

Understanding Your 2018 Benefits

My Lowe's Benefits—Part Time

Part-time employees after 89 days of continuous employment.



HEALTH

This is a limited medical plan administered by United HealthCare.

Bi-Weekly Rates	Preventive Plus Plan
	Employee Only: \$20.45 Employee + Children: \$40.90 Family: \$71.58
	WHAT'S COVERED?
Annual Deductible	There is no annual deductible, annual out-of-pocket maximum, or coinsurance.
Annual Out-of-Pocket	
Coinsurance	
Wellness & Preventive	100%
Primary Care	100%, Limited to four visits per Covered Person per calendar year.
Specialty Care	Not covered

OUTPATIENT PRESCRIPTION DRUGS

When you enroll in the part-time medical plan, you automatically have prescription drug benefits.

WHAT'S COVERED?	31 Day Supply (Retail)	90 Day Supply (Mail)
Generic	50%	
Preventive Care Medications – Generic or Brand	100%	

If you purchase a prescription drug from a non-network pharmacy, you will be required to pay full price and will not receive reimbursement under the Plan.

VISION

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

Bi-Weekly Rates	Low	High
		Employee Only: \$2.34 Employee + Children: \$4.79 Family: \$7.43
	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

You cannot obtain contacts and frames in the same calendar year.

INCOME PROTECTION BENEFITS

- Critical Illness
- Fixed Indemnity
- Off-the-Job Accident Plan
- Life Insurance
- Short-Term Disability

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DENTAL

The dental plan is administered by MetLife.

Bi-Weekly Rates

Employee Only:	\$9.87
Employee + Children:	\$24.68
Family:	\$30.60

WHAT'S COVERED?	Available to employees who do NOT reside in Louisiana, Mississippi, Montana, and Texas.		Available to employees who DO reside in Louisiana, Mississippi, Montana, and Texas.	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Type A – Preventive	100%	90%	100%	100%
Type B – Basic/Minor Restorative Care	80%	70%	80%	80%
Type C – Major Restorative Care	50%		50%	
Type D – Orthodontia	50% (no deductible)		50% (no deductible)	
Annual Deductible For Type B; Type C covered services	Individual: \$100 Family: \$300	Individual: \$150 Family: \$400	Individual: \$100 Family: \$300	
Annual Max Benefit For Type B; Type C covered services	Individual Maximum: \$1,000		Individual Maximum: \$1,000	
Orthodontia Lifetime Max	Individual Max: \$1,500		Individual Max: \$1,500	