

Accidental Death & Dismemberment

(AD&D)

Lowe's Accidental Death & Dismemberment (AD&D) provides life insurance coverage for accidental death anywhere in the world, on or off-the-job, on business, on vacation, or at home. Benefits are also payable to covered individuals for bodily injuries resulting in dismemberment, loss of use or loss of sight, speech, or hearing. The AD&D Plan covers you and your family while flying as passengers in any licensed civilian aircraft.

AD&D also includes several enhanced benefits. Each of these enhanced benefits may not be available in all areas. See "Plan Enhancements" for more information.

Unlike some of the other life insurance plan options offered by Lowe's, you may enroll in AD&D at any time without having to provide proof of good health.

The following sections summarize the AD&D Plan. Please review these provisions and retain for future reference. Key terms used in this text are specifically defined at the back of this section.

About This Coverage

AD&D is insured by Cigna.

Cigna certifies that an employee who has satisfied or satisfies in the future the eligibility and enrollment provisions of the AD&D Plan will be eligible for AD&D benefits, as described in this section.

The employee can elect one of the AD&D Plan's coverage amounts for himself/herself and, if desired, can elect a coverage amount for himself/herself and his/her dependents under the Family Plan.

Employee

Coverage can be purchased for a flat amount of \$10,000. Coverage greater than \$10,000 can be purchased in increments of \$25,000 up to \$300,000, and for coverage greater than \$300,000 in increments of \$100,000. The maximum limit on coverage is the lesser of \$1,000,000 or the flat amount not exceeding 10 times Base Annual Earnings.

The amount of the employee's or a dependent spouse's or domestic partner's coverage (if the employee elected to enroll in the Family Plan) may be reduced when the employee reaches age 70. At the employee's attained age of 70, the principal sum benefit shall be the lesser of:

- The amount of the principal sum benefit provided prior to age 70; or
- \$100,000.

The reductions take place at the end of the calendar year in which the employee attains age 70.

The premium rate shall remain the same, but the employee's cost will be reduced so that the employee only pays premiums based on his/her new age-reduced coverage amount. The employee may not increase coverage after age 70.

Dependents

Under the Family Plan, you can purchase up to \$500,000 in coverage for your spouse or domestic partner and up to \$100,000 for each eligible dependent child or domestic partner's child. The minimum amount of coverage that you must purchase if you choose to enroll in AD&D is \$10,000.

Dependent Children are defined as: An Employee's unmarried child who meets the following requirements:

1. A child from live birth to 26 years old and primarily supported by the Employee;
2. A child who is 26 or more years old, primarily supported by the Employee and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Cigna within 31 days after the date the child ceases to qualify as a Dependent Child for the reasons listed above. During the next two years, we may, from time to time, require proof of the continuation of such condition and dependence. After that, we may require proof no more than once a year.

A child, for purposes of this provision, includes an Employee's:

1. Natural child;
2. Adopted child, beginning with any waiting period pending finalization of the child's adoption;
3. Stepchild;
4. Child for whom the Employee is legal guardian and depends on the Employee for financial support. Financial support means that the Employee is eligible to claim the dependent for purposes of Federal and State income tax returns

Benefits under the Family Plan are calculated as a percentage of the benefit amount you select for yourself, and based on the composition of your family at the time of loss. The percentages are as follows:

- If, at the time of loss, your family consists of you and your spouse or domestic partner, but NO children, then the benefit under the Family Plan will be:

Employee	Spouse or Domestic Partner
100%	100%

- If, at the time of loss, your family consists of you, your spouse or domestic partner and dependent children and/or domestic partner's children, then the benefit under the Family Plan will be:

Employee	Spouse or Domestic Partner	Each Child and/or Domestic Partner's Child
100%	80%	15%

- If, at the time of loss, your family consists of you and your dependent children and/or domestic partner's children but NO spouse or domestic partner, then the benefit under the Family Plan will be:

Employee	Each Child and/or Domestic Partner's Child

100%	25%
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For example, if an employee selects the \$100,000 benefit amount under the Family Plan and, at the time of loss, has a spouse or domestic partner and three children, then the coverage amount would be:

Employee	Spouse or Domestic Partner	Each Child and/or Domestic Partner's Child
\$100,000	\$80,000	\$15,000

If, instead, an employee selects the \$100,000 benefit amount under the Family Plan and, at the time of loss, has three children but no spouse or domestic partner, then the coverage amount would be:

Employee	Each Child and/or Domestic Partner's Child
\$100,000	\$25,000

In addition, the amount of the insured spouse's or domestic partner's coverage under the Family Plan will decrease based on the spouse's or domestic partner's age, as explained above under "Employee."

Benefit Cost

The employee pays the full cost of the AD&D Plan.

Late Enrollment

If you do not enroll in AD&D during your initial eligibility period, you can still enroll for coverage or increase the level of coverage anytime during the year.

All AD&D enrollments, or increases in coverage, completed after the expiration of your initial eligibility period are considered late enrollments. This AD&D Plan does not require evidence of good health. To enroll in AD&D, visit the Empowered Benefits enrollment website (My Lowes Life>My Health). Coverage becomes effective on the date you submit your enrollment online.

Outline of Benefits

Benefits are payable for the events described below. The coverage amounts in effect at the time of these events will be paid as described in the "How to File a Claim" section.

Your benefit is determined by multiplying the amount of coverage that you have selected, reduced by age (when appropriate), by the applicable fraction for the particular injury involved (see "Benefits Schedule for Covered Employees" and "Benefits Schedule for Covered Dependents" below). If benefits are payable under the Family Plan, this amount will be reduced based on family composition, as described under "Dependents."

Example:

If an employee elects \$25,000 in employee coverage only, and suffers an accidental loss of one hand, benefits are payable to the employee as follows:

- 50% of \$25,000 or \$12,500

Accidental Loss of Life, Limb (Including Loss of Use), Sight, Speech, Hearing, Coma, or Brain Damage Benefits

Benefits are paid for bodily injuries resulting in dismemberment, loss of use or loss of sight, speech hearing, coma, or brain damage:

- Caused by an accident which happens while a person is covered by the policy; and
- Which directly and from no other cause results in a covered loss.

If within one year from the date of an accident covered by the policy, bodily injuries result in any of the following losses, the benefit amount opposite such loss in the schedule below will be paid. If the insured person sustains more than one loss as the result of any one accident, the maximum amount paid will be the principal sum. Any Plan Enhancements that may be payable are in addition to the benefits payable under the Benefits Schedule for the covered loss.

Exposure and Disappearance

Benefits will be provided if an injury is sustained by a covered individual who is unavoidably exposed to the elements and suffers a loss as a result, or if the individual is assumed to have suffered a loss of life due to the individual's disappearance, as described below. Under the AD&D Plan, a covered individual is assumed to have suffered loss of life if:

- The individual is riding in a common carrier that is involved in an accident covered under this policy;
- As a result of the accident, the common carrier is wrecked, sinks or disappears; and
- The insured's body is not found within one year of the accident.

Common Disaster

A benefit is payable if a covered employee and his/her covered spouse or domestic partner die as a result of injuries sustained in the same accident. Benefits will be paid in accordance with the beneficiary designation provision or to the designated guardian for the covered employee's dependent children and/or the domestic partner's children. Both the death of the covered employee and of the covered spouse or domestic partner must occur within 365 days of the accident that caused the injuries resulting in death. The benefit will increase the covered spouse's or domestic partner's benefit to equal the amount of the covered employee's benefit under the AD&D Plan.

Benefits Schedule for Covered Employees

Loss	Benefit Amounts
Life	100% of Principal sum
Both hands or both feet or sight of both eyes	100% of Principal sum

One hand and one foot	100% of Principal sum
One hand or foot and sight of one eye	100% of Principal sum
Speech and hearing in both ears	100% of Principal sum
One hand or one Foot	50% of principal sum
Speech or hearing in both ears	50% of principal sum
Sight of one eye	50% of principal sum
Thumb and index finger of the same hand	25% of principal sum
Hearing in one ear	25% of principal sum
Use of four limbs	100% of Principal sum
Use of three limbs	100% of Principal sum
Use of two limbs	100% of Principal sum
Use of one limb	50% of principal sum

If you select the Family Plan, then the benefit amounts applicable to your family members who incur the loss of life or member are outlined in the table below.

Benefits Schedule for Covered Dependents

Covered Dependent Benefit Amounts	
Spouse or Domestic Partner only covered	100% of the employee's benefit*
Spouse or Domestic Partner and children covered:	80% of the employee's benefit*
Spouse or Domestic Partner	

Each child and/or Domestic Partner's child	**15% of the employee's benefit*
Children and/or Domestic Partner's children only covered:	
Each child and/or Domestic Partner's child	**25% of the employee's benefit*

* See table above for employee benefit schedule.

**Payable for death of dependent child or domestic partner's child only. Benefits payable for dismemberment and loss of use for dependent children or domestic partner's children is equal to two times the benefit shown in the table above.

Coma Benefit

Benefits will be provided to the employee and covered dependents if the employee or dependent sustains an injury that, independent of all other causes, directly results in the individual being in a coma within 30 days of injury. The benefit will be paid at a rate of:

- 1% per month for a maximum of 11 months so long as the Covered Person remains comatose; and
- Lump sum benefit of 100% of the Principal Sum at the beginning of month 12.

A waiting period of 31 days from the date that the insured individual becomes comatose will be applied before any payment of coma benefits takes place.

Brain Damage Benefit

Benefits will be provided if a covered individual sustains an injury that, independent of all other causes, directly results in a traumatic brain injury causing brain damage. The benefit will be equal to 100% of the covered individual's coverage under AD&D, if all of the following conditions are met:

- The brain damage begins within 60 days of the injury,
- Require hospitalization for at least 7 days, and within the first 60 days following the covered accident,
- The brain damage continues for 12 consecutive months,
- A physician determines that as a result of brain damage, the covered person is permanently totally disabled at the end of the 12 consecutive month period.

Payment of this benefit plus any other benefit payable as a result of the same accident will not exceed the AD&D benefit that the insured is eligible to receive.

Plan Enhancements

Hospital Confinement Monthly Income Benefit

If a covered person is confined in a hospital for more than four consecutive days, the covered person will receive two percent of his or her coverage under AD&D for each full month (1/30 of the monthly benefit for each day of a partial month) of hospitalization. The hospital stay must meet all of the following:

- Be at the direction and under the care of a doctor;
- Begin within 30 days of the covered accident; and
- Begin while the covered person's insurance is in effect.

Payments will begin after the four-consecutive-day minimum confinement period. The benefit payments for each covered accident cannot exceed 12 months in duration, and the total monthly benefit cannot exceed \$5,000.

Education Benefit

If a covered employee who elected the Family Plan dies as a result of an injury within one year after the date of the accident causing the injury, an education benefit is payable to each of the covered employee's qualified children. For purposes of the education benefit, a qualified child is any of the covered employee's unmarried dependent children under age 26 who, on the date of the covered employee's covered death, is either:

- Enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond the 12th grade level; or
- At the 12th grade level and enrolls as a full-time student in an accredited post-secondary institution of higher learning within 365 days following the date of the covered employee's death.

Cigna must receive proof that the child is a qualified child, and the qualified child must continue to be enrolled as a full-time student in an accredited post-secondary institution of higher learning for full-time students beyond the 12th grade level.

The education benefit is payable semi-annually for each child who qualifies when Cigna receives proof that tuition charges have been paid:

- In an overall maximum amount equal to 10% of the principal sum;
- Per academic year, but not more than four consecutive academic years; and
- In an amount not to exceed \$25,000 per academic year.

Education benefits end for each qualified child on the earliest of:

- The date the qualified child fails to furnish proof required or
- The total maximum benefit payable under the child care benefit is paid by Cigna;

If, at the time of accident, coverage is in force, but there is no dependent child who qualifies for an education benefit, an additional benefit of \$1,000 will be paid to the designated beneficiary.

Child-Care Benefit

If a covered employee who elected the Family Plan dies as a result of an injury within one year of the accident causing the injury, a child care benefit is payable to the covered employee's authorized representative for qualified children.

For purposes of the child-care benefit, a qualified child is any of the covered employee's dependent children that are under age 12 and enrolled in a licensed day-care facility, school facility, or another similar program or enrolls within 12 months following date of employee death.

Child-care expenses will be reimbursed for each qualified child up to a maximum \$7,500 per year for four consecutive years not to exceed 12% of the employee's coverage amount.

Spouse or Domestic Partner Retraining Benefit

A spouse or domestic partner retraining benefit may be payable if a covered employee dies as a result of an injury. Proof that the covered employee's death is a result of an injury must be provided. The benefit covers the actual cost incurred for a period of 5 years by the covered employee's dependent spouse or domestic partner for an accredited school commencing within 36 months from the date of the death. The total maximum amount payable is 10% of the employee's coverage amount, but no more than \$5,000 per academic year.

The dependent spouse or domestic partner is eligible to receive a spouse or domestic partner training benefit if he/she is covered under the policy on the date of the covered employee's accident.

Seat Belt and Air Bag Benefit

If a covered individual suffers loss of life as a result of an automobile accident, the covered individual's beneficiary may receive a seat belt benefit of 15% of the covered individual's benefit under the AD&D Plan. The maximum seat belt benefit payable is \$25,000. A seat belt benefit is payable only if:

- The covered person was operating or riding in a private passenger car;
- The private passenger car is equipped with seat belt(s) that meet published United States Government safety standards, are properly installed by the car manufacturer, and not altered after installation;
- The seat belt(s) were in actual use and properly fastened* at the time of the covered accident; and
- The position of the seat belt(s) is certified in the official report of the covered accident, or by the investigating officer.

A copy of the police accident report must be submitted with the claim. If the report indicates that the covered individual was not wearing a seat belt or was not wearing a seat belt correctly, no seat belt benefit will be paid. In addition, no benefit will be paid if the covered individual is the driver of the private passenger car and does not hold a current and valid driver's license, or if the covered individual was under the influence of alcohol or drugs.

* An automatic harness seat belt is not considered fastened unless a lap belt is also used.

An additional air bag benefit of \$5,000 will be paid if:

- The private passenger car is equipped with a single air bag and the covered individual is the driver;

- The private passenger car is equipped with an air bag for both the driver and the front passenger seat, and the covered individual is the driver or in the front passenger seat; or
- The private passenger car is equipped with an air bag for the driver seat, the front passenger seat, and air bags for passenger seats; and the covered individual is the driver, the front seat passenger, or a rear seat passenger; and
- The seat belt(s) are in actual use and properly fastened at the time of the covered accident.

Cobra Continuation Benefit

If the employee elects coverage under the Family Plan for either employee and spouse, or domestic partner, employee and children, or employee and family, and the covered employee dies as the result of an injury, an amount equal to the group medical insurance premiums will be paid under the AD&D Plan to the covered employee's beneficiaries. Proof must be provided regarding the cause of the covered employee's death, and that the covered spouse or domestic partner and/or children have continued medical coverage as permitted under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985.

The maximum benefit payable under the medical continuation benefit is \$5,000 per year up to a maximum benefit period of three years with an overall maximum payable of 5% of the full amount available under the Benefits Schedule.

Exclusions

No benefits will be paid for loss resulting from:

- Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane;
- Commission or attempt to commit a felony or an assault;
- Bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
- Declared or undeclared war or act of war;
- Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
 - Except as a passenger on a regularly scheduled commercial airline;
 - Being flown by the Covered Person or in which the Covered Person is a member of the crew;
 - Being used for:
 - Crop dusting, spraying or seeding, giving and receiving flying instruction, firefighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
 - Any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
 - Designed for flight above or beyond the earth's atmosphere;
 - An ultra-light or glider;
 - Being used for the purpose of parachuting or skydiving;
 - Being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;

- Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- A Covered Accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Covered Accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days.
- Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred;
- Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;

Beneficiaries

Loss of life benefits will be paid to the beneficiary named on the personal accident (Group Life Insurance / "Voluntary AD&D") portion of the Empowered Benefits enrollment website (My Lowes Life>My Health). An employee naming his/her spouse or domestic partner as beneficiary should show her name as Mary Jones Smith, not Mrs. John Smith, or his name as John Jones Smith, not Mr. John Smith.

You will be the beneficiary for your spouse's or domestic partner's and dependent children's or domestic partner's children's loss of life benefits unless you designate otherwise.

You may change your beneficiary at any time. You may name anyone as your beneficiary by listing his/her name (or names, if you elect multiple beneficiaries) on the Empowered Benefits enrollment website (My Lowes Life>My Health). The effective date of the change is the date you submit your change request on the Empowered Benefits web site. However, neither Lowe's nor Cigna is liable for any amount paid before the request is submitted online.

The beneficiary's consent to the change is NOT required.

Filing Claims

Written notice of a claim must be given within 180 days after a covered loss begins, or as soon as reasonably possible. Forward the completed claim form to Cigna. Cigna will certify coverage under the AD&D Plan. When the claim has been processed, you or your beneficiary will be notified of the benefits paid.

If there is no surviving beneficiary, your loss of life benefits will be paid to the first surviving class of the following classes of beneficiaries:

- Spouse or domestic partner of the covered person;
- Children, and/or domestic partner's children, equally, if living; otherwise to their descendants based on the terms of the policy;
- Parents, equally, or to the survivor; or
- Brothers or sisters, equally, or to the survivor or survivors.

If there are no surviving members of the above, benefits will be paid to your estate. All other benefits will be paid to you.

Cigna will pay the cost and have the right to have the covered person examined as often as reasonably necessary while a claim is pending. Cigna may have an autopsy made, at the company's expense, unless prohibited by law.

No legal action to get policy benefits may be brought less than 60 days or more than three years (Kansas, five years; South Carolina, six years) after written proof of loss has been furnished as required by the policy.

The policy is not in lieu of and does not affect any requirement for coverage under any workers' compensation insurance.

CONVERSION PRIVILEGE

1. If the Covered Person's insurance or any portion of it ends for any of the following reasons:

a. employment or membership ends;

b. eligibility ends (except for age for the Employee or Covered Spouse);

the Covered Person may have Cigna issue converted accident insurance on an individual policy or an individual certificate under a designated group policy. The Covered Person may apply for an amount of coverage that is:

a. in \$1,000 increments;

b. not less than \$25,000, regardless of the amount of insurance under the group policy; and

c. not more than the amount of insurance he had under the group policy, except as provided above, up to a maximum amount of \$250,000.

The Covered Person must be under age 70 to get a converted policy.

If the Covered Person's insurance or any portion of it ends for non-payment of premium

Definitions

Base Annual Earnings: For hourly and salaried employees, the gross annual income in effect just prior to the date of loss. It includes your total income before taxes. It is prior to any deductions made for pretax contributions to a qualified deferred compensation plan, Section 125 plan, or Flexible Spending Account. It does not include income received from commissions, bonuses, overtime pay, incentive compensation (such as stock options or grants), any other extra compensation, or income received from sources other than Lowe's.

Doctor:

- A person performing tasks that are within the limits of his/her medical license; and
- A person who is licensed to practice medicine, to prescribe and administer drugs or to perform surgery; or a person with a doctoral degree in psychology (Ph.D. or Psy.D.) whose primary practice is treating patients; or
- A person who is a legally qualified medical practitioner, according to the laws and regulations of the governing jurisdiction.

Cigna will not recognize the insured, or the insured's spouse or domestic partner, children and/or domestic partner's children, parents, siblings or a person living in the covered person's household as a doctor for a claim that the insured sends to Cigna.

Hospital: A legally created institution that:

- Is mainly for the care and treatment of sick, ailing or injured inpatients;

- Is run by a staff of one or more doctors available at all times;
- Provides nursing service at all times;
- Provides organized diagnostic and surgical facilities; and
- Is not primarily a clinic or facility for convalescence, rest, nursing, custody, extended care, or a facility for the elderly, drug addicts, or alcoholics.

Loss of foot: All of the foot is severed at or above the ankle joint.

Loss of hand: All of the hand is severed at or above the wrist.

Loss of hearing: The total and irrevocable loss of hearing in both ears that continues for 12 consecutive months following accidental injury.

Loss of sight: Permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of speech: The total and irrevocable loss of speech that continues for 12 consecutive months following accidental injury.

Loss of thumb and index finger: The whole thumb and index finger are cut off at or above the joint closest to the wrist.

Loss of use: The total paralysis of a limb or limbs that is determined by competent medical authority to be permanent, complete, and irreversible.