Plan Overview

Table of Contents

Benefit Options

The Lowe's Welfare Plan (Plan) offers you a variety of benefit options, allowing you to customize your benefits package to meet your own unique needs. Because your needs change over time, you can make changes to your benefit choices once a year during annual enrollment. You can also make certain changes during the year if you experience a “change of status” event, such as having a baby.

Here are the benefit options of the Plan which are described in this Summary Plan Description (SPD) handbook:

For full-time employees:

- Medical (including Caremark/CVS prescription drug coverage):
  - BlueCross BlueShield (BCBS) Option 1, Option 2 and HDHP; and
  - UnitedHealthcare (UHC) Option 1, Option 2 and HDHP;
- Dental;
- Vision;
- Employee basic term life insurance;
- Employee supplemental term life insurance;
- Dependent basic term life insurance;
- Accidental Death & Dismemberment insurance;
- Business travel accident insurance;
- Long-Term Care insurance (*closed to new entrants)*;
- Long-Term Disability;
- Health Savings Account (HSA);
- Health Flexible Spending Account (Health FSA); and
- Dependent Day Care Spending Account (DDCSA).

For part-time employees:

- Medical:
  - Preventive Medical; and
  - Preventive Plus;
- Dental;
- Vision; and
- Part-time life insurance.

For both full-time and part-time employees:

- Critical Illness;
- Accident insurance;
- Fixed Indemnity; and
- Short-Term Disability.

Note: Certain employees may be able to continue their medical coverage after they retire. See “Lowe’s Retiree Medical Benefits” below for information.

How the Plan Works

Each year, the Company decides how much it will contribute toward your benefit costs. You may be required to pay for all or a portion of the benefits you elect. Your costs, if any, will be indicated in your enrollment materials. Cost is determined by the option and coverage category you choose. Please note that costs may change at any time.

You can change your benefits each year during the annual enrollment period. See page 9 for more information on when you can change benefit choices during the year and certain restrictions that apply.

The only time you can change your Medical, Dental, Vision, Voluntary Benefit, and Spending Account benefit choices before the annual enrollment period is if you have a qualified life event, such as marriage, birth of a baby or adoption, or a significant change in your work hours that affects your benefits eligibility or the eligibility of your spouse or domestic partner or your dependents. Please note that any election changes you make as a result of a change of status will be prospective from the election date, except in the case of birth, adoption or placement of adoption, in which case your election changes will be effective from the date of the event. See the “Change of Status Events” section in this overview for more detail.

Definition of Plan Administrator and Claims Administrators

Details of what constitutes the Plan Administrator and Claims Administrators are included in the Plan Administration section of this SPD. Briefly, the Plan Administrator for the Plan is Lowe's Companies, Inc., which is authorized to delegate its administrative duties to one or more individuals or committees within Lowe's, or to one or more insurers or outside administrative services providers. The Claims Administrators are listed in the Plan Administration section. Generally, they handle the administration of claims for the various benefit options offered by the Plan.

Employee Eligibility

Generally, employees classified by Lowe’s as either full-time or part-time, as defined below, are eligible for health and welfare benefits. The benefit options you are eligible for depends upon your job classification. Refer to the Lowe’s Pay Policy for the employment classifications used to determine eligibility for benefits.

Full-time employee: You are eligible to participate in the benefit options available to full-time employees if you are actively employed by Lowe's or a participating Lowe's affiliate and are classified by Lowe's as a regular full-time employee.

Part-time employee: You are eligible to participate in the benefit options available to part-time employees if you are actively employed by Lowe’s or a participating Lowe’s affiliate and are classified by Lowe’s as a regular part-time employee.

Generally, you are actively employed by Lowe's if you are:
- Working at your regular job; and
- Working at your customary place of employment; or
- Eligible for participation but are on an approved leave of absence not exceeding 365 days.

If you cease to be actively employed by Lowe's, you will NOT be eligible to participate in the Plan. See the “When Coverage Ends” section for more information regarding events that will cause you to lose eligibility under the Plan.

For Hawaii employees, Chapter 393 of the Hawaii Revised Statutes will be followed to determine employee eligibility for the Medical option.

Note: Certain employees may be able to continue their medical coverage after they retire. See “Lowe’s Retiree Medical Benefits” below for information.

Individuals Not Eligible for Benefits

Employees who are not classified by Lowe’s as either full-time or part-time are not eligible for the Plan or any benefit options offered through this Plan. Temporary and seasonal employees as well as independent contractors and employees of temporary agencies working for or at Lowe's are not eligible for the benefits offered to full-time or part-time employees. Refer to the Lowe’s Pay Policy for the employment classifications used to determine eligibility for benefits.

Business Travel Accident Insurance

All U.S. based regular and active full-time employees (salaried and hourly) are eligible to participate in Business Travel Accident Insurance. Active full-time installers and delivery drivers are also covered while performing their normal occupational duties whether on the premises of Lowe's, at any job site or location, or during any business trip. In addition, the following individuals, even if not regular, full-time employees of Lowe's, are eligible to receive coverage under Business Travel Accident Insurance: Lowe's corporate officers, certain employees living in China, Canada, India, or Mexico, Lowe's board of directors, certain pilots, and spouses and individuals who are guests of Lowe's. Generally, an individual must be domiciled in the United States to receive coverage. The designation of "Lowe's guest" is specifically defined by the plan document and does not necessarily include everyone considered a visitor of Lowe's. Please see the “Business Travel Accident Insurance” section of this SPD handbook for more information regarding this coverage.

Eligible Dependents

This section describes eligibility for your dependents. For purposes of Medical, Dental, Vision, Accident, Critical Illness, Accidental Death and Dismemberment, Dependent Life, Health FSA, Health Savings Account, and Business Travel Accident for full-time employees, and the Part-Time Employees Medical (including Part-Time Life Insurance option) and Part-Time Employees Dental, your eligible dependents are:

- Your legally married spouse, whether the same or opposite sex;
- Your domestic partner as defined and certified by you on the Lowe’s enrollment site;

- Your children or your domestic partner's children through the end of the month in which they turn age 26, regardless of marital status, student status or whether or not they live with you or you provide any of their support;
- Children for whom the Plan is required to provide coverage under a Qualified Medical Child Support Order (QMCSO); or
- Your mentally or physically disabled adult dependent children (see "More About Eligibility for Disabled Children," below).

For purposes of Dependent Life, your eligible dependents are the same as described above except that they must be primarily supported by you to be eligible.

Your dependent children are:

- Your biological children;
- Stepchildren;
- Legally adopted children;
- Children who are placed in your home for adoption; and
- Children for whom you are appointed as legal guardian who are chiefly dependent on you for support and maintenance.

More About Eligibility for Disabled Children

When the dependent child is mentally or physically disabled, the age limit does not apply for the Medical, Dental, Vision and/or Health FSA benefit options, provided:

- The child is covered by the applicable benefit option prior to attaining age 26;
- Is not married;
- Is disabled prior to attaining age 26; and
- Is incapable of earning his/her own living.

To begin coverage for a disabled child, you must provide the Plan Administrator with satisfactory proof of the child's disability within 31 days of when the child reaches age 26. Otherwise, coverage for this child will be denied and cannot later be added.

For the Medical only, if the disabled child meets all of the above conditions, except for being covered by the Plan prior to attaining the limiting age, the child may be covered if the disabled child:

- Has previously been covered by other health plan(s) since attaining the limiting age; and
- Is enrolled for coverage in the Plan's Medical option during the employee's initial benefit enrollment period, or is enrolled within 31 days of loss of other coverage.

Send proof of the child's disability to:
WageWorks, Inc.
WageWorks
Lowe's Administration
P.O. Box 991

Meguon, WI 53092
Phone: 877-502-6272
Fax: 262-512-2707
benefitforms@wageworks.com

You may be required to provide periodic proof of the uninterrupted incapacity and dependency of a disabled child in order to continue coverage under this exception. A child will cease to be a dependent under this provision if:

- The child is no longer incapacitated or ceases to fit within the definition of dependent under this exception; or
- You failed to submit any required proof that the child still meets the conditions of this exception.

Dependents Under the Health FSA

For purposes of the Health FSA, your dependents include:

- Your legally married spouse, whether the same or opposite sex;
- Your children until the end of the year in which they turn age 26, regardless of student status, whether they are married or live with you and regardless of whether you provide any support;
- Your mentally or physically disabled adult dependent children who live with you and who are primarily dependent on you for support;
- Any other person (including a domestic partner) who meets the Internal Revenue Service (IRS) definition of a tax dependent (without regard to the income limit) which means an individual whose primary residence is your home, who is a member of your household, for whom you provide more than one-half of their support, and who is not the qualifying child (as defined under the Internal Revenue Code) of the employee or any other individual. (Note, an employee can treat another person's qualifying child as a qualifying relative if the child satisfies the other requirements listed here and if the other person isn't required to file a tax return and either doesn't file a return or files one only to get a refund of withheld income taxes. For example, this could allow tax-free health coverage for the children of an employee's non-working domestic partner.)

Your domestic partner and domestic partner's children are not eligible for the Health FSA unless they are your tax dependents as defined by the IRS.

Dependents Under the Dependent Day Care Spending Account (DDCSA)

Under IRS regulations, "eligible dependents" for the Dependent Day Care Spending Account include:

- A child under age 13 who is your qualifying child (as defined under the Internal Revenue Code);
- A disabled spouse who lives with you for more than one half the year; and
- Any other relative or household member who receives more than one-half of his or her support from you, resides in your home, is physically or mentally unable to care for him or herself, and who is not the qualifying child of the employee or any other individual.

Eligible dependents do not include your domestic partner and/or your domestic partner's children unless they otherwise qualify as your legal dependent as defined under federal law. You can find a listing of eligible and ineligible dependents on the Dependent Day Care portion of the WageWorks spending accounts web site, accessible via the employee portal at www.MyLowesLife.com (My Lowe's Life>My Benefits>Full-Time Employees>Contacts>Other Providers>Flexible Spending Accounts).

Dependents Not Eligible for Coverage

The following individuals are not eligible for Medical, Dental or Vision coverage, regardless of whether they are your tax dependents:

- A spouse or domestic partner living outside the United States;
- A spouse or domestic partner who is an eligible employee and is enrolled in coverage under the Plan; and
- Your parent or your domestic partner's or spouse's parent.

No eligible individual may be covered more than once under the Plan, or any of the benefit options making up the Plan. For example, if you are covered as an employee, you cannot be covered as a spouse or a dependent child of another employee. Also, if both parents work at Lowe's, their dependent child can only be covered by one parent's plan.

Qualified Medical Child Support Order (QMCSO)

Group health benefits (including the Medical, Dental, Health FSA, Vision, Part-Time Employees Medical, Part-Time Employees Dental, and the Part-Time Employees Vision) will comply with the terms of a QMCSO. (Dependent children are not eligible to participate in the Retiree Medical Option, so this section applies to active employees only.) A QMCSO is a judgment, decree, or order (including approval of settlement agreement) issued by a court of competent jurisdiction or an administrative process established under state law, which has the force and effect of a law or judgment from a state court, directing a plan administrator to cover a child under a company's group health plans.

Federal law requires a QMCSO to meet certain form and content requirements in order to be valid. When an order is received, each affected participant and each child covered by the order will be notified of the implementation procedure to determine if the order is valid. If you have any questions or would like to receive a copy of Lowe's written procedure for determining whether a QMCSO is valid, please contact HR Shared Services at 1-888-HRINFO5 (1-888-474-6365).

In the event of a QMCSO, the earliest effective date for coverage for the child(ren) covered by the order will be the date Lowe's received the QMCSO or, if later, the date the QMCSO is determined to be valid. The QMCSO will remain in effect until the later of (1) the release date specified in the QMCSO or in subsequent agency communication or (2) the date the release information from the agency is received by Lowe's.

If you do not participate in Lowe's group health benefits (including the Medical, Dental, Health FSA, Vision, and Part-Time Employees Medical, Dental, and Vision), the QMCSO may require Lowe's to enroll you in order to satisfy the court order requiring coverage for your dependent(s). Once enrolled due to a QMCSO, you and your QMCSO dependent(s) will remain enrolled until a subsequent QMCSO changes the court order or your dependents are no longer eligible dependents. If your QMCSCO dependent(s) are no longer eligible, you will continue to be enrolled for employee only coverage in the applicable health plan until you change your enrollment due to a change of status or annual enrollment event.

Additional Eligibility Information

Additional information regarding how and when you and your eligible dependents become eligible to participate in the benefits referred to in this summary and any conditions and limitations to eligibility are contained in the SPD section for each benefit option.

Enrolling for Benefits

Enrollment occurs when you first become eligible for the Plan at any time during the year, and again each October/November during annual enrollment to allow you to make annual changes to your selections for certain benefit options.

Note: Certain employees may be able to continue their medical coverage after they retire. See “Lowe’s Retiree Medical Benefits” below for information about enrollment and eligibility.

Initial Enrollment

You must enroll to receive coverage and benefits under the Plan’s benefit options, except for the Business Travel Accident Insurance, the Short-Term Disability for full-time employees, Long-Term Disability for full-time salaried employees, and Basic Term Life Insurance for full-time salaried employees. Coverage under these benefits is effective immediately at no cost for all eligible employees and other individuals.

Your initial enrollment period is 60 days from the date that you become actively employed, except for the part-time employee options, where the initial enrollment period is 31 days. Enrollment made within this time period is deemed to be timely enrollment for purposes of when Plan coverage begins. See the “Taxes and Your Benefits” section for more about paying for coverage on a before-tax basis.

To enroll in the Medical, Vision, Dental, Critical Illness, Accident, Basic Term Life, Supplemental Term Life, Dependent Term Life, Accidental Death & Dismemberment, Long-Term Disability, Fixed Indemnity, the Health Savings Account or the Flexible Spending Accounts (Health FSA and DDCSA), visit the My Benefits enrollment web site, accessible via the employee portal, www.MyLowesLife.com (My Lowe's Life > My Benefits > Full-Time Benefits > Enroll Now).

To enroll in the Part-Time Employees Medical, Part-Time Employees Term Life, Part-Time Employees Short-Term Disability, Critical Illness, Accident, Fixed Indemnity, Part-Time Employees Vision, and/or Part-Time Employees Dental, visit the My Benefits web site, accessible via the employee portal, www.MyLowesLife.com (My Lowe's Life > My Benefits > Part-Time Benefits > Enroll Now).

If You Do Not Enroll

As a full-time employee, if you do not enroll for coverage under the Medical, Vision, Dental, Voluntary benefits, or the Spending Accounts (Health FSA and DDCSA) within your initial 60-day enrollment period, you cannot enroll in these benefit options until the next annual enrollment period, unless you experience a change of status event.

As a part-time employee, if you do not enroll for coverage under Part-Time Employees Medical, Part-Time Employees Term Life, Part-Time Employees Short-Term Disability, Part-Time Employees Fixed Indemnity, Part-Time Employees Vision, or Part-Time Employees Dental within your initial 31-day enrollment period, you cannot enroll in these benefit options until the next annual enrollment period, unless you experience a change in status event.

Unless you experience a change of status event, if you do not enroll within the 60-day or 31-day applicable time period, you will not be eligible to receive certain benefits. See page 14 for information on change in status events and benefit changes you can make.

You should enroll for coverage under the Critical Illness, Accident, Basic Term Life (hourly employees must enroll for Basic Term Life; salaried employees are enrolled automatically), Supplemental Term Life, Dependent Term Life, and Long-Term Disability within your initial 60-day enrollment period. For part-time employees, you should enroll within 31 days for Critical Illness and Off-the-Job Accident Insurance. Failure to do so may result in a reduction or denial of coverage. However, you can generally enroll in each of these benefit options as a late enrollee, if you can provide to the insurance carrier satisfactory evidence of insurability under the applicable Plan option. Please see the individual sections for each of these benefit options for more information regarding late enrollment.

Annual Enrollment

Annual enrollment is held every year during October/November for the following calendar year. This is your opportunity to enroll, change, or drop coverage. Changes are effective on January 1 following annual enrollment. You'll receive information, including instructions on how to enroll, before annual enrollment each year.

HIPAA Special Enrollment Events

Events such as the loss of other coverage are considered qualified life events under Health Insurance Portability and Accountability Act (HIPAA);

If you decline enrollment for Medical benefits for yourself or your eligible dependents because of other health insurance or group health plan coverage, you may be able to enroll yourself and your eligible dependents (including domestic partners) in the Medical benefits provided under this Plan if you or your eligible dependents lose eligibility for that other coverage (or if the other employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your eligible dependents' other coverage ends (or after the other employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself, your spouse and your new eligible dependent children. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. The Plan is not required to extend all of the HIPAA special rules for a newly acquired domestic partner; however, you may still be able to add them to the Plan as described in the Change in Status section.

If you request a change due to a special enrollment event within the 31-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective on the date of the enrollment.

The Plan must allow a HIPAA special enrollment for employees and dependents (including domestic partners) who are eligible but not enrolled if they lose Medicaid or CHIP coverage because they are no longer eligible, or they become eligible for a state's premium assistance program. Employees have 60 days from the date of the Medicaid/CHIP event to request enrollment under the Plan. If you request this change, coverage will be effective on the date of the enrollment. Specific restrictions may apply, depending on federal and state law.

To obtain more information, contact HR Shared Services at 1-888-HRINFO5 (1-888-474-6365).

Taxes and Your Benefits

One of the advantages of the Plan is that you can pay for some benefits on a before-tax basis (e.g. before taxes are deducted from your pay). You're able to do this because certain benefits offered under the Plan fall under Section 125 of the Internal Revenue Code, which allows employees to pay for certain benefits on a before-tax basis.

The following charts show:

- The benefits that are currently paid for in full by Lowe's.
- The benefits that are paid for in full or in part by employees, including which benefits are paid before-tax and which benefits are paid after-tax.

Company Paid Benefits (no employee deductions)
Business Travel Accident Insurance
Short-Term Disability for full-time employees
Long-Term Disability for full-time salaried employees
Basic Term Life Insurance for full-time salaried employees

Contributory Benefits (paid all or in part by employees)	
Before-Tax	**After-Tax**
Medical (full-time)—except domestic partner portion	Medical (full-time) —domestic partner portion

Dental (full-time)—except domestic partner portion	Dental (part-time) and domestic partner portion (full-time)
Vision (full-time)—except domestic partner portion	Vision (part-time) and domestic partner portion (full-time)
Spending Accounts (Health Flexible Spending Account, Dependent Daycare Spending Account and Health Savings Account)	Basic Term Life Insurance for hourly employees
	Supplemental Term Life Insurance
	Dependent Term Life Insurance
	Accidental Death & Dismemberment Insurance
	Critical Illness
	Accident Insurance
	Long-Term Care Insurance
	Long-Term Disability for Full-Time hourly employees
	Part-Time Employees Medical (Preventive and Preventive Plus)
	Part-Time Employees Life Insurance
	Part-Time Employees Short-Term Disability
	Fixed Indemnity

When Coverage Begins

If you're hired or transferred into an eligible position and are enrolled in the Plan during the time periods discussed in the “Enrollment” section, coverage, based on the options you select, will be effective:

- After your 89th day of continuous employment for the Medical, Vision, Dental, Critical Illness, Fixed Indemnity, Basic Life Insurance (for hourly employees), Supplemental Life Insurance, Dependent Life Insurance, Accidental Death & Dismemberment Insurance, Accident Insurance, Long-Term Disability Plan (for hourly employees), and Hourly Short-Term Disability Options;
- Your first day of active employment for Short-Term Disability, Long-Term Disability and Basic Life Insurance for Salaried employees.
- For eligible employees in Hawaii, Chapter 393 of the Hawaii Revised Statutes will be followed to determine when Medical coverage starts.
- For eligible employees enrolled in the Part-Time Employees Medical, Part-Time Employees Term Life Insurance, Part-Time Employees Vision, Part-Time Employees Short-Term Disability, Critical Illness, Accident Insurance, Fixed Indemnity and/or the Part-Time Employees Dental Options, on the date you elect to enroll via the Empowered Benefits website (My Lowe’s Life>My Benefits).
- For the Spending Accounts, beginning on the first day of the first payroll period after you have been continuously employed by Lowe's for a period of 89 days.

Note: If you are absent from work on the date that coverage would otherwise begin due to injury, sickness, temporary layoff or leave of absence, your coverage will begin on the date you return to active employment. If your absence is due to a medical condition (injury or sickness), you will be treated as being actively at work for purposes of eligibility for Medical, Dental, Vision, Part-Time Employees Medical or Part-Time Employees Dental to the extent required by HIPAA.

You are not required to enroll in the Business Travel Accident Insurance, the Short-Term Disability for full-time employees, Long-Term Disability for full-time salaried employees, or Basic Term Life Insurance for full-time salaried employees. Coverage under these is effective immediately at no cost for all eligible employees and other individuals.

If your participation in the Plan is terminated and you elect to reinstate benefits, you must re-enroll in the Plan; the effective date of coverage will depend on the type of benefit involved.

When Dependent Coverage Begins

Your dependents will be covered on the date your coverage is effective, if you have dependents on the date of enrollment and you elect to enroll your dependents in coverage. If you later gain a new dependent as a result of a change of status event, coverage for your newly acquired dependent will begin on the date after you complete your enrollment within 31 days of the date of the change in status event, except for the case of birth, adoption, or placement of adoption, which is effective as of the date of the birth, adoption or placement for adoption.

You are required to provide proof of your dependents’ eligibility upon request. False or misrepresented eligibility information will cause both your coverage and your dependents’ coverage to be irrevocably terminated (retroactively to the extent permitted by law), and could be

grounds for employee discipline up to and including termination. Failure to provide timely notice of loss of eligibility will be considered intentional misrepresentation. If your coverage is terminated retroactively due to fraud or misrepresentation, you will forfeit any contributions made.

For the Dependent Life Insurance or Part-Time Employees Term Life Insurance, if a dependent is in the hospital at the time you enroll for coverage, coverage will become effective on the day following the date of discharge. A natural child born to you or your spouse while you have dependent child coverage (for you or the dependent children, if any) will be covered even though the child is in the hospital, effective as of the date of the child's birth.

When Coverage Ends

Your coverage will terminate on the earliest of the following dates:

- The date that your coverage is terminated by amendment of the Plan, by whole or partial termination of the Plan, termination of the insurance contract or agreement, or by discontinuance of contributions by Lowe’s;
- The date the Plan or a particular benefit option ends for the class of employees to which you belong;
- The date you cease to satisfy the eligibility requirements for a particular Plan benefit. This may result from your death, reduction in hours, or termination of active employment;
- The date ending the period for which your last required contribution for the Plan or a particular benefit option is made;
- The date you report for active military service, unless coverage is continued through the Uniformed Services Employment and Reemployment Rights Act (USERRA) as explained in the Military Leave section below.

If you are rehired by Lowe's after your coverage in the Plan as an active employee has ended, your coverage is not automatically reinstated. In other words, your previous coverage is not restored and you may be subject to any applicable waiting period or other terms applied to new participants. In addition, you may be required to make up past premium amounts that were not paid during your earlier employment before you can reenroll in the Plan.

Other circumstances that can result in the termination, reduction, loss or denial of benefits (for instance, exclusions for certain medical procedures) are described in the SPD section for each benefit option.

For a discussion of when retiree medical coverage ends, see “Lowe’s Retiree Medical Benefits” below.

When Dependent Coverage Ends

Generally, dependent coverage stops with:

- The date ending the period for which the last contribution or premium payment was made;
- The date the employee's coverage ends;
- The date on which your legally married spouse, domestic partner or child is no longer considered an eligible dependent (for example, date of divorce);

- For children covered pursuant to a QMCSO, coverage will end as of the date that the child is no longer covered under a QMCSO; and
- The date that adoption proceedings are discontinued, provided that such proceedings do not result in finalization of the adoption.

Depending on the reason for termination of coverage, you and your covered spouse and dependent child(ren) might have the right to continue health coverage temporarily under COBRA (see COBRA section below) or under a conversion right under a particular benefit option. Refer to the SPD section for each benefit option for more information on conversion.

Death

If you die while you're covered by the Plan as an active, regular, full-time employee, your eligible dependents' medical coverage may continue for one year after your death without having to pay premiums. After this one-year period expires, your eligible dependents can continue their medical coverage under COBRA. The one year premium-free coverage costs will be reported as taxable income to your eligible dependents. (Please see the "Continuation of Coverage under COBRA" section of "Plan Administration" in this SPD handbook for more information.)

Making Changes to Your Coverage During the Year

In general, the benefit options and coverage levels you choose when you are first enrolled remain in effect for the remainder of the Plan year in which you are enrolled. Elections you make at annual enrollment generally remain in effect for the following Plan Year (January 1 through December 31).

Change in Status Events

You may be able to change elections for the following benefits during the Plan Year if you experience a change in status:

- Full-time employees: Medical, Vision, Dental, Voluntary Benefits, Health Savings Account, Health Care Flexible Spending Account, or Dependent Day Care Spending Account
- Part-time employees: Part-Time Medical, Part-time Dental, Part-Time Vision, Part-Time Term Life, Part-Time Short-Term Disability, Part-time Fixed Indemnity, or Critical Illness

If you experience one of the events described below and want to make a change to your coverage due to such event, you must notify Lowe's within 31 days of the event as described under HIPAA Special Enrollments in this booklet. If you do not notify Lowe's within 31-day period, you will not be able to make any changes to your coverage until the next annual enrollment period.

Please note that in order to change your benefit elections due to a change in status, you may be required to show proof verifying that these events have occurred (e.g., copy of marriage or birth certificate, divorce decree, etc.). The following is a list of changes in status that may allow you to make a change to your elections (as long as you meet the consistency requirements, as described below).

- **Legal marital status:** Any event that changes your legal marital status, including marriage, divorce, death of a spouse, legal separation, and annulment;
- **Change in domestic partnership status:** Commencement or dissolution of a domestic partnership;

- **Number of eligible dependents:** Any event that changes your number of eligible dependents including birth, death, adoption, legal guardianship, and placement for adoption;
- **Employment status:** Any event that changes your or your eligible dependents' employment status that results in gaining or losing eligibility for coverage. Examples include:
  - Beginning or ending employment;
  - A strike or lockout;
  - Starting or returning from an unpaid leave of absence;
  - Changing from part-time to full-time employment or vice versa; and
  - A change in work location.
- **Dependent status:** Any event that causes your dependents to become eligible or ineligible for coverage because of age, student status, or similar circumstances;
- **Residence:** A change in the place of residence for you or your eligible dependents if the change results in your or your eligible dependents living outside your medical or dental network's service area;
- **FMLA leave:** Beginning or returning from an FMLA leave;
- **Reduction in hours of service**: You and your dependents may drop your health coverage under the Plan, even if you remain eligible for such coverage, if:
  - You were reasonably expected to work 30 hours per week and you experience a change in employment, after which you are reasonably expected to work less than 30 hours per week
  - You intend to enroll yourself and any dependents dropping coverage in another health plan (satisfying the Affordable Care Act's definition of minimum essential coverage) effective no later than the first day of the 2nd month after you drop Lowe's coverage.
  - You are not permitted to change your Health FSA elections because of a reduction in hours of service.
- **Enrollment in a health plan offered through the public Marketplace:** If you are eligible for a special enrollment period to enroll in public Marketplace coverage, or you want to enroll in public Marketplace coverage during the public Marketplace's annual open enrollment period, you may drop health coverage under this Plan, even if you remain eligible for coverage under this Plan. When you make a change, it will be made prospectively from the election date, as with other change in status events. You (and any dependents whose coverage is dropped at this time) must intend to enroll in Marketplace coverage that is effective no later than the day immediately following the last day your coverage under this Plan is dropped. You are not permitted to change your Health FSA elections because you intend to enroll in a plan offered through the public Marketplace.

Consistency Requirements for Changes in Status

Except for election changes due to a HIPAA special enrollment, changes as a result of a reduction in hours of service, and changes because of your enrollment in a health plan offered by the public Marketplace, the changes you make to your coverage must be "on account of and correspond with" the event. To satisfy the "consistency rule," both the event and the corresponding change in coverage must meet all the following requirements:

- **Effect on eligibility:** The event must affect eligibility for coverage under the Plan or under a plan sponsored by your dependent's employer. This includes any time you become eligible (or ineligible) for coverage or if the event results in an increase or decrease in the number of your dependent child(ren) who may benefit from coverage under the Plan.
- **Corresponding election change:** The election change must correspond with the event. For example, if your dependent child(ren) loses eligibility for coverage under the terms of the health plan,

you may cancel health coverage only for that dependent child(ren). You may not cancel coverage for yourself or other covered dependents.

Other Events that Allow You to Change Elections

Entitlement to Government Benefits
If you or your eligible dependents become entitled to or lose entitlement to Medicare or Medicaid, or lose entitlement to certain other governmental group medical programs, you may make a corresponding change to your Medical, Dental, Vision and Health FSA elections.

QMCSOs
If a QMCSO requires the Plan to provide coverage to your child, then the Plan Administrator automatically may change your election under the Plan to provide coverage for that child. In addition, you may make corresponding election changes as a result of the QMCSO, if you desire. If the QMCSO requires another person (such as your spouse or former spouse) to provide coverage for the child, then you may cancel coverage for that child under the Plan if you provide proof to the Plan Administrator that such other person actually provides the coverage for the child.

Cost or Coverage Change Events
In some instances, you can make elections if the type of coverage or cost of coverage changes. These rules do not apply for purposes of a Health FSA. Please note that if the change occurs to another employer's plan, you may be required to show proof verifying these events have occurred.

Cost Changes
If Lowe's determines there is a significant increase or decrease in the cost of Medical, Dental and Vision coverages, you may be permitted to revoke your election and make a corresponding new election. If you previously declined coverage, you may also make a corresponding new election.

Any change in the cost of your Plan option that the Company determines is *not* significant will result in an automatic increase or decrease, as applicable, in your share of the total cost.

Coverage Changes
The following are additional situations in which you may change your current coverage.

Restriction or Loss of Coverage
If your coverage is significantly restricted or ceases entirely, you may revoke your elections and elect coverage under another option that provides similar coverage. Coverage is considered "significantly restricted" if there is an overall reduction in benefits coverage. If the restriction is equivalent to a complete loss of coverage, and no other similar coverage is available, you may revoke your existing election.

Addition to or Improvement in Coverage
If Lowe's adds a coverage option or significantly improves a coverage option during the year, you may revoke your existing election and elect the newly added or newly improved option.

Changes in Coverage under Another Employer Plan
If your spouse or dependent child(ren) is employed and his or her employer's plan allows for a change in your family member's coverage (either during that employer's annual open enrollment period or due to a mid-year election change permitted under the Internal Revenue Code), you may be able to make a

corresponding election change under this Plan. For example, if your spouse elects family coverage during his or her employer's open enrollment period, you may request to end your coverage under this Plan. When you make a change, it will be made prospectively from the election date, as with other change in status events.

Loss of Other Group Health Plan Coverage

If you or your spouse or dependent child(ren) lose coverage under another group health plan sponsored by a governmental or educational institution, including a state children's health insurance program (CHIP), medical care program of an Indian Tribal government, state health benefits risk pool, or a foreign government group health plan, you may enroll for coverage under this Plan.

Dependent Day Care Flexible Spending Account Cost or Coverage Changes

In addition to the changes described above, you may make mid-year election changes to your Dependent Day Care Flexible Spending Account if you have one of the following events:

- An increase or decrease in dependent day care provider fees (except for increases by a provider who is related to you);
- You choose a different dependent day care provider who charges a different amount; or
- You make a change to your or your spouse's regular work schedule that increases or decreases your need for dependent day care.

Early Retiree Medical Benefits

Lowe's full time employees who retire before age 65 may continue their coverage under the Medical benefit option in which they were enrolled immediately prior to retirement if they meet all of the following criteria:

- The employee is age 55 or older at retirement, but has not reached Medicare eligibility;
- The employee has completed 20 continuous years of regular full-time service with Lowe's since the employee's most recent employment date;
- The employee has continuously participated in a Lowe's Medical option offered to regular, full-time employees for at least 12 months immediately prior to retirement;
- The employee is not already covered by another group health plan or Medicare; and
- The employee is not involuntarily terminated due to gross misconduct.

Those employees participating in a self-funded option (whether it's an option administered by UHC or BCBS) will have to enroll in the Option 1 or Option 2 Medical option administered by BCBS to continue coverage under the Early Retiree Medical Benefit. By electing this option, the retiree will also participate in the associated prescription drug benefit administered by CVS/Caremark. Please see the "Medical Plan" SPD for more information regarding the medical plans administered by BCBS.

Employees who are eligible for retiree coverage as described above may continue their group medical coverage for their covered spouse or domestic partner, up to Medicare eligibility, when their spouse or domestic partner meets all of the following criteria:

- The spouse or domestic partner is age 52 or older at the employee's retirement, but has not reached Medicare eligibility; or
- If under age 52 at the employee's retirement, the spouse or domestic partner may apply for coverage upon reaching age 52 (the request must be received within 90 days of attaining age 52); and
- The spouse or domestic partner has continuously participated in a Lowe's health option for at least 12 months immediately prior to the employee's retirement.
- Covered spouses or domestic partners must remain in the same medical benefit option as that of the retired employee. If not age 52 at the time of the employee's retirement, the spouse can elect COBRA coverage for up to 18 months in order to cover some or all of the period until attaining age 52.

Early Retiree Medical does NOT include coverage for dependent children or your domestic partner's children.

Enrolling in the Early Retiree Medical

You have 60 days from your date of retirement to enroll in Early Retiree Medical. If you do not enroll by that date, you will not be allowed to enroll at a later date.

As an alternative to Lowe's Early Retiree Medical coverage, you can elect COBRA coverage under the active medical option you were participating in when you retired. However, if you elect COBRA coverage, you cannot then participate in retired employee coverage from Lowe's Early Retiree Medical when COBRA coverage ends. As described above, if your spouse or domestic partner is not yet age 52 at the time of your early retirement, your spouse or domestic partner may be eligible to elect COBRA coverage and later participate in retired employee coverage. Likewise, you cannot elect retired employee coverage from Lowe's Early Retiree Medical and then switch to COBRA coverage.

For further information regarding Lowe's Early Retiree Medical coverage, please contact Group Benefits at GroupBen@lowes.com. You may also be able to continue your coverage under the Basic Term Life, Supplemental Term Life, Dependent Term Life, Personal Accident, Accidental Death and Dismemberment, and Long-Term Care. You cannot continue coverage under the Short-Term Disability, Long-Term Disability, or Business Travel Accident Insurance. Please see the specific section of this handbook describing each of the options for more information regarding portability and conversion of coverage.

Lowe's also provides pre-65 and post-Medicare medical options through the Retiree Health Access℠ Program. For further information regarding these options contact the Retiree Health Access call center at 1-844-843-6734, or consult the Retiree Health Access information available on the Retiree Health Access web site at www.retireehealthaccess.com.

When Early Retiree Coverage Ends

Generally, your coverage will terminate on the earliest of the following dates:

- The date you are rehired by Lowe’s and become eligible for employee medical coverage;
- The date you become eligible for Medicare;
- The date that your coverage is terminated by amendment of the Plan, by whole or partial termination of the Plan, termination of the insurance contract or agreement, or by discontinuance of contributions by Lowe’s;
- The date of your death; or
- The end of the period for which you paid your required contribution if the contribution for the next period is not paid when due.

Other circumstances that can result in the termination, reduction, loss or denial of benefits (for instance, exclusions for certain medical procedures) are described in the SPD section for each benefit option.

Coverage for your spouse or domestic partner terminates when your coverage terminates. Their coverage will also cease for other reasons specified in the SPD section for each benefit option. In addition, their coverage will terminate on the earliest of the following dates:

- On the date your spouse/domestic partner becomes eligible for Medicare;
- On the date your spouse/domestic partner no longer qualifies as a dependent as defined by the Plan;
- On the date when your spouse/domestic partner becomes covered as an active Lowe’s employee;
- The date that the retiree’s coverage is terminated by amendment of the Plan, by whole or partial termination of the Plan, termination of the insurance contract or agreement, or by discontinuance of contributions by Lowe’s;
- The date when a retiree’s surviving spouse remarries, or a dependent who is a retiree’s domestic partner (per the Lowe’s applicable Human Resources policy) marries or enters into a new domestic partnership;
- The date the surviving dependent becomes eligible for coverage under another group plan; or

- The end of the pay period in which you stop making contributions required for dependent coverage.

Depending on the reason for termination of coverage, you and your covered spouse and dependent child(ren) might have the right to continue health coverage temporarily under COBRA (see COBRA section below) or under a conversion right under a particular benefit plan. Refer to the SPD section for each benefit option for more information on conversion.

Temporary Lay-Off

If you are a regular, full-time employee and you are temporarily laid off, you may continue your Plan coverage, provided you pay your share of any applicable cost. In addition, if you subsequently terminate employment with Lowe's, you can then continue your Medical (including Part-Time Employees Medical Plan), Dental, Vision, and Health FSA coverage through COBRA. (Please see the "Continuation of Coverage under COBRA" section of "Plan Administration" in this SPD handbook for more information). You must pay all premium amounts due during your temporary layoff to remain eligible for COBRA coverage.

A temporary lay-off means that you are not scheduled to work for 14 or more days, but you are expected to return to work.

Employees who are temporarily laid off are not eligible to receive disability pay or sick pay.

If you permanently terminate employment, you may have the right to a conversion privilege and may be able to continue your coverage under the Basic Term Life, Supplemental Term Life, Dependent Term Life, Accidental Death & Dismemberment, Critical Illness, and Accident Insurance Options. You can continue your Long-Term Care coverage by paying premiums directly to MetLife. You cannot continue coverage under the Short-Term Disability, Long-Term Disability, Business Travel Accident Insurance or Part-Time Employees Short-Term Disability, and you are not eligible to receive benefits under the Business Travel Accident Insurance while you are temporarily laid off. Please see the specific section of this handbook describing each of the benefit options for more information regarding portability and conversion of coverage.

Approved Leaves of Absence

Family Medical Leave Act (FMLA)

If you are out on an FMLA absence as a full-time employee, you may continue your Medical, Dental, Vision, Critical Illness, Accident, Basic Term Life, Supplemental Term Life, Dependent Term Life, Accidental Death & Dismemberment, Long-Term Disability coverage, and your participation in the Spending Accounts. You are also allowed to voluntarily cancel benefits at the start of a leave of absence. If you continue coverage, you are responsible for your share of the coverage cost (premiums) during a FMLA leave. If you fail to make timely payments, as outlined on your billing statement, your coverage will be terminated. If you are billed, you must pay the billed amount. If you do not pay the billed amount, it may be deducted from your paycheck when you return to work.

If you are covered by the Part-Time Employees Medical, Part-Time Employees Term Life Insurance, Fixed Indemnity, Part-Time Employees Vision and the Part-Time Employees Dental Options and you are out on an FMLA absence, you may also continue your coverage. You continue to be responsible for the full cost of coverage (premiums) during a personal leave. If you fail to make timely premium payments, your coverage will be terminated.

Military Leave

If you take a military leave, whether for active duty or for training, you are entitled to extend your Medical, Dental, Vision, Health Care Flexible Spending Account coverage for up to 24 months as long as you give Lowe's advance notice of the leave (unless military necessity prevents this, or if providing notice would be otherwise impossible or unreasonable). This continuation coverage is pursuant to the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). Your total leave, when added to any prior periods of military leave from Lowe's, cannot exceed five years. There are a number of exceptions, however, such as types of service that are not counted toward the five-year limit — including situations where service members are involuntarily retained beyond their obligated service date; additional required training; federal service as a member of the National Guard; and service under orders during war or national emergencies declared by the President or Congress. Additionally, the maximum time period may be extended due to your hospitalization or convalescence following service-related injuries after your uniformed service ends.

If the entire length of the leave is 30 days or less, you will not be required to pay any more than the contributions required for active employees. If the entire length of the leave is 31 days or longer, you may be required to pay up to 102% of the full amount necessary to cover an employee (including any amount for dependent coverage) who is not on military leave.

All other coverages will continue during your military leave, so long as you continue to pay any required contributions. Participation in the Dependent Day Care Flexible Spending Account will terminate.

If you take a military leave, but your coverage under the Plan is terminated — for instance, because you do not elect the extended coverage — when you return to work at Lowe's, you will be treated as if you had been actively employed during your leave when determining whether an exclusion or waiting period applies to health plan coverages. USERRA permits a health plan to impose an exclusion or waiting period to an illness or injury determined by the Secretary of Veterans Affairs to have been incurred or aggravated during performance of service in the uniformed services.

If you do not return to work at the end of your military leave, you may be entitled to purchase COBRA continuation coverage if you extended benefits for less than 18 months (see the "Continuation of Coverage under COBRA" section of "Plan Administration"). However, your military leave benefits continuation period runs concurrently with your COBRA coverage period, subject to the limitation of COBRA. This means that COBRA coverage and USERRA coverage begin at the same time. If you do not return to work at the end of your military leave you may be entitled to continue COBRA continuation coverage for the remainder of the COBRA continuation period, if any. In other words, any continuation of coverage under USERRA will reduce the maximum COBRA continuation period for which you and/or your dependents may be eligible. (See COBRA section) Your rights under COBRA and USERRA are similar but not identical. Any election that you make pursuant to COBRA will also be an election under USERRA, and COBRA and USERRA will both apply with respect to continuation coverage elected. If COBRA and

USERRA give you (or your covered spouse or dependent children) different rights or protections, the law that provides the greater benefit will apply.

Paying for Coverage During Leave

If you are on an approved leave of absence, including workers' compensation, FMLA, personal, military, or another form of approved leave, or you are an active employee, you must pay for coverage out-of-pocket, if you are:

- Paid in a form other than a regular paycheck;
- Not working or not working enough hours to pay for the benefit deductions; or
- Receiving pay from Short-Term Disability (in some circumstances), Long-Term Disability, or Workers' Compensation.

Premium Payment Obligations

Full-Time Employees

Except as otherwise required by law, the maximum duration of Lowe's benefits continuation during an absence is 180 days. This begins on the first day of your absence and lasts until termination of employment or 180 days, whichever occurs first. This limit is stated on each WageWorks invoice as a reminder. After the exhaustion of the 180-day period, you can continue your Medical, Dental, Vision, and participation in the Health Flexible Spending Account through COBRA.

You can also continue or convert your coverage under the Basic Term Life, Supplemental Term Life, Dependent Term Life, Accidental Death and Dismemberment, Critical Illness, Fixed Indemnity, Accident Insurance and Long-Term Care Plan Options. See the specific sections of this handbook describing each of the benefit options for more details regarding time limitations and other information for continuation of coverage.

If you return from a leave of absence after 180 days, you will not be able to enroll in benefits until the next annual enrollment period, with such enrollment being effective January 1 of the next following plan year (unless you experience a HIPAA special enrollment event).

If you have been out on a leave of absence and received Long-Term Disability you will be able to re-enroll in Long-Term Disability within 60 days of returning to work without providing Evidence of Insurability (EOI).

Repayment is required to maintain continuous coverage during the leave or your active employment in the following regular, full-time employee options: Medical, Dental, Vision, Critical Illness, Fixed Indemnity, Basic Term Life, Supplemental Term Life, Dependent Term Life, Accidental Death & Dismemberment, Long-Term Disability Option, Accident, and Spending Accounts (Health FSA). When your paycheck does not have deductions for these benefits, Lowe’s automatically sends them to a vendor, WageWorks, for billing. Your payments will be made on an after-tax basis during this period of time.

On a bi-weekly basis, WageWorks mails an itemized statement to the homes of absent regular, full-time employees enrolled in any of the Medical, Dental, Vision, Critical Illness, Fixed Indemnity, Accident, Basic Term Life, Supplemental Term Life, Dependent Term Life, and Long-Term Disability Options or Spending Accounts (Health FSA and DDCSA), listing the unpaid deductions (premium payments due) from the prior month.

You must pay WageWorks in 30 days for the full premium balance due. Make sure your home address with Lowe's is up-to-date. If you do not receive a WageWorks invoice within four weeks from the start of your leave of absence, contact WageWorks immediately. When you make timely payments to WageWorks, you will continue normal participation in these benefit options.

Submit payments to WageWorks at the following address:
WageWorks, Inc.
1155 Reliable Parkway
Chicago, IL 60686-0011

If you have any questions regarding payments to WageWorks, contact WageWorks at 1-877-502-6272.

If you do not make the required payment within 30 days, you will be sent a second notification, warning that failure to remit payment within 14 days will result in cancellation of your benefits. If you do not satisfy the unpaid premium balance within the 14-day deadline, WageWorks will notify Lowe's to cancel your benefits. If your benefits are canceled for failure to pay premiums, you are not entitled to notice of cancelation and you cannot continue benefits through COBRA.

Note: If you do not pay your premiums during a leave of absence, your coverage will be cancelled. Once your coverage has been terminated for nonpayment, you cannot be reinstated under the Plan, except as required by law (for example, FMLA). In other words, your previous coverage cannot be restored and you may be subject to any applicable waiting period or other terms applied to new participants. In addition, you will be required to make up past premium amounts that were not paid before you can reenroll in the Plan.

When you enroll in any of the Medical, Dental, Vision, Critical Illness, Fixed Indemnity, Basic Term Life, Supplemental Term Life, Dependent Term Life, Accidental Death and Dismemberment, Long-Term Disability Option, Accident, or Spending Accounts (Health FSA or DDCSA), you authorize Lowe's to deduct from your wages any benefit option costs for which you are responsible, but have not paid as a result of a leave of absence, insufficient hours worked, or any other circumstance which results in nonpayment or underpayment by you of any portion of any benefit option costs for which you are responsible. If you fall behind on your benefit cost (premium) payments for any of these reasons, deductions for the unpaid costs will be made from your next available paycheck or paychecks if allowable by state law. In addition, by enrolling you agree that you understand and agree that in the event your employment terminates, whether voluntarily or involuntarily, prior to full payment of all benefit option costs owed to Lowe's, Lowe's may withhold the unpaid amounts from your final paycheck.

Part-Time Employees

Repayment is required to maintain continuous coverage during the leave or your active employment in the following regular, part-time employee benefit options: Part-Time Employees Medical, Part-Time Employees Term Life Insurance, Part-Time Employees Short-Term Disability, Fixed Indemnity, Part-Time Employees Vision, and the Part-Time Employees Dental Options. When your paycheck does not have deductions for these benefits, Lowe's automatically sends them to WageWorks for billing.

Long-Term Care

If you would like to continue coverage under the Long-Term Care option while you are on leave, please contact MetLife to arrange payment. Call 1-800-GET-MET-8 (1-800-438-6388) for more information. This plan is closed to new entrants.

Hawaii Employees

For eligible employees in Hawaii, chapter 393 of the Hawaii Revised Statutes will be followed for the continuation of Medical coverage during an approved leave of absence.

Spending Accounts and Leaves

Dependent Day Care Spending Account (DDCSA)

Your participation in the DDCSA, if any, will be automatically suspended as of the start of your leave of absence. Upon return to active status, you may restart your DDCSA by contacting WageWorks, the plan administrator, at 1-877-924-3967, or by visiting www.MyLowesLife.com.

Health Flexible Spending Account (HFSA)

During a leave, your contributions to the HFSA may be continued on an after-tax basis, or stopped. You may also be eligible to make up missed contributions upon your return to work.

- If you choose to continue your contributions on an after-tax basis during your leave, any eligible expenses incurred during your leave will be eligible for reimbursement.
- If you stop your contributions during your leave, only expenses incurred prior to your leave or upon your return to work will be eligible. Expenses incurred during your leave will not be eligible for reimbursement. Upon return to work, your per-pay-period contribution amount will automatically be reinstated, except for FMLA leaves (see below). Your annual contribution amount will be reduced by the amount not contributed during your leave.

For FMLA leaves, you must notify HR Shared Services at 1-888-HRINFO5 (1-888-474-6365) to start your account again. You have two options for reinstating your Health FSA coverage. You may elect to have your pre-leave annual contribution amount continued, but any contributions not made while on leave will be deducted upon return from leave. Alternatively, you may reduce your annual contribution amount by any amounts not paid while on leave, which essentially reinstates your pre-leave per-pay-period deductions. In either case, no expenses incurred during your leave are eligible for reimbursement.

Note: Please see the “Military Leave” section of this overview for more information regarding continuation of coverage during a military leave governed by USERRA.

Jury Duty

If you have jury duty, your Plan participation continues. You will make contributions for supplemental coverage as if you were at work.

Change of Address

If you move, please update your address through your HR Manager, or by contacting the Lowe's Payroll Department via Lowe's e-mail or Lowe's fax. The Payroll Department's fax number is 1-336-658-2606. Your move, especially moves involving a transfer to a different Lowe's work location from your current one, may cause your elected medical coverage to change. If you relocate to a Lowe's location outside the United States, please notify HR Shared Services right away at 1-888-HRINFO5 (1-888-474-6365), as relocation outside the United States will affect your participation in all of the benefit options sponsored by Lowe's. For further information on coverage issues related to a move, contact your HR Manager or HR Shared Services before you begin your move. In the case of a change in work location, you will want to also contact the HR Manager at your new work location.