

Understanding Your 2018 Benefits

My Lowe's Benefits—FULL TIME

E = Employee
C = Employee + Children
F = Family



HEALTH

		Choice Account Plus	Choice Account	Option 1	Option 2
Bi-Weekly Rates	E	\$54.41	\$44.31	\$80.63	\$54.41
	C	\$108.82	\$94.49	\$161.26	\$108.82
	F	\$190.43	\$165.35	\$282.20	\$190.43
WHAT'S COVERED?					
Annual Deductible	E	\$1,500	\$1,750	\$1,000	\$1,500
	C	\$3,000	\$3,500	\$3,000	\$4,500
	F	\$3,000	\$3,500	\$3,000	\$4,500
Annual Out-of-Pocket	E	\$6,550	\$6,550	\$6,550	\$6,550
	C	\$13,100	\$13,100	\$13,100	\$13,100
	F	\$13,100	\$13,100	\$13,100	\$13,100
Coinsurance		60% plan 40% member	50% plan 50% member	70% plan 30% member	60% plan 40% member
Wellness & Preventive		100%	100%	100%	100%
Primary Care		60% paid by plan 40% paid by member after deductible	50% paid by plan 50% paid by member after deductible	\$30 copay	\$40 copay
Specialty Care				\$50 copay	\$60 copay

Kaiser		California	Colorado	Georgia	Oregon	Washington	Mid Atlantic	Hawaii HMO	Kaiser Hawaii POS	
									KP Plan Provider	Contracted Provider
Bi-Weekly Rates*	E	\$65.22	\$69.42	\$61.01	\$77.27	\$67.62	\$65.07	\$8.94	\$74.88	
	C	\$113.38	\$120.05	\$120.05	\$113.38	\$117.42	\$140.06	\$193.91	\$207.33	
	F	\$201.18	\$213.02	\$213.02	\$201.18	\$208.34	\$248.52	\$344.06	\$367.88	

WHAT'S COVERED?											
Annual Deductible	E	\$1,000				\$1,000	\$1,000	\$0	\$2,000		\$100
	C	\$3,000				\$2,000	\$3,000	\$0	\$6,000		\$300
	F	\$3,000				\$2,000	\$3,000	\$0	\$6,000		\$300
Annual Out-of-Pocket	E	\$6,550						\$2,500	\$2,000		
	C	\$13,100						\$7,500	\$6,000		
	F	\$13,100						\$7,500	\$6,000		
Coinsurance		70% plan 30% member						80% plan 20% member		90% plan 10% member	
Wellness & Preventive		100%						100%		100%	
Primary Care		\$35 copay								\$20 copay	80% paid by plan 20% paid by member after deductible
Specialty Care		\$50 copay				\$35 copay	\$50 copay		\$20 copay	80% paid by plan 20% paid by member after deductible	

*rates shown are tobacco free

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VISION

VSP (Vision Service Plan) administers the vision plan. You cannot obtain contacts and frames in the same calendar year.

		Low	High
Bi-Weekly Rates*	E	\$2.34	\$6.84
	C	\$4.79	\$13.48
	F	\$7.43	\$21.51
WHAT'S COVERED?			
Exam every calendar year		100% after \$15 copay	100% after \$10 copay
Lenses every calendar year		100% after \$15 copay; Progressive Lens: 100% with \$40 copay	100% after \$10 copay
Frames		Every 2 calendar years. Retail allowance up to \$170 with 20% discount above allowance.	Every calendar year. Retail allowance up to \$220 with 20% discount above allowance.
Contact lenses every calendar year		100% for medically necessary. \$150 allowance	100% for medically necessary. \$220 allowance

Kaiser administers the prescription program for its medical plans. Employees enrolled in Kaiser should consult their HMO booklet or carrier for more details.

DENTAL

The dental plan, administered by Cigna, offers coverage for preventive, minor, and, major dental care.

		Low	High
Bi-Weekly Rates*	E	\$7.21	\$11.14
	C	\$18.02	\$27.84
	F	\$21.61	\$34.36
WHAT'S COVERED? (PER CALENDAR YEAR)			
Max Benefits		Year 1: \$800 per covered member Year 2: \$900 per covered member Year 3 and beyond: \$1,000 per covered member	Year 1: \$1,800 per covered member Year 2: \$1,900 per covered member Year 3 and beyond: \$2,000 per covered member
Deductible		\$50 per covered member, \$150 aggregate family limit	
Diagnostic/ Preventive Care		Covered at 100%; no deductible	
Basic Services		Covered at 80%; deductible applies	
Major Services		Covered at 50%; deductible applies	
Orthodontia Services		Not covered	Covered at 50%; no deductible; \$2,000 lifetime benefit (for children up to age 26, employees, and spouses)

*rates shown are tobacco free

Note: This summary provides an overview for in-network services only. Please visit www.lowes.com for detailed information on in-network and out-of-network benefits.

NOTE: A change to our waiting period (when benefits start)

HIRED BEFORE 5-1-2018	HIRED ON OR AFTER 5-1-2018
60 days from your start date to enroll in most benefits	30 days from your start date to enroll in most benefits
Benefits begin on 90th day of employment	Benefits begin 1st of month following 30 days

PRESCRIPTION

CVS Caremark administers the prescription drug plan for the following medical plans.

	Choice Account Plus	Choice Account	Option 1	Option 2
WHAT'S COVERED?				
Generic	60% paid by plan 40% paid by member after deductible	50% paid by plan 50% paid by member after deductible	\$10 copay up to a 30-day supply	\$15 copay up to a 30-day supply
Brand			35% (\$35 min / \$70 max) up to a 30-day supply	Deductible & 40% coinsurance
Specialty			\$75 copay up to 30-day supply	\$100 copay up to a 30-day supply

RETIREMENT

- 401(k)
- Stock Purchase

INCOME PROTECTION BENEFITS

- Basic Sick Pay
- Short-Term Disability
- Long-Term Disability
- Flexible Spending Account
- Fixed Indemnity Plan
- Auto & Home Insurance
- Off-the-Job Accident Plan
- Tuition Reimbursement
- Life Insurance
- Pre-Paid Legal