

Understanding Your 2017 Benefits

My Lowe's Benefits—Full Time Regular full-time employees after 89 days of continuous employment.



HEALTH

Bi-Weekly Rates	Option 1	Option 2	Choice Account Plus	Choice Account
	Employee Only: \$71.67 Family: \$231.35	Employee Only: \$54.65 Family: \$176.39	Employee Only: \$48.58 Family: \$156.79	Employee Only: \$41.99 Family: \$135.57
WHAT'S COVERED?				
Annual Deductible	Employee: \$1,000 Family: \$3,000	Employee: \$1,250 Family: \$3,750	Employee: \$1,500 Family: \$3,000	Employee: \$1,750 Family: \$3,500
Annual Out-of-Pocket	Employee: \$6,000 Family: \$12,000	Employee: \$6,550 Family: \$13,100	Employee: \$6,550 Family: \$13,100	Employee: \$6,550 Family: \$13,100
Coinsurance	70% plan 30% member	60% plan 40% member	60% plan 40% member	50% plan 50% member
Wellness & Preventive	100%	100%	100%	100%
Primary Care	\$30 copay	\$40 copay	60% paid by plan 40% paid by member after deductible	50% paid by plan 50% paid by member after deductible
Specialty Care	\$50 copay	\$60 copay		

HEALTH CONT.

Bi-Weekly Rates	Kaiser California, Colorado, Georgia, Oregon	Kaiser Mid Atlantic	Kaiser Hawaii HMO	Kaiser Hawaii POS		
				KP Plan Provider	Contracted Provider	Non-contracted Provider
	Employee: \$65.22 – \$71.37 Family: \$181.93 – \$169.25	Employee Only: \$61.74 Family: \$231.21	Employee Only: \$8.94 Family: \$278.06	Employee Only: \$65.79 Family: \$298.81		
WHAT'S COVERED?						
Annual Deductible	Employee: \$1,000 Family: \$3,000		Employee: \$0 Family: \$0	Employee: \$100 Family: \$300		
Annual Out-of-Pocket	Employee: \$6,000 Family: \$12,000		Employee: \$2,500 Family: \$7,500	Employee: \$2,000 Family: \$6,000		
Coinsurance	70% plan 30% member		90% plan 10% member	80% plan 20% member		
Wellness & Preventive	100%	100%	100%	100%		
Primary Care	\$35 copay		\$20 copay	80% paid by plan 20% paid by member after deductible		
Specialty Care	\$50 copay		\$20 copay	80% paid by plan 20% paid by member after deductible		

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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 Family: \$6.36	Employee Only: \$5.95 Family: \$16.14
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 \$150 with 20% discount above allowance.	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.

PRESCRIPTION

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

Bi-Weekly Rates	Option 1 & Option 2	Choice Account	Choice Account Plus
	When you enroll in a full-time medical plan, you automatically have prescription drug benefits.		
WHAT'S COVERED?			
Generic	\$10 copay up to a 30-day supply	50% paid by plan 50% paid by member after deductible	60% paid by plan 40% paid by member after deductible
Brand	35% (\$35 min / \$70 max) up to a 30-day supply		
Specialty	\$75 copay up to 30-day supply		

DENTAL

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

Bi-Weekly Rates	Low	High
	Employee Only: \$7.21 Family: \$21.61	Employee Only: \$9.14 Family: \$27.41
WHAT'S COVERED? (PER CALANDAR YEAR)		
Max Benefits	Year 1: \$1,300 per covered member Year 2: \$1,400 per covered member Year 3 and beyond: \$1,500 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	Covered at 50%; no deductible; \$1,000 lifetime benefit (for children up to age 26, employees, and spouses)	

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
- Part-Time Employee Benefits
- Life