervisor 30 days before you intend to take PFL, if possible.

- **Non-exempt (hourly) employees** can receive up to two weeks of PFL* in a rolling 12-month period (may be used in conjunction with accrued PTO).
- **Exempt (salaried) employees** can receive up to four weeks of PFL* in a rolling 12-month period (may not be used in conjunction with FTA).

Please refer to the PFL policy posted on the Benefits intranet for complete details.

*Less any state benefits

Short-term Disability (STD)

STD provides financial assistance if you are unable to work for a limited period of time due to your own illness or injury.

- 100% of your pay and/or target income (less any Workers' Compensation or state benefits**).
- Benefit payments begin after a seven-calendar-day waiting period, pending approval by the insurance company.
- You must use available PTO (non-exempt/hourly employees) or FTA (exempt/salaried employees) during your waiting period.
- Benefit payments can continue up to 12 weeks after your waiting period.

NOTE: Non-exempt employees will continue to accrue PTO during the first 13 weeks of an approved leave of absence or disability. After that, PTO accruals will be suspended until you return to work.

Long-term Disability (LTD)

LTD provides financial assistance if you are unable to work for a long period of time due to illness or injury.

If you meet the plan's definition of disabled, the plan provides a benefit of 60% of your monthly pay (target income), up to \$20,000 per month (reduced by most other disability benefits). Benefits are payable starting after STD runs out (90 days) and can continue as long as you remain disabled, up to age 65 or longer.

For the first two years of benefits, you are considered disabled if you are unable to perform your current job duties. To continue receiving benefits after two years, you must be disabled from performing any occupation in which you could be expected to earn at least 80% of your pre-disability earnings.

Please refer to the LTD summary plan description posted on the Benefits intranet for complete details.

**The following states offer disability benefits: California, Hawaii, New Jersey, New York, and Rhode Island

Paid Time Off

Avnet encourages employees to take time away from work to fulfill personal obligations, spend time with family and friends, rest, relax, and recharge. All regular employees are eligible to receive paid time off for the following situations.

Holidays

Avnet grants nine paid holidays each year. New employees are paid for scheduled holidays upon hire.

- New Year's Day**
- Martin Luther King, Jr. Day**
- Presidents' Day**
- Memorial Day**
- Independence Day**
- Labor Day**
- Thanksgiving Day**
- Day After Thanksgiving**
- Christmas Day**

NOTE: Typically, holidays that fall on a Saturday or Sunday are observed on Friday and Monday, respectively.

Paid Time Off

Non-exempt (hourly) employees earn Paid Time Off (PTO) benefits based on their years of Avnet service*. You stop accruing PTO during any pay period in which you have reached the maximum allowable benefit. You should ensure adequate PTO reserves to cover vacation, personal illness, appointments, emergencies, or other situations that require time off from work (you are required to use available PTO before going unpaid).

PTO is subject to supervisor approval, taking into consideration staffing needs and established departmental procedures. New employees are eligible to use PTO beginning the pay period after 90 days of employment. If you leave Avnet after 90 days of employment, your accrued PTO hours will be paid on your final paycheck.

Length of Service	Annual Accrual	Pay Period Accrual	Maximum
0-4 years	128 hours	4.93 hours	128 hours
5-9 years	168 hours	6.47 hours	168 hours
10-14 years	208 hours	8.00 hours	208 hours
15-19 years	224 hours	8.62 hours	224 hours
20+ years	240 hours	9.24 hours	240 hours

In addition to PTO, Avnet grants you up to five work days off with pay to attend the funeral of your spouse/fiancée, or a parent, child, sibling, grandparent, grandchild, stepparent or stepchild of you or your spouse. One day off with pay may be granted to attend the funeral of other relatives.

*Part-time non-exempt employees who are scheduled to work 20 or more hours per week (but less than 40) qualify for prorated PTO accruals based on their scheduled work hours.

NOTE: If an applicable state or local law provides for a greater benefit, the benefit provided by such law applies.

Flexible Time Away

Exempt (salaried) employees have Flexible Time Away (FTA) benefits, which allow a reasonable amount of paid time away from work to relax and refresh along with the flexibility to manage business and personal needs. FTA covers the following types of time away: vacation, personal illness (up to five consecutive business days after which short-term disability benefits may be available), and death in family.

Time off requests are subject to supervisor approval, taking into consideration business requirements, job performance, and the ability to meet work commitments and duties. You are encouraged to make plans in advance and submit FTA requests as early as possible to minimize scheduling conflicts. New employees are eligible for FTA upon date of hire, but time off should be limited during the first 90 days of employment.

Volunteer Time

Avnet encourages employees to be involved in their communities wherever they may live. Through the Volunteer Time program sponsored by Avnet Cares, you are granted up to eight hours of company time annually to volunteer for a 501(c)(3) non-profit organization meeting Avnet's eligibility criteria (supervisory approval required). More details are available on the Avnet Cares intranet page.



Avnet's new Paid Time Off and Flexible Time Away benefits are effective beginning January 1, 2017.

Retirement & Investment Programs

Avnet sponsors three retirement/investment plans to help employees meet their personal financial goals. In addition to these plans, Avnet contributes to Social Security on your behalf, which also provides retirement benefits.

Pension Plan

You do not make any contributions to the Pension Plan*; Avnet pays for 100% of the cost of this benefit and assumes all financial risk. Enrollment is automatic on the January 1 or July 1 following one year of employment (with at least 1,000 hours of service) and reaching age 21.

Your retirement benefits build under the plan through annual company contribution and interest credits. After three years of service, you are vested in this benefit. If you leave Avnet after you are vested, you can request your distribution in either a lump sum or through an annuity option. If you leave Avnet before you are vested, your benefits will be forfeited.

The Pension Plan offers a pre-retirement death benefit regardless of your age or marital status. If you were to die prior to receiving a Pension Plan distribution, 100% of your vested account balance will be paid to your spouse or to your estate.

Participant statements are mailed out semi-annually to active employees.

Estimate your pension benefit and payment options based on different retirement dates at avnet.me/pension.

Pension Plan Contribution Credits			
Age	Annual Contribution**	Age	Annual Contribution**
21-24	4.0%	50-52	5.0%
25-29	4.0%	53-55	5.5%
30-34	4.0%	56-57	6.0%
35-39	4.0%	58-59	6.5%
40-43	4.0%	60-61	7.0%
44-46	4.0%	62-63	7.5%
47-49	4.5%	64 and older	8.0%

Pension Plan Interest Credits	
On contribution credits earned prior to July 1, 2010	On contribution credits earned on or after July 1, 2010
Greater of 10-Year Treasury Note or 4%	4%

Important Contacts

Pension Plan	Avnet Retirement Services	800-882-8638, option #4
401(k) Plan	Fidelity Investments	800-835-5098
ESPP	Fidelity Investments	800-544-9354

*Avnet offers a non-qualified Restoration Plan to certain employees whose Pension Plan benefit is limited by the IRS annual compensation maximum (\$270,000 in 2017).

**As a percentage of eligible compensation

401(k) Savings Plan

This plan offers you the opportunity to save a portion of your earnings in pre-tax, Roth, and/or after-tax 401(k) accounts, and choose how your money is invested. You are eligible to join the plan on your 30th day of employment (new employees are automatically enrolled for a 3% pre-tax contribution approximately 45-60 days after hire, but can opt out if they do so before the effective date). You can increase, decrease, or stop your election at any time.

You may contribute from 1-50% of pay to a pre-tax or Roth account (capped at 8% for employees who earned \$120,000 or more in 2017) up to the IRS maximum (\$18,000 in 2017) and up to 6% of your after-tax pay. The plan also permits pre-tax or Roth "catch up" contributions (\$6,000 in 2017) for eligible employees age 50 and older. There is no company match for the 401(k).

Fidelity Investments is the administrator for the 401(k) plan. Visit 401k.com to enroll or adjust your contributions, designate your 401(k) beneficiary, change your investments, or utilize retirement planning tools. Since you bear the risk of investment gains and losses, you should carefully review the fund options to understand the risks, fees, and expenses.

NOTE: Contribution limits may be adjusted annually by the IRS

Employee Stock Purchase Plan (ESPP)

You can become an Avnet shareholder by participating in the ESPP after three months of employment. You can purchase shares of Avnet common stock at a 5% discount through regular payroll contributions. Fidelity Investments administers the ESPP on Avnet's behalf. Visit netbenefits.com to enroll in, make changes, or discontinue contributions to the plan with Fidelity at any time during the year. Requested changes are effective the first paycheck of the following month.



Other Avnet Programs

Adoption Assistance

Avnet reimburses you for most adoption-related expenses up to \$3,500 per child. Assistance is provided for the adoption of children under 18 years of age who are not biologically related to either parent.

Avnet @ Your Service

Avnet @ Your Service is an employee-centered intranet site where you can find out about local and national programs, cell phone and other discounts, events, and recreational activities available to you through Avnet.

Avnet Scholarships

Each year, several scholarships from \$500 to \$2,000 are awarded to children and spouses of Avnet employees. The scholarships are awarded to students who show outstanding potential. Applications are due annually in April.

Business Accident and Emergency Sickness Medical Coverage/Travel Assistance

When you travel outside the United States on Avnet business, you are automatically covered under Ace Travel Assistance Program if you become ill or have an accident. Benefits include emergency medical and travel services and pre-trip information. Call 630-694-9764 for medical referrals, evacuation, repatriation, and other services.

Computer Loans

After one year of employment, you can obtain an interest-free loan of up to \$2,500 to purchase computer hardware and software. To qualify for the loan, you must first purchase your equipment and submit a receipt. You are reimbursed for the purchase, then loan installments are deducted from your paycheck for up to one year.

For benefit questions, contact the

**Avnet Human
Resources Department**

Email: benefits@avnet.com

800-88-AVNET

(800-882-8638)

Option #4

Or your local HR business partner

For program details, please refer to the Benefits intranet. See page 2 of this guide for contact information.



Education Assistance

Avnet reimburses you up to \$5,250 for undergraduate courses (\$7,000 for graduate courses) per calendar year to help meet approved educational expenses. Courses must be for Avnet career development or part of a work-related degree program and be accredited to qualify for reimbursement. There is a one-year waiting period for new employees to qualify for reimbursements.

NOTE: If you voluntarily terminate employment from Avnet within 12 months of receiving Education Assistance reimbursements, you are responsible for repaying those reimbursements in full upon termination.

Employee Service Awards

Avnet honors employees for their years of service by presenting them with a service award on their one-year anniversary. Gifts through iRecognize are also awarded at five years of service and every five years thereafter.

Discount Insurance

You have the option to purchase pet, auto, home, and other personal property insurance at special group rates through MetLife and Liberty Mutual. You can pay the after-tax premiums through payroll deductions.

NEW! Liberty Mutual Insurance offers another option for your personal auto and home insurance needs.

2017 Contribution Schedule

Medical Options – UnitedHealthcare / Kaiser Permanente

Medical Pre-tax contributions	HSA 70 biweekly			HSA 80 biweekly			Classic 70 (PPO) biweekly			Kaiser biweekly		
	\$60K or Less	\$125K or Less	Over \$125K	\$60K or Less	\$125K or Less	Over \$125K	\$60K or Less	\$125K or Less	Over \$125K	\$60K or Less	\$125K or Less	Over \$125K
Annual Pay (Target Income)												
Employee Only	\$38	\$41	\$44	\$62	\$69	\$81	\$43	\$70	\$94	\$37	\$55	\$58
Employee + Spouse	\$110	\$128	\$151	\$180	\$205	\$244	\$137	\$206	\$286	\$106	\$162	\$192
Employee + Child(ren)	\$75	\$87	\$102	\$125	\$140	\$164	\$91	\$141	\$194	\$72	\$110	\$130
Employee + Family	\$151	\$176	\$207	\$248	\$283	\$335	\$194	\$285	\$394	\$146	\$222	\$263



If you completed all required steps of the Path to Physical Well-Being in 2016, you qualify for one of the following incentives:

- HSA 70 or HSA 80 Plan – Additional \$260 HSA contribution
- Classic 70 (PPO) or Kaiser Plan – \$10 discount on the medical contributions shown
- No 2017 medical plan enrollment – \$50 gift card in January 2017

If you are a tobacco user (unless actively engaged in tobacco cessation efforts – see page 14), you pay a \$20 biweekly surcharge on the medical contributions shown. Choose a medical plan designated for tobacco users when you complete your enrollment in Workday.

Health Savings Accounts – HealthEquity

Health Savings 2017 Limits* Pre-tax contributions	HSA 70		HSA 80	
	Employee Only	Employee + One or More Dependents	Employee Only	Employee + One or More Dependents
Total Contribution	\$3,400	\$6,750	\$3,400	\$6,750
Less Avnet Contribution	-\$250	-\$500	-\$500	-\$1000
Less Avnet Path to Physical Well-Being Contribution (if qualified)	-\$260	-\$260	-\$260	-\$260
Maximum Employee Contribution (<age 55)	\$2,890	\$5,990	\$2,640	\$5,490
Catch-up Contribution** (age 55+)	\$1,000	\$1,000	\$1,000	\$1,000
Maximum Employee Contribution (age 55+)	\$3,890	\$6,990	\$3,640	\$6,490

*Set annually by the IRS
**Separate election

Flexible Spending Accounts – HealthEquity

Flexible Spending Pre-tax contributions	Healthcare Spending Account	Limited Purpose Spending Account (for dental and vision only)	Dependent Care Spending Account
	You can contribute up to \$2,550* per year (\$98.08 per biweekly paycheck for 26 periods). Not available if enrolled in HSA 70 or HSA 80.	You can contribute up to \$2,550* per year (\$98.08 per biweekly paycheck for 26 periods). For employees enrolled in HSA 70 or HSA 80 only.	You can contribute up to \$5,000* per year, per family (\$192.31 per biweekly paycheck for 26 periods); maximum is \$2,500 per year, if married filing separate tax returns (\$96.15 biweekly).

*Contribution limits for 2017 will be announced by the IRS in late 2016.

Dental Options – MetLife

Dental Pre-tax contributions	PPO Dental biweekly	Copay Dental biweekly
Employee Only	\$11.04	\$4.71
Employee + Spouse	\$34.47	\$11.46
Employee + Child(ren)	\$33.12	\$10.37
Employee + Family	\$59.91	\$21.37

Vision – VSP

Vision Pre-tax contributions	VSP Vision biweekly
Employee Only	\$3.38
Employee + Spouse	\$6.16
Employee + Child(ren)	\$6.25
Employee + Family	\$9.98

Life Insurance – Liberty Mutual

Employee Supplemental Life Insurance After-tax contributions	You can choose 1x, 2x, 3x, 4x or 5x eligible pay. Biweekly rates below are per \$1,000 of selected coverage.					
	Age	Biweekly Rate	Age	Biweekly Rate	Age	Biweekly Rate
	< 30	\$0.016/\$1,000	45-49	\$0.066/\$1,000	65-69	\$0.313/\$1,000
	30-34	\$0.018/\$1,000	50-54	\$0.093/\$1,000	70+	\$0.468/\$1,000
	35-39	\$0.022/\$1,000	55-59	\$0.159/\$1,000		
	40-44	\$0.035/\$1,000	60-64	\$0.178/\$1,000		

Family Supplemental Life Insurance After-tax contributions	You can choose from six options. Biweekly rates are the same regardless of the number of dependents covered.					
	\$10,000 Spouse \$1,000 Children	\$25,000 Spouse \$2,500 Children	\$50,000 Spouse \$5,000 Children	\$75,000 Spouse \$7,500 Children	\$100,000 Spouse \$10,000 Children	\$200,000 Spouse \$20,000 Children
	\$0.61 biweekly	\$1.52 biweekly	\$3.05 biweekly	\$4.57 biweekly	\$6.09 biweekly	\$12.18 biweekly

NOTE: Life insurance contributions change during the year when you have a birthday that places you in a higher age bracket.

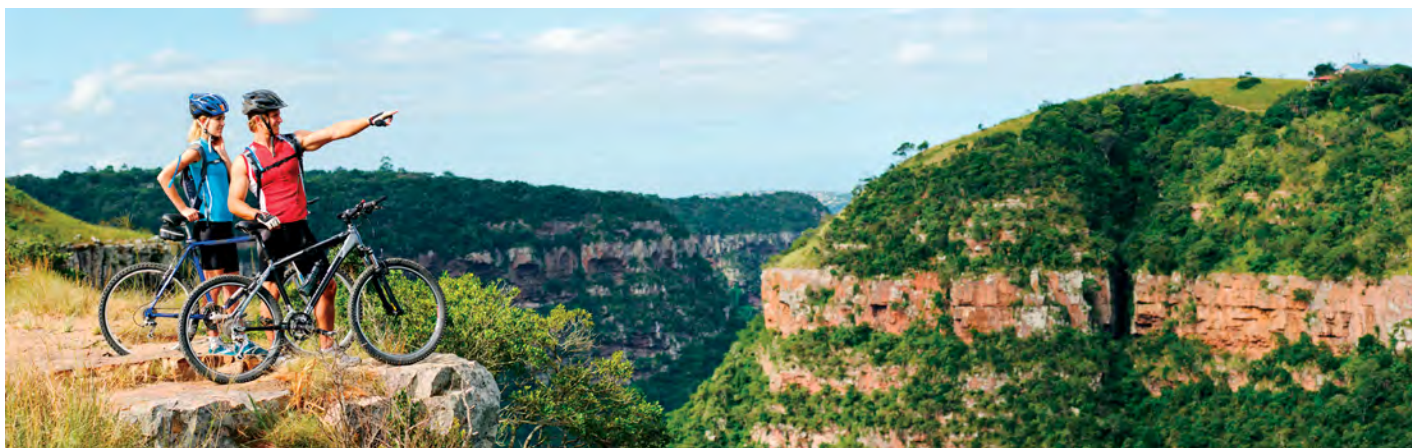
Medical Expense Rebate Program* – Avnet

If your annual pay (or target income) is \$60,000 or less as of January 1, 2017, and you are enrolled in an Avnet medical plan for 2017, you may be eligible for a partial repayment of your out-of-pocket expenses incurred during the 2017 calendar year. If you meet the annual out-of-pocket maximum (not deductible) in your medical plan, please contact Benefits to apply for the rebate.

HSA 70, HSA 80, Classic 70 (PPO), Kaiser	Individual	Family**
	\$500	\$1,000

*Rebates are considered taxable wages subject to withholding.

**Family coverage for HSA 70 and HSA 80 includes employee + one or more dependents.



Enrollment Instructions

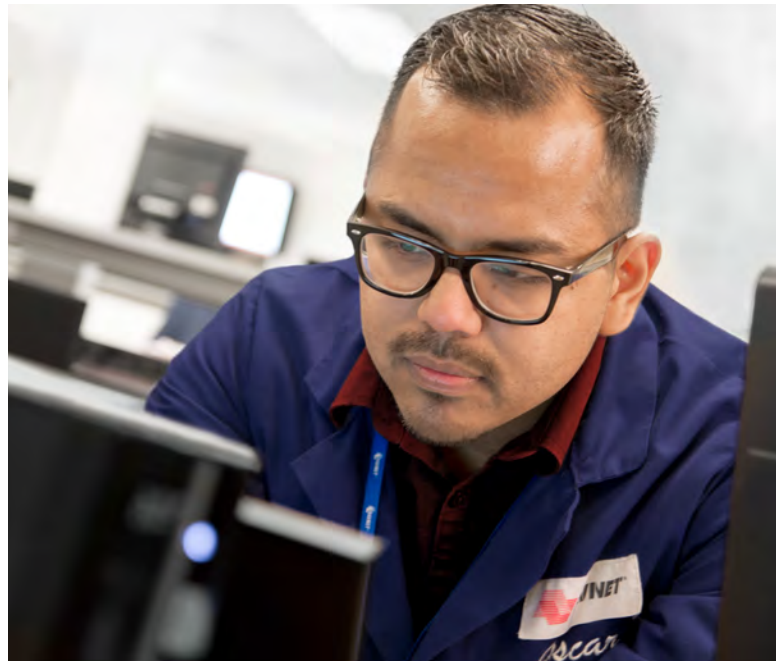
Special Instructions for Newly Eligible Employees

Your health benefits are effective on the first of the month after date of hire. Because it takes time to coordinate your coverage with the various carriers, you are encouraged to enroll as soon as you begin your employment.

The choices you make stay in place for the balance of the calendar year, unless you have a qualified change in status. You can make changes for the next calendar year during open enrollment (see page 6).

NOTE: Your benefit deductions begin on the paycheck corresponding to the pay period during which your benefits become effective.

For Workday, your ID is your employee number and your password is the network password used to log on to your Avnet computer.



Easy Online Enrollment

(New and Open Enrollment)

- 1** Review this brochure, including the 2017 Contribution Schedule on pages 26-27, and determine the coverage you want.
- 2** Review the Eligibility section on page 6 to determine if your dependents are eligible for coverage. Collect Social Security numbers* and birthdates for your dependents who you are enrolling for the first time.
- 3** Log on to Workday at workday.avnet.com from any Internet-connected device.
- 4** Select "New Enrollment" from your Workday inbox if you're enrolling for the first time, or "Open Enrollment" if you're enrolling in coverage for the next calendar year.
- 5** On the final screen, review your elected coverages and biweekly contributions, and then complete the electronic signature.
- 6** Save a .pdf or print a copy of your benefit elections for future reference.

If you need to change your elections after submitting them as a new hire, please contact the Benefits department at 800-882-8638, option #4, or email benefits@avnet.com. During annual open enrollment, you can change your Workday elections up until the last day of the period.

*If any of your covered dependents does not have a Social Security number or you are unable to provide this information, you will be contacted by the Benefits department after the completion of enrollment to sign a Centers for Medicare & Medicaid Services (CMS) waiver form annually.