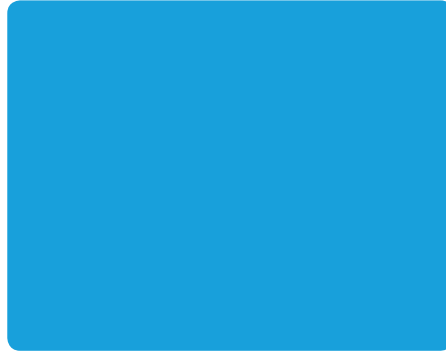


My Benefits. My Choice.

2017 COBRA My Benefits Guide



COBRA Annual Enrollment will be October 17 to November 4

My Benefits. My Choice. Now is the time to make important choices about your health benefits that you have elected under COBRA. Use this Guide to make the right choices for you and your family. For the 2017 plan year you can make changes to Medical, Dental, and Vision.

Choosing Your Benefits

Look inside for key facts and helpful checklists for each benefit option to help you make the right choices.

What Happens If I Don't Enroll?

Even if you are not making changes to your current benefit elections, you MUST complete and return the enrollment form, reelecting your benefits. Your benefits will NOT continue or be automatically renewed. If your enrollment form is not returned by the postmarked date of November 4, your existing coverage will discontinue at the end of the existing plan year and you will not be able to reenroll at a later date.

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What's New for 2017

When to Enroll

2017 Annual Enrollment is from October 17 to November 4. Even if you are not making changes to your current benefit elections, you **MUST** complete and return the enrollment form, reelecting your benefits. Your benefits will **NOT** continue or be automatically renewed. If your enrollment form is not returned by the postmarked date of **November 4**, your existing coverage will discontinue at the end of the existing plan year and you will not be able to reenroll at a later date.

Marketplace Options Available

COBRA is not your only option. Explore other health insurance plans for potentially lower costs at www.gohealth.com/lowes or call toll free at **855-414-6191 starting November 1**.

What are my other options?

Members have the option to select and enroll in plans from the state or federal Marketplaces for their individual healthcare coverage instead of COBRA. The shopping period for Marketplace plans starts on November 1, so you can directly compare new health insurance plan options against COBRA between November 1 and November 4.

Why explore other options?

On the Marketplace, you may find plans that are significantly less expensive or offer better coverage than COBRA. If you qualify for federal premium subsidies, your plan cost could be even lower!

Important dates for picking your plan:

- Lowes' COBRA Open Enrollment Period: October 17, 2016 - November 4, 2016
- Marketplace Open Enrollment Period: November 1, 2016 - January 31, 2017
- Overlap between both enrollment periods: November 1, 2016 - November 4, 2016
 - During this overlap, you can directly compare individual options offered in Marketplace to COBRA to help with your plan selection.
 - If you miss this time to directly compare, do not worry. You can still drop COBRA at any time and select your health insurance plan offered in Marketplace before the Open Enrollment Period ends (January 31, 2017).

Ready to explore?

For more information about coverage options available through the Marketplace, please visit www.gohealth.com/lowes or call toll free at **855-414-6191 starting November 1**.

2017 Prescription Drug Benefit Changes

CVS Caremark will continue to be the pharmacy benefit manager for members enrolled in the Lowe's medical plans, except for those enrolled in a Kaiser HMO (Kaiser administers their own prescription drug plan).

Lowe's will continue using the CVS Maintenance Choice program for prescription drugs. In this program, employees must fill their maintenance prescriptions through mail order or at a CVS pharmacy, and will receive a 90-day supply at a discounted price. This program is mandatory.

If you enroll in the new Choice Account Plus plan, most preventive medications are provided at 20% coinsurance and bypass the deductible. For a list of these medications, please visit the CVS website.

Plan Design Changes

The current High Deductible Health Plan (HDHP) will be renamed Choice Account for 2017. There will be no plan design changes for this existing plan. Our new Consumer Driven Health Plan offering for 2017 is called the Choice Account Plus. This plan offers you the same preventive care covered at 100%, just like our current HDHP, but with a lower deductible and better coinsurance. There will be no plan design changes to Option 1, Option 2, and Kaiser plan options.

Making Changes During the Year

Based on IRS rules, you can generally make changes during the plan year only if you have a qualified change in your family or employment status.

Approved qualified changes include:

- Marriage, divorce, death of spouse, legal separation, and annulment
- Birth, death, adoption and placement for adoption
- Change in employment status for you, your spouse, or your dependent
- Moving from full-time to part-time status or other work schedule change affecting benefit eligibility
- Change in your residence for your spouse or your dependent that affects your eligibility for coverage
- A judgment, decree or order, including a qualified medical child support order (QMCSO)
- Change in dependent eligibility as defined by the plan
- Eligibility or loss of eligibility for Medicare, Medicaid, or CHIP

All qualified changes must be consistent with the eligible life event. You must make qualified status changes within 31 days of the event (60 days for Medicaid and CHIP). If you do not, you must wait until the next annual enrollment to make changes to your benefits.

You can make changes to your coverage under the medical, dental, vision, and flexible spending account plans during the year as a result of a qualifying status change.

To view a complete list of qualified status changes and obtain additional information, view the “Foundations For Success Summary Plan Description” available on mylowesbenefits.com.

To enroll or change your coverage as a result of a qualifying status change, contact WageWorks at 1-877-502-6272

Medical

Most locations offer two PPO options:

- Option 1
- Option 2

Use the charts on pages 7-10 to compare the medical options.

Most locations offer a HDHP.

- This plan is not available in HI.

Some locations offer an HMO only.

Look for plan details in the benefit plan summaries at your work location or contact your medical plan provider.

All options provide coverage for:

- Wellness/preventive care
- Doctor office visits
- Hospital care, including maternity
- Outpatient care
- Emergency room care
- Diagnostic lab and X-rays
- Mental health and substance abuse

Your offered providers are based on your zip code.

Please see your COBRA enrollment form for plans that are offered to you.

If You Enroll in a Medical Plan

- Verify that your medical provider is in your medical plan's network. If not, you'll need to select a new network provider to get full benefits under the medical plan.

Why Use Network Providers?

Choosing a medical provider is a personal choice. Just keep in mind when you use in-network providers, you receive a higher level of benefit and generally pay less for care.

Need help finding a provider?

- Blue Cross Blue Shield of Alabama www.bcbsal.org
- Kaiser of California (statewide) www.kaiserpermanente.org
- Kaiser of Colorado www.kaiserpermanente.org
- Kaiser Hawaii HMO www.kaiserpermanente.org
- Kaiser Hawaii Point of Service Plan www.kaiserpermanente.org
- Kaiser of the Mid-Atlantic www.kaiserpermanente.org
- Kaiser of Georgia www.kaiserpermanente.org
- Kaiser of Oregon www.kaiserpermanente.org
- UHC www.myuhc.com

Marketplace Options Available

On the Marketplace, you may find plans that are significantly less expensive or offer better coverage than COBRA. If you qualify for federal premium subsidies, your plan cost could be even lower!

Important dates for picking your plan:

- Lowes' COBRA Open Enrollment Period: October 17, 2016 - November 4, 2016
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Ready to explore?

For more information about coverage options available through the Marketplace, please visit www.gohealth.com/lowes or call toll free at **855-414-6191 starting November 1**.

Compare the Option 1 and Option 2 Medical Plans

Benefit Highlights	Option 1		Option 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	Employee Only \$1,000 Family \$3,000	Employee Only \$2,000 Family \$6,000	Employee Only \$1,250 Family \$3,750	Employee Only \$2,500 Family \$7,500
Annual Out-of-Pocket Maximum	Employee Only \$6,000 Family \$12,000	Employee Only \$12,000 Family \$24,000	Employee Only \$6,550 Family \$13,100	Employee Only \$13,100 Family \$26,200
Coinsurance	70% paid by plan 30% paid by member	50% paid by plan 50% paid by member	60% paid by plan 40% paid by member	50% paid by plan 50% paid by member
Wellness/ Preventive Services				
Well Child Exams 7 Exams in 1st 12 months; 3 Exams in 2nd 12 months; 3 Exams in 3rd 12 months; 1 Exam per 12 months thereafter	100% paid by plan, no deductible or copay	50% paid by plan 50% paid by member after deductible	100% paid by plan, no deductible or copay	50% paid by plan 50% paid by member after deductible
Adult Physical Exams 1 Exam every calendar year	100% paid by plan, no deductible or copay	50% paid by plan 50% paid by member after deductible	100% paid by plan, no deductible or copay	50% paid by plan 50% paid by member after deductible
Routine Gynecological Exam Pap smear screenings for female members, no age restrictions 1 Exam every calendar year	100% paid by plan, no deductible or copay	50% paid by plan 50% paid by member after deductible	100% paid by plan, no deductible or copay	50% paid by plan 50% paid by member after deductible
Routine Mammogram 1 every calendar year, no age restrictions	100% paid by plan, no deductible or copay	50% paid by plan 50% paid by member after deductible	100% paid by plan, no deductible or copay	50% paid by plan 50% paid by member after deductible
Routine Prostate Specific Antigen (PSA) 1 every calendar year, no age restrictions	100% paid by plan, no deductible or copay	50% paid by plan 50% paid by member after deductible	100% paid by plan, no deductible or copay	50% paid by plan 50% paid by member after deductible
Routine Colonoscopies 1 every 10 years, no age restrictions	100% paid by plan, no deductible or copay	50% paid by plan 50% paid by member after deductible	100% paid by plan, no deductible or copay	50% paid by plan 50% paid by member after deductible
Routine Immunizations	100% paid by plan, no deductible or copay	50% paid by plan 50% paid by member after deductible	100% paid by plan, no deductible or copay	50% paid by plan 50% paid by member after deductible

Compare the Option 1 and Option 2 Medical Plans (continued)

Benefit Highlights	Option 1		Option 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Physician/ Provider Office Services				
Primary Care Physician Copay	Member pays \$30 copay	50% paid by plan 50% paid by member after deductible	Member pays \$40 copay	50% paid by plan 50% paid by member after deductible
Specialist Physician Copay	Member pays \$50 copay	50% paid by plan 50% paid by member after deductible	Member pays \$60 copay	50% paid by plan 50% paid by member after deductible
Urgent Care Copay	Member pays \$50 copay	50% paid by plan 50% paid by member after deductible	Member pays \$60 copay	50% paid by plan 50% paid by member after deductible
Walk-In Clinic Copay	Member pays \$15 copay Member pays \$0 copay for CVS Minute Clinic	50% paid by plan 50% paid by member after deductible	Member pays \$20 copay Member pays \$0 copay for CVS Minute Clinic	50% paid by plan 50% paid by member after deductible
Diagnostic Testing (Includes lab work, X-rays)	Member pays applicable physician copay; otherwise subject to deductible and coinsurance	50% paid by plan 50% paid by member after deductible	Member pays applicable physician copay; otherwise subject to deductible and coinsurance	50% paid by plan 50% paid by member after deductible
Hospital and Outpatient Facility Services				
Inpatient Facility Services	70% paid by plan 30% paid by member after deductible	50% paid by plan 50% paid by member after deductible and \$400 copay	60% paid by plan 40% paid by member after deductible	50% paid by plan 50% paid by member after deductible and \$400 copay
Outpatient Facility Services (Includes surgery, hemodialysis, IV therapy, chemotherapy, radiation treatment)	70% paid by plan 30% paid by member after deductible	50% paid by plan 50% paid by member after deductible	60% paid by plan 40% paid by member after deductible	50% paid by plan 50% paid by member after deductible
Emergency Room Visits (Facility)	70% paid by plan 30% paid by member after \$250 copay	70% paid by plan 30% paid by member after \$250 copay	60% paid by plan 40% paid by member after \$250 copay	60% paid by plan 40% paid by member after \$250 copay
Physical/Speech/Occupational Therapy 60 visit combined limit	70% paid by plan 30% paid by member after deductible	50% paid by plan 50% paid by member after deductible	60% paid by plan 40% paid by member after deductible	50% paid by plan 50% paid by member after deductible

Compare the Option 1 and Option 2 Medical Plans (continued)

Benefit Highlights	Option 1		Option 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health and Substance Abuse				
Inpatient Facility	70% paid by plan 30% paid by member after deductible	50% paid by plan 50% paid by member after deductible and \$400 copay	60% paid by plan 40% paid by member after deductible	50% paid by plan 50% paid by member after deductible and \$400 copay
Outpatient Office and Facility Visit	Member pays \$30 copay	50% paid by plan 50% paid by member after deductible	Member pays \$40 copay	50% paid by plan 50% paid by member after deductible
Pharmacy – Retail*				
Generic	\$10 copay	N/A	\$10 copay	N/A
Preferred Brand	35% member (\$35 min / \$70 max)	N/A	35% member (\$35 min / \$70 max)	N/A
Non-Preferred Brand	35% member (\$90 min / \$170 max)	N/A	35% member (\$90 min / \$170 max)	N/A
Non-Preferred Brand (NSAs, PPIs, Sedative Hypnotics Overactive Bladder)	Restricted to Home Delivery Program only. Member pays full price at retail pharmacy	N/A	Restricted to Home Delivery Program only. Member pays full price at retail pharmacy	N/A
Other	Specialty — \$75 copay (30-day supply) Infertility — 50% with lifetime maximum of \$5,000	N/A	Specialty — \$75 copay (30-day supply) Infertility — 50% with lifetime maximum of \$5,000	N/A
Maintenance Drugs	Must receive a 90-day supply by mail order or at a CVS pharmacy.	N/A	Must receive a 90-day supply by mail order or at a CVS pharmacy.	N/A

Compare the Option 1 and Option 2 Medical Plans (continued)

Benefit Highlights	Option 1		Option 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Pharmacy - Mail Order or CVS Pharmacy only*				
Generic	\$20 copay	N/A	\$20 copay	N/A
Preferred Brand	35% member (\$70 min / \$140 max)	N/A	35% member (\$70 min / \$140 max)	N/A
Non-Preferred Brand	35% member (\$170 min / \$340 max)	N/A	35% member (\$170 min / \$340 max)	N/A
Non-Preferred Brand (NSAs, PPIs, Sedative Hypnotics Overactive Bladder)	80% member Restricted to Home Delivery Program only. Member pays full price at retail	N/A	80% member Restricted to Home Delivery Program only. Member pays full price at retail	N/A
Maintenance Drugs	Must receive a 90-day supply through mail order or at a CVS pharmacy.	N/A	Must receive a 90-day supply through mail order or at a CVS pharmacy.	N/A

*Pharmacy costs will count toward the out-of-pocket maximum for 2017.

Learn 3 Key Facts

- 1 All medical options include prescription drug coverage.
- 2 The Option 1 and Option 2 plans provide flexibility to use in-network and out-of-network providers for care — but when you use in-network providers, you save money! The benefit level you receive for coverage is higher and your out-of-pocket costs are lower.
- 3 Both Option 1 and Option 2 provide in-network and out-of-network coverage for wellness/preventive care, including annual physical exams, well-child care and well-woman care; some in-network care is covered in full. Age limits apply.

Important Information About Your Medical Coverage

When Pre-Certification is Required for the Option 1 and Option 2 Plans

Under Blue Cross Blue Shield of Alabama, and UnitedHealthcare, all hospital admissions and certain outpatient surgeries and medical services must be approved before you receive care. Emergency admissions must be reported within 48 hours. If you enroll in an HMO, check with your medical plan provider for pre-certification requirements. You should reference the Summary Plan Descriptions (SPDs) for a full list of services that require pre-certification.

Specialty Drugs

Select specialty medications will be covered only under the pharmacy benefit through CVS Caremark Specialty Pharmacy. These specialty medications will be not be covered under the medical plan. Check with your healthcare provider before having specialty drugs injected or infused. Members of an Option 1 or Option 2 plan administered by BCBS of Alabama will need to confirm that they have an authorization from CVS Caremark Specialty Pharmacy. Healthcare providers are familiar with this process and perform such pre-authorizations routinely. Your healthcare provider should contact CVS Caremark Specialty Pharmacy and obtain the necessary authorizations before the treatment begins. To contact CVS Caremark Specialty Pharmacy, call 1-800-237-2767.

Reconstructive Surgery After a Mastectomy

Under federal law, all group health plans are required to provide medical and surgical benefits following a mastectomy — and communicate this coverage to plan participants. All medical options provide coverage for these services, including reconstructive breast surgery needed after mastectomy, prostheses and treatment of any physical complications after a mastectomy. These services are covered in the same way as other surgery or services under each medical option.

Your Decision Checklist

As you consider your medical plan decision:

- Review the medical plan option(s) offered.
- If you have more than one option to choose from, compare your medical plan options, including benefits and costs.
- Once enrolled, think about whether you need to add or drop a spouse/domestic partner and/or child from your coverage during the calendar year because you have a qualified status change.
- Consider the health services you expect to use — and the types of services. For example, will you need mostly doctor office visits or will you or an enrolled family member need care requiring a hospital stay?
- If you have a choice of medical plan options, think about your preference when it comes to costs — for example, do you prefer higher deductibles and lower payroll premium deductions, or are you more comfortable with lower deductibles and having higher per-paycheck deductions?
- Check to be sure your current provider participates in your medical plan's provider network — or locate new in-network providers to help you save on out of pocket costs.
- Evaluate other coverage that may be available to you, such as your spouse's employer's plan, so you're informed about all your options.

Maternity Hospital Length of Stay

Group health plans and health insurance issuers offering group health insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to fewer than 48 hours following a normal vaginal delivery, or fewer than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 or 96 hours, as applicable. In addition, no group health plan or issuer may require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of the above periods.

Prescription Drug Plan Design

The prescription drug plan design is the same for the Option 1 and Option 2 Plans. For the HDHP plan you must meet your deductible first. Kaiser administers their own prescription drug plans.

Want More Information?

- Check out the Foundations For Success Summary Plan Description on mylowesbenefits.com.
- Call WageWorks at 1-877-502-6272.

HDHP Medical Options

HDHP Options (Choice Account and Choice Account Plus) with Optional Health Savings Account (HSA)

The Choice Account and Choice Account Plus options are administered through UnitedHealthcare (UHC) or Blue Cross Blue Shield. With these options, you pay the lowest monthly “up front” cost. In exchange, you have a higher deductible and pay a higher share of the cost if you need care during the year.

The Choice Account and Choice Account Plus options provide Comprehensive Coverage. ***In-network preventive care is free to you!*** Lowe’s pays 100% of the cost of preventive care.

For other care, including non-preventive prescriptions:

- First, you meet your deductible
- Then, you and the plan share costs through coinsurance
- If your costs (deductible + coinsurance) hit the out-of-pocket maximum, the plan pays 100% for the rest of the year.

Choice Account Plus

	In-Network	Out-of-Network
Calendar Year Deductible	\$1,500 Employee Only \$3,000 Family	\$3,000 Employee Only \$6,000 Family
Out-of-Pocket Maximum	\$6,550 Employee Only \$13,100 Family	\$13,100 Employee Only \$26,200 Family
Coinsurance	60% paid by plan 40% paid by member	50% paid by plan 50% paid by member
Copays	N/A Costs for doctor visits, specialists visits, inpatient & outpatient hospitalizations subject to Deductible and Coinsurance	N/A Costs for doctor visits, specialists visits, inpatient & outpatient hospitalizations subject to Deductible and Coinsurance

Choice Account

	In-Network	Out-of-Network
Calendar Year Deductible	\$1,750 Employee Only \$3,500 Family	\$3,500 Employee Only \$7,000 Family
Out-of-Pocket Maximum	\$6,550 Employee Only \$13,100 Family	\$13,100 Employee Only \$26,200 Family
Coinsurance	50% paid by plan 50% paid by member	40% paid by plan 60% paid by member
Copays	N/A Costs for doctor visits, specialists visits, inpatient & outpatient hospitalizations subject to Deductible and Coinsurance	N/A Costs for doctor visits, specialists visits, inpatient & outpatient hospitalizations subject to Deductible and Coinsurance

To help you budget and save for expenses, the Choice Account and Choice Account Plus plans feature an optional Health Savings Account (HSA).

Refer to the HSA section for detailed information.

A Health Savings Account (HSA): The Basics

Money goes in	Money comes out	Have money left? It rolls over.
<p>You decide how much to contribute up to federal limits:</p> <ul style="list-style-type: none"> • \$3,400 for employee only coverage • \$6,750 for family coverage • \$1,000 extra if you are age 55 or older 	<p>You pay the full cost of non-preventive care in the HDHP options, including prescription drugs, until you meet the deductible. You receive discounted rates in-network.</p> <p>When you have an eligible expense, you can pay it with your HSA account. Use your HSA debit card to pay your provider when you receive care, pay your provider using online bill payment, or pay out of your pocket and reimburse yourself by going online and completing a form. If there is not enough money in your account to cover the expense, you can pay it and reimburse yourself later.</p>	<p>Any money left in your account will roll over into the next year and is yours to pay future eligible expenses. If you leave Lowe’s COBRA plan, you can take the account with you.</p> <p>You’re not taxed on money you use to pay eligible expenses. If you withdraw money from your account for expenses that are not eligible health care expenses, you will pay taxes and penalties on the amount you withdraw</p>

Key Facts About The Health Savings Account (HSA) Option:

1. You must enroll in the Choice Account or Choice Account Plus options in order to enroll in the HSA.
2. When you enroll, you’ll receive instructions on how to set up your Health Savings Account (HSA) with Connect Your Care.

Prescription Drugs

When you enroll in any medical plan, you automatically have prescription drug benefits. CVS Caremark administers the prescription drug plan for Option 1, Option 2, and Choice Account and Choice Account Plus plans. Kaiser administers the prescription drug plan for its medical plans.

How the Lowe's Plan Works

You can have your prescription filled in one of three easy ways:

- **At a Retail Pharmacy** — Take your prescription to the nearest participating pharmacy.
- **Through Home Delivery** — Complete and send in a home delivery order form, then wait for your medication to be delivered directly to your home. Go to CVS Caremark's web site at www.caremark.com for more information about maintenance medications and how to use home delivery. You can also receive a 90-day supply of medication at your local CVS pharmacy for the same price as home delivery.
- **Online** — Go to CVS Caremark's web site at www.caremark.com and have your medication shipped to you within two weeks.

To find a participating pharmacy, go to CVS Caremark's web site at www.caremark.com or call the number on your ID card. You also can find help determining your out-of-pocket prescription drug costs on the site.

What You Pay for Prescriptions (Option 1 and Option 2 plans, except Kaiser)

Drug Type	Retail Pharmacy (30-day supply)	Home Delivery / CVS Pharmacy Only (90-day supply)
Generic	\$10 copay	\$20 copay
Formulary	35% (\$35 min/\$70 max)	35% (\$70 min/\$140 max)
Non-formulary	35% (\$90 min/\$170 max)	35% (\$170 min/\$340 max)
Non-formulary (lifestyle drugs)	80% Restricted to Home Delivery Program Only. Member pays full price at retail.	
Specialty Medications	\$75 copay	n/a

What You Pay for Prescriptions (Choice Account and Choice Account Plus plans)

Drug Type	Choice Account Plus	Choice Account
Preventive	No deductible. 80% paid by plan 20% paid by member	50% paid by member after deductible
Generic	60% paid by plan 40% paid by member after deductible	50% paid by member after deductible
Formulary	60% paid by plan 40% paid by member after deductible	50% paid by member after deductible
Non-Formulary	60% paid by plan 40% paid by member after deductible	50% paid by member after deductible
Specialty	60% paid by plan 40% paid by member after deductible	50% paid by member after deductible

You must meet the plan deductible before the plan begins to share the cost of prescription drugs.

Learn 8 Key Facts

- 1 You automatically have prescription drug coverage when you enroll in a medical plan.
- 2 CVS Caremark administers the prescription drug program and offers a broad network of participating retail pharmacies including both national chains and independent retailers. Visit CVS Caremark's web site at www.caremark.com to locate a pharmacy near you. The Kaiser HMO offers coverage for prescription drugs through the Kaiser plan.
- 3 The plan provides coverage for generic, formulary brand name drugs and non-formulary brand name medications. A formulary is a list of medications made by most pharmaceutical manufacturers that are preferred by your plan. You can get medications on the formulary list for a flat dollar copayment, plus a coinsurance amount for the Option 1, Option 2, and HMO options. You pay 100% until you meet your deductible on the Choice Account and Choice Account Plus options. If you are enrolled in the new Choice Account Plus plan, most preventive medications are provided at 20% coinsurance and bypass the deductible. To find out if a drug is on the formulary, go to the CVS Caremark web site at www.caremark.com.
- 4 Maintenance medications must be filled as a 90-day supply through mail order or at a CVS pharmacy.
- 5 If you take injectable medications or specialty drugs to treat diseases like osteoporosis or some cancers, you will use CVS Caremark Specialty Pharmacy to receive your specialty medicines. In addition, Lowe's is participating in the CVS Caremark Specialty Guideline Management Program. This program supports safe, clinically appropriate and cost-effective use of specialty medications. For questions visit CVSCaremarkSpecialtyRx.com or call Specialty Customer Care toll-free at 1-800-237-2767 from 6:30 a.m. to 8 p.m. (CT) Monday through Friday.
- 6 You may want to consider trying an over-the-counter medication first. This may be more convenient and could save you money.
- 7 Select specialty medications will be covered only under the pharmacy benefit through CVS Caremark Specialty Pharmacy. These specialty medications will not be covered under the medical plan. Check with your healthcare provider before having specialty drugs injected or infused. If you are a member of an Option 1 or Option 2 plan administered by BCBS of Alabama you will need to confirm that they have an authorization from CVS/Caremark. Healthcare providers are familiar with this process and perform such pre-authorizations routinely. Your healthcare provider should contact CVS/Caremark and obtain the necessary authorizations before the treatment begins. To contact CVS/Caremark, call 1-800-237-2767. This does not impact specialty medications currently dispensed through CVS Caremark Specialty Pharmacy or specialty medications that were previously dispensed through Express Scripts.
- 8 If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. See page 39 for additional information.

Ways to Save on Your Medication Costs

- When available, ask for generic medications. Generic drugs can generally cost between 20% and 70% less than their brand name counterparts. They are made of the same active chemical ingredients as brand name drugs. Simply asking your doctor whether generics work for you can make a big difference.
- If you need a brand name medication, ask your doctor to prescribe a medication on the formulary, or preferred drug list. Your cost for formulary drugs is lower than for non-formulary brand name medications.
- You must use home delivery (mail order) or your local CVS pharmacy to fill maintenance medication prescriptions, including refills.

Want More Information?

- Check out the Foundations For Success Summary Plan Description on mylowesbenefits.com.
- Call WageWorks at 1-877-502-6272.

Dental

Good dental health is important to your overall health and well-being. The Lowe's Dental plans provides coverage for preventive and diagnostic, basic and major dental care. Orthodontia is also covered for children and adults. CIGNA administers the Dental plans. Lowe's offers two Dental plans for 2017: a Low plan and a High plan.

Low Plan

Maximum Benefits	
In-Network	
Year 1	\$1,300 per covered member per calendar year
Year 2*	\$1,400 per covered member per calendar year
Year 3 and beyond*	\$1,500 per covered member per calendar year

*Calendar Year Maximum increases are contingent upon receiving Preventive Services in the preceding Calendar Year. If a member or covered dependent does not have preventive services, their benefit maximum will be reduced by \$100 per year. All members and covered family members will be guaranteed the first year benefit maximum regardless of their participation in preventive services.

Out-of-Network	
Year 1	\$1,000 per covered member per calendar year
Year 2*	\$1,100 per covered member per calendar year
Year 3 and beyond*	\$1,200 per covered member per calendar year

*Calendar Year Maximum increases are contingent upon receiving Preventive Services in the preceding Calendar Year. If a member or covered dependent does not have preventive services, their benefit maximum will be reduced by \$100 per year. All members and covered family members will be guaranteed the first year benefit maximum regardless of their participation in preventive services.

Deductible	
In-Network	\$50 per covered member per calendar year, \$150 aggregate family limit
Out-of-Network	\$250 per covered member per calendar year, \$750 aggregate family limit

Coverage (subject to plan maximum)	
Covered Services	Plan Pays
Preventive and Diagnostic Care (Two cleanings per year and one set of full mouth X-rays every 36 months)	100%, no deductible
Basic Care (Fillings, extractions, space maintainers, repairs)	80% after deductible
Major Care (Crowns, bridges, inlays, dentures, oral surgery, endodontics, periodontics, implants)	50% after deductible
Orthodontia <ul style="list-style-type: none"> • \$1,000 lifetime benefit • Covers you, your spouse/domestic partner and dependent children under age 26 	50%, no deductible

High Plan

Maximum Benefits	
In-Network	
Year 1	\$1,800 per covered member per calendar year
Year 2*	\$1,900 per covered member per calendar year
Year 3 and beyond*	\$2,000 per covered member per calendar year

** Calendar Year Maximum increases are contingent upon receiving Preventive Services in the preceding Calendar Year. If a member or covered dependent does not have preventive services, their benefit maximum will be reduced by \$100 per year. All members and covered family members will be guaranteed the first year benefit maximum regardless of their participation in preventive services.*

Out-of-Network	
Year 1	\$1,300 per covered member per calendar year
Year 2*	\$1,400 per covered member per calendar year
Year 3 and beyond*	\$1,500 per covered member per calendar year

**Calendar Year Maximum increases are contingent upon receiving Preventive Services in the preceding Calendar Year. If a member or covered dependent does not have preventive services, their benefit maximum will be reduced by \$100 per year. All members and covered family members will be guaranteed the first year benefit maximum regardless of their participation in preventive services.*

Deductible	
In-Network	\$50 per covered member per calendar year, \$150 aggregate family limit
Out-of-Network	\$250 per covered member per calendar year, \$750 aggregate family limit

Coverage (subject to plan maximum)	
Covered Services	Plan Pays
Preventive and Diagnostic Care (Two cleanings per year and one set of full mouth X-rays every 36 months)	100%, no deductible
Basic Care (Fillings, extractions, space maintainers, repairs)	80% after deductible
Major Care (Crowns, bridges, inlays, dentures, oral surgery, endodontics, periodontics, implants)	50% after deductible
Orthodontia <ul style="list-style-type: none"> • \$2,000 lifetime benefit • Covers you, your spouse/domestic partner and dependent children under age 26 	50%, no deductible

It Pays to Get Your Teeth Cleaned Regularly!

If you or your enrolled dependents:

- Had at least one cleaning in 2014 and 2015 by an in-network dentist and the dental plan in-network maximum will increase \$100 next year up to \$1,500 for the Low plan and \$2,000 for the High plan in 2016.
- Skip a cleaning for a year and the annual in-network maximum for the next year will decrease \$100 each year down to \$1,300 for the Low plan and \$1,800 for the High plan.
- Cleaning by out-of-network dentists works the same way and annual plan maximums are lower, and could decrease \$100 each year down to \$1,000. Remember, each family member may have a different plan maximum depending on the use of preventive care and if an in-network or out-of-network provider is used.

Learn 4 Key Facts

- 1 Preventive care is covered at 100% with no deductible when using an in-network provider as long as you have not exceeded the Plan's annual maximum. After you meet the deductible, the plan pays a percentage of the cost for basic and major care. You do not have to meet the annual deductible before the plan pays for orthodontia.
- 2 The plan provides orthodontia coverage for eligible children and adults up to a \$1,000 per person lifetime limit for the Low plan, and up to \$2,000 for the High plan.
- 3 If a course of treatment will exceed \$200, an advance treatment plan should be submitted for review before the work starts. You and your dentist will receive an estimate of the benefits payable under the plan.
- 4 Remember, using in-network dentists saves you money. Visit the CIGNA website to search for providers in the Radius and Core networks in your area. Areas that do not have an adequate number of in-network dentists will receive in-network benefits even though your dentist is out-of-network. We refer to this as a "passive" network. If your location is not passive, your area has an adequate number of dentists and you will need to visit an in-network dentist in order to receive in-network benefits. Contact CIGNA to determine if your location is passive.

Using Network Providers

When you receive care from a dental provider who participates in CIGNA's PPN network, your provider charges within reasonable and customary (R&C) limits. R&C is the "going rate" for a particular dental service in your geographic area. Although you have flexibility to use any dental provider, your out-of-pocket costs are lower when you use PPN providers.

Need help finding a network dentist?

Visit CIGNA's web site at www.cigna.com — click Provider Directory, then Dental, then Managed Care Plan with Open Access for CIGNA PPO — Radius or Core Network. You also may call 1-800-244-6224 (CIGNA24).

Your Decision Checklist

As you consider your dental coverage decision:

- Think about what kind of dental services you expect to use.
- Compare what your overall cost is likely to be by adding up your anticipated dental expenses and the coverage cost for the year.
- Consider how using a participating network dentist can help you save money on dental care for you and your family, and build up your annual plan maximum by getting preventive care.

Want More Information?

- Check out the Foundations For Success Summary Plan Description on mylowesbenefits.com.
- Call WageWorks at 1-877-502-6272.

Vision

The full-time vision plans will be offered by VSP (Vision Service Plan) for 2017. The plans provide coverage for eye exams, frames, lenses, and contact lenses. To learn more, visit www.vsp.com/go/lowes or call 1-800-877-7195.

Vision Plan Design

You have flexibility in your choice of provider, but you receive the highest level of benefits when you use in-network providers.

Low Plan

	In-Network	Out-of-Network
Exam every calendar year	100% after \$15 copay	up to \$45
Lenses every calendar year	100% after \$15 copay (Includes Single Vision, Bifocals, Trifocals, Lenticulars, and Scratch-Resistant Coating) Progressive Lens: 100% with \$40 copay	Up to \$40: Single Vision Up to \$60: Bifocals Up to \$80: Trifocals Up to \$80: Lenticulars Up to \$80: Progressive Lens
Frames every two calendar years	Retail allowance up to \$150 with 20% discount above allowance.	Up to \$45
Contact lenses every calendar year	100% for medically necessary. \$150 allowance for all services and materials.	Up to \$210 for medically necessary. \$150 allowance for all services and materials.

High Plan

	In-Network	Out-of-Network
Exam every calendar year	100% after \$10 copay	up to \$45
Lenses every calendar year	100% after \$10 copay (Includes Single Vision, Bifocals, Trifocals, Lenticulars, Progressive Lens, Photocromonic, Anti-Reflective Coating, and Scratch-Resistant Coating)	Up to \$40: Single Vision Up to \$60: Bifocals Up to \$80: Trifocals Up to \$80: Lenticulars Up to \$80: Progressive Lens
Frames every calendar year	Retail allowance up to \$220 with 20% discount above allowance.	Up to \$45
Contact lenses every calendar year	100% for medically necessary. \$220 allowance for all services and materials.	Up to \$210 for medically necessary. \$150 allowance for all services and materials.

Learn 3 Key Facts

- 1** You save when you use in-network providers. You pay \$15 for an office visit for an exam with the Low plan. You pay \$10 for an office visit for an exam with the High plan.
- 2** Discounts on laser eye surgery (PRK and Lasik) are offered through the QualSight Lasik discount program.
- 3** You can save on hearing aids through TruHearing®. All VSP members and their covered dependents have free access (\$108 value) to the TruHearing MemberPlus® Program to enjoy up to 50% savings on some of the most popular digital hearing aids on the market. Plus, you can sign up extended family members for a VSP-exclusive rate of \$71 each to enjoy the same great savings.

Locate a VSP Vision Provider

With VSP, you have access to an extensive nationwide network of doctors who provide quality eyecare. To find a VSP provider go to VSP's website at www.vsp.com/go/lowes or call 1-800-877-7195.

Want More Information?

- Check out the Foundations For Success Summary Plan Description on mylowesbenefits.com.
- Call WageWorks at 1-877-502-6272.

Benefits Contacts

Coverage	Online Go to myloweslife.com or . . .	By Phone
Blue Cross Blue Shield of Alabama (Accolade)	Blue Cross Blue Shield of Alabama	1-888-926-2404
Blue Cross Blue Shield of Alabama (Quantum)	Blue Cross Blue Shield of Alabama	1-888-560-6466
UnitedHealthcare	UnitedHealthcare (member) UnitedHealthcare (non-member)	1-800-926-7426
Kaiser California	Kaiser California	1-800-464-4000
Kaiser Colorado	Kaiser Colorado	Colorado Springs: 1-888-681-7878 Denver/Boulder: 303-338-3800
Kaiser Georgia	Kaiser Georgia	1-800-611-1811
Kaiser Hawaii	Kaiser Hawaii	1-800-966-5955
Kaiser Oregon	Kaiser Oregon	Portland: 1-503-813-2000 Outside Portland: 1-800-813-2000
Kaiser Mid-Atlantic	Kaiser Mid-Atlantic	Metro area: 1-301-468-6000 Outside metro area: 1-800-777-7902
Prescription Drug (except for Kaiser HMOs)	CVS Caremark	1-855-381-1661
Dental	CIGNA	1-800-542-4296
Vision	VSP	1-800-638-3120
COBRA/Benefits Billing	WageWorks	1-877-502-6272

Additional Medical Plan Information

2017 HMO Renewals

Important Notice About Prescription Drug Coverage and Medicare

2017 HMO Renewals

These plans are detailed on the following pages:

- Kaiser Hawaii Point Of Service
- Kaiser Hawaii HMO
- Kaiser CA
- Kaiser CO
- Kaiser GA
- Kaiser Mid-Atlantic
- Kaiser OR

Kaiser Hawaii Point Of Service

Benefit Highlights	KP Plan Provider (HMO)	Contracted Provider (CON)	Noncontracted Provider (NonCON)
Annual Deductible	Employee Only \$0 Family \$0	Employee Only \$100 Family \$300	Employee Only \$100 Family \$300
Annual Out-of-Pocket Maximum	Employee Only \$2,000 Family \$6,000	Employee Only \$2,000 Family \$6,000	Employee Only \$2,000 Family \$6,000
Coinsurance	Plan pays 90% Member pays 10%	Plan pays 80% Member pays 20% ; of Maximum Allowable Charge	Plan pays 80% Member pays 20% ; of Maximum Allowable Charge
Wellness/Preventative Services			
Well Child Exams (through age 21)	Plan pays 100%, Member pays 0%	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible
Adult Physical Exams (beginning at age 22)	Plan pays 100%, Member pays 0%	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible
Routine Gynecological Exam (Limited to one per calendar year. No age restriction)	Plan pays 100%, Member pays 0%	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible
Routine Mammogram (one for women 35-39, then annually beginning at 40)	Plan pays 100%, Member pays 0%	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible
Routine Prostate Specific Antigen (PSA) (one per calendar year after 50)	Member pays \$10	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible
Routine Colorectal Cancer Screening (for adults over 50)	Plan pays 100%, Member pays 0%	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible
Routine Developmental Screening	Not Covered	Not Covered	Not Covered
Routine Immunizations (no age restrictions)	Plan pays 100%, Member pays 0%	Plan pays 100%, Member pays 0%	Plan pays 100%, Member pays 0%

Kaiser Hawaii Point Of Service (continued)

Benefit Highlights	KP Plan Provider (HMO)	Contracted Provider (CON)	Noncontracted Provider (NonCON)
Physician/ Provider Office Services			
Primary Care Physician Copay	Member pays \$20 copay	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible
Specialist Physician Copay	Member pays \$20 copay	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible
Urgent Care Copay	\$20 copay at Kaiser within Hawaii region/ 20% at non-Kaiser facility outside of HI	Covered under HMO benefit	Covered under HMO benefit
Maternity Visits	Plan pays 100% for routine maternity visits	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible
Diagnostic Testing (includes lab work, X-rays)	Member pays \$10 per day for basic / 20% for complex	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible
Hospital and Outpatient Facility Services			
Inpatient Facility Services	Plan pays 90%, Member pays 10%	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible
Outpatient Facility Services (includes surgery, hemodialysis, IV therapy, chemotherapy, radiation treatment)	Plan pays 90%, Member pays 10%	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible
Emergency Room Visits (Facility)	Member pays \$100 copay	Covered under HMO benefit	Covered under HMO benefit
Physical/Speech Therapy	Member pays 10% for inpatient visits; member pays \$20 per outpatient visit	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible
Mental Health and Substance Abuse			
Inpatient	Plan pays 90% Member pays 10%	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible
Outpatient	Member pays \$20 per visit	Plan pays 80% Member pays 20% after deductible	Plan pays 80% Member pays 20% after deductible

Kaiser Hawaii Point Of Service (continued)

Benefit Highlights	KP Plan Provider (HMO)	Contracted Provider (CON)	Noncontracted Provider (NonCON)
Prescription Drugs			
Pharmacy/Retail: Generic Maintenance Medication	\$5	20% of charge but not less than stated copay value per prescription of each given category (mail order n/a)	not covered
Pharmacy/Retail: Other Generic	\$15	20% of charge but not less than stated copay value per prescription of each given category (mail order n/a)	not covered
Pharmacy/Retail: Brand	\$50	20% of charge but not less than stated copay value per prescription of each given category (mail order n/a)	not covered
Pharmacy/Retail: Specialty	\$75	20% of charge but not less than stated copay value per prescription of each given category (mail order n/a)	not covered
Mail Order - Generic Maintenance Medication (90 day supply)	\$10	20% of charge but not less than stated copay value per prescription of each given category (mail order n/a)	not covered
Mail Order - Other Generic (90 day supply)	\$30	20% of charge but not less than stated copay value per prescription of each given category (mail order n/a)	not covered
Mail Order - Brand (90 day supply)	\$100	20% of charge but not less than stated copay value per prescription of each given category (mail order n/a)	not covered

Kaiser Hawaii HMO

Plan Highlights	In-Network
Annual Deductible	Employee Only \$0, Family \$0
Annual Out-of-Pocket Maximum	Employee Only \$2,500, Family \$7,500
Coinsurance	Plan pays 90%, Member pays 10%
Wellness/Preventative Services	
Well Child Exams (through age 21)	Plan pays 100%, Member pays 0%
Adult Physical Exams (beginning at age 22)	Plan pays 100%, Member pays 0%
Routine Gynecological Exam (no age restriction)	Plan pays 100%, Member pays 0%
Routine Mammogram (one for women 35-39, then annually beginning at 40)	Plan pays 100%, Member pays 0%
Routine Prostate Specific Antigen (PSA) (one per calendar year after 50)	Member pays \$10
Routine Colorectal Cancer Screening (for adults over 50)	Plan pays 100%, Member pays 0%
Routine Developmental Screening	Not Covered
Routine Immunizations (no age restrictions)	Plan pays 100% Member pays 0%
Physician/ Provider Office Services	
Primary Care Physician Copay	Member pays \$20 copay
Specialist Physician Copay	Member pays \$20 copay
Urgent Care Copay	Member pays \$20 copay
Maternity Visits	No charge per confirmed pregnancy
Diagnostic Testing (includes lab work, X-rays)	Member pays \$10 per day for basic labs / 20% for complex, outpatient labs

Kaiser Hawaii HMO (continued)

Plan Highlights	In-Network
Hospital and Outpatient Facility Services	
Inpatient Facility Services	Plan pays 90% Member pays 10%
Outpatient Facility Services (includes surgery, hemodialysis, IV therapy, chemotherapy, radiation treatment)	Plan pays 90% Member pays 10%
Emergency Room Visits (Facility)	Member pays \$100 copay / visit
Physical/Speech Therapy	Member pays \$20 copay per outpatient visit; member pays 10% for inpatient visit
Mental Health and Substance Abuse	
Inpatient	Plan pays 90% Member pays 10%
Outpatient	Member pays \$20 copay per visit
Prescription Drugs	
Pharmacy/Retail: Generic Maintenance Medication	\$5
Pharmacy/Retail: Other Generic	\$15
Pharmacy/Retail: Brand	\$50
Pharmacy/Retail: Specialty	\$75
Mail Order - Generic Maintenance Medication (90 day supply)	\$10
Mail Order - Other Generic (90 day supply)	\$30
Mail Order - Brand (90 day supply)	\$100

Kaiser California

Benefit Highlights	In-Network
Annual Deductible	Employee Only \$1,000, Family \$3,000
Annual Out-of-Pocket Maximum	Employee Only \$6,000, Family \$12,000
Coinsurance	70% paid by plan, 30% paid by member
Wellness/ Preventive Services	
Well Child Exams (through 17 years)	100% paid by plan, no deductible or copay
Adult Physical Exams (beginning at age 18)	100% paid by plan, no deductible or copay
Routine Gynecological Exam (typically beginning at age 21; consult your physician)	100% paid by plan, no deductible or copay
Routine Mammogram (typically beginning at age 40; consult your physician)	100% paid by plan, no deductible or copay
Routine Prostate Specific Antigen (PSA) (typically beginning at age 50; consult your physician)	100% paid by plan, no deductible or copay
Routine Colorectal Cancer Screening (typically beginning at age 50; consult your physician)	100% paid by plan, no deductible or copay
Routine Developmental Screening (determined by physician)	100% paid by plan, no deductible or copay
Routine Immunizations (determined by Age; consult your physician)	100% paid by plan, no deductible or copay
Physician/ Provider Office Services	
Primary Care Physician Copay	Member pays \$35 copay (deductible doesn't apply)
Specialist Physician Copay	Member pays \$50 copay (deductible doesn't apply)
Urgent Care Copay	Member pays \$35 copay (deductible doesn't apply)
Maternity Visits	100% paid by plan, no deductible or copay
Diagnostic Testing (Includes lab work, X-rays)	Member pays \$10 per encounter after deductible

Kaiser California (continued)

Benefit Highlights	In-Network
Hospital and Outpatient Facility Services	
Inpatient Facility Services	70% paid by plan 30% paid by member after deductible
Outpatient Facility Services (includes surgery, hemodialysis, IV therapy, chemotherapy, radiation treatment)	70% paid by plan 30% paid by member after deductible
Emergency Room Visits (Facility)	70% paid by plan 30% paid by member after deductible
Physical/Speech Therapy	Member pays \$35 copay after deductible
Mental Health and Substance Abuse	
Inpatient	70% paid by plan 30% paid by member after deductible
Outpatient	Member pays \$30 copay (deductible doesn't apply)
Prescription Drugs	
Pharmacy/ Retail: Generic (30 day supply)	\$15 for up to a 30-day supply (Deductible doesn't apply)
Pharmacy/ Retail: Brand (30 day supply)	\$35 for up to a 30-day supply (Deductible doesn't apply)
Pharmacy/Retail: Specialty (30 day supply)	Member pays 20% per prescription up to \$150 maximum for 1-100 days
Mail Order: Generic (90 day supply)	\$30 per prescription for up to a 100-day supply (Deductible doesn't apply)
Mail Order: Brand (90 day supply)	\$70 per prescription for up to a 100-day supply (Deductible doesn't apply)

Kaiser Colorado

Benefit Highlights	In-Network
Annual Deductible	Employee Only \$1,000, Family \$3,000
Annual Out-of-Pocket Maximum	Employee Only \$6,000, Family \$12,000
Coinsurance	70% paid by plan 30% paid by member
Wellness/ Preventive Services	
Well Child Exams (through 17 years)	100% paid by plan; no deductible or copay
Adult Physical Exams (beginning at age 18)	100% paid by plan; no deductible or copay
Routine Gynecological Exam (typically beginning at age 21; consult your physician)	100% paid by plan; no deductible or copay
Routine Mammogram (typically beginning at age 40; consult your physician)	100% paid by plan; no deductible or copay
Routine Prostate Specific Antigen (PSA) (typically beginning at age 50; consult your physician)	100% paid by plan; no deductible or copay
Routine Colorectal Cancer Screening (typically beginning at age 50; consult your physician)	100% paid by plan; no deductible or copay
Routine Developmental Screening (determined by physician)	100% paid by plan; no deductible or copay
Routine Immunizations (determined by Age; consult your physician)	100% paid by plan; no deductible or copay
Physician/ Provider Office Services	
Primary Care Physician Copay	Member pays \$35 copay (deductible doesn't apply)
Specialist Physician Copay	Member pays \$50 copay (deductible doesn't apply)
Urgent Care Copay	Member pays \$50 copay (deductible doesn't apply)
Maternity Visits	70% paid by plan 30% paid by member after deductible
Diagnostic Testing (includes lab work, X-rays)	Labs covered at 100%; Radiology 30% after deductible

Kaiser Colorado (continued)

Benefit Highlights	In-Network
Hospital and Outpatient Facility Services	
Inpatient Facility Services	70% paid by plan 30% paid by member after deductible
Outpatient Facility Services (includes surgery, hemodialysis, IV therapy, chemotherapy, radiation treatment)	70% paid by plan 30% paid by member after deductible
Emergency Room Visits (Facility)	70% paid by plan 30% paid by member after deductible
Physical/ Speech Therapy	Member pays \$35 per visit up to 20 visits per therapy per year
Mental Health and Substance Abuse	
Inpatient	70% paid by plan 30% paid by member after deductible
Outpatient	Member pays \$35 copay (deductible doesn't apply)
Prescription Drugs	
Pharmacy/Retail: Generic (30 day supply)	\$15 for up to a 30-day supply (Deductible doesn't apply)
Pharmacy/Retail: Brand (30 day supply)	\$35 for up to a 30-day supply (Deductible doesn't apply)
Pharmacy/Retail: Specialty (30 day supply)	Member pays 20% per prescription up to \$150 maximum for 1-100 days (deductible doesn't apply)
Mail Order: Generic (90 day supply)	\$30 per prescription for up to a 100-day supply (Deductible doesn't apply)
Mail Order: Brand (90 day supply)	\$70 per prescription for up to a 100-day supply (Deductible doesn't apply)

Kaiser Georgia

Benefit Highlights	In-Network
Annual Deductible	Employee Only \$1,000, Family \$3,000
Annual Out-of-Pocket Maximum	Employee Only \$6,000, Family \$12,000
Coinsurance	70% paid by plan 30% paid by member
Wellness/Preventive Services	
Well Child Exams (through 17 years)	100% paid by plan, no deductible or copay
Adult Physical Exams (beginning at age 18)	100% paid by plan, no deductible or copay
Routine Gynecological Exam (typically beginning at age 21; consult your physician)	100% paid by plan, no deductible or copay
Routine Mammogram (typically beginning at age 40; consult your physician)	100% paid by plan, no deductible or copay
Routine Prostate Specific Antigen (PSA) (typically beginning at age 50; consult your physician)	100% paid by plan, no deductible or copay
Routine Colorectal Cancer Screening (typically beginning at age 50; consult your physician)	100% paid by plan, no deductible or copay
Routine Developmental Screening (determined by physician)	100% paid by plan, no deductible or copay
Routine Immunizations (determined by Age; consult your physician)	100% paid by plan, no deductible or copay
Physician/Provider Office Services	
Primary Care Physician Copay	Member pays \$35 copay (deductible doesn't apply)
Specialist Physician Copay	Member pays \$50 copay (deductible doesn't apply)
Urgent Care Copay	Member pays \$50 copay (deductible doesn't apply)
Maternity Visits	100% paid by plan, no deductible or copay
Diagnostic Testing (includes lab work, X-rays)	No charge in office visit setting 70% paid by plan, 30% paid by member (after deductible) outpatient setting.

Kaiser Georgia (continued)

Benefit Highlights	In-Network
Hospital and Outpatient Facility Services	
Inpatient Facility Services	70% paid by plan 30% paid by member after deductible
Outpatient Facility Services (includes surgery, hemodialysis, IV therapy, chemotherapy, radiation treatment)	70% paid by plan 30% paid by member after deductible
Emergency Room Visits (Facility)	70% paid by plan 30% paid by member after deductible
Physical/Speech Therapy	70% paid by plan 30% paid by member after deductible. Coverage is limited to 20 outpatient visits per year combined for Occupational and Physical therapy. Speech therapy is limited to 20 outpatient visits per year.
Mental Health and Substance Abuse	
Inpatient	70% paid by plan 30% paid by member after deductible
Outpatient	Member pays \$35 copay (deductible doesn't apply)
Prescription Drugs	
Pharmacy/ Retail: Generic (30 day supply)	\$15 per prescription (retail) \$25 per prescription (network pharmacies) Network Pharmacies limited to one time fill. (Deductible doesn't apply)
Pharmacy/ Retail: Brand (30 day supply)	\$35 per prescription(retail) \$45 per prescription (network pharmacies) Network Pharmacies limited to one time fill. (Deductible doesn't apply)
Pharmacy/ Retail: Specialty (30 day supply)	Member pays 20% per prescription up to \$150 maximum
Mail Order: Generic (90 day supply)	\$30 per prescription for a 31- to 90-day supply (Deductible doesn't apply)
Mail Order: Brand (90 day supply)	\$70 per prescription for a 31- to 90-day supply (Deductible doesn't apply)

Kaiser Mid-Atlantic

Benefit Highlights	In-Network
Annual Deductible	Employee Only \$1,000, Family \$3,000
Annual Out-of-Pocket Maximum	Employee Only \$6,000, Family \$12,000
Coinsurance	70% paid by plan 30% paid by member
Wellness/Preventive Services	
Well Child Exams (through 17 years)	100% paid by plan, no deductible or copay
Adult Physical Exams (beginning at age 18)	100% paid by plan, no deductible or copay
Routine Gynecological Exam (typically beginning at age 21; consult your physician)	100% paid by plan, no deductible or copay
Routine Mammogram (typically beginning at age 40; consult your physician)	100% paid by plan, no deductible or copay
Routine Prostate Specific Antigen (PSA) (typically beginning at age 50; consult your physician)	100% paid by plan, no deductible or copay
Routine Colorectal Cancer Screening (typically beginning at age 50; consult your physician)	100% paid by plan, no deductible or copay
Routine Developmental Screening (determined by physician)	100% paid by plan, no deductible or copay
Routine Immunizations (determined by Age; consult your physician)	100% paid by plan, no deductible or copay
Physician/Provider Office Services	
Primary Care Physician Copay	Member pays \$35 copay (deductible doesn't apply)
Specialist Physician Copay	Member pays \$50 copay (deductible doesn't apply)
Urgent Care Copay	Member pays \$50 copay (deductible doesn't apply)
Maternity Visits	No charge after confirmation of pregnancy
Diagnostic Testing (includes lab work, X-rays)	70% paid by plan 30% paid by member after deductible

Kaiser Mid-Atlantic (continued)

Benefit Highlights	In-Network
Hospital and Outpatient Facility Services	
Inpatient Facility Services	70% paid by plan 30% paid by member after deductible
Outpatient Facility Services (includes surgery, hemodialysis, IV therapy, chemotherapy, radiation treatment)	70% paid by plan 30% paid by member after deductible
Emergency Room Visits (Facility)	Member pays \$150 copay (deductible doesn't apply)
Physical/Speech Therapy	Member pays \$50 copay (deductible doesn't apply)
Mental Health and Substance Abuse	
Inpatient	70% paid by plan 30% paid by member after deductible
Outpatient	Member pays \$35 copay (Deductible doesn't apply)
Prescription Drugs	
Pharmacy/Retail: Generic	\$15 copay (Plan Pharmacy) / \$25 copay (Network Pharmacy)
Pharmacy/Retail: Brand	\$35 copay (Plan Pharmacy) / \$45 copay (Network Pharmacy)
Pharmacy/Retail: Non-Formulary Brand	\$35 copay (Plan Pharmacy)/ \$45 copay (Network Pharmacy); requires medical necessity
Pharmacy/Retail: Specialty	Member pays 20% per prescription up to \$150 maximum
Mail Order: Generic	\$30 copay (deductible doesn't apply)
Mail Order: Brand	\$70 copay (deductible doesn't apply)
Mail Order: Non-Formulary Brand	\$70 copay (deductible doesn't apply)

Kaiser Oregon

Benefit Highlights	In-Network
Annual Deductible	Employee Only \$1,000, Family \$3,000
Annual Out-of-Pocket Maximum	Employee Only \$6,000, Family \$12,000
Coinsurance	70% paid by plan 30% paid by member
Wellness/Preventive Services	
Well Child Exams (through 17 years)	100% paid by plan, no deductible or copay
Adult Physical Exams (beginning at age 18)	100% paid by plan, no deductible or copay
Routine Gynecological Exam (typically beginning at age 21; consult your physician)	100% paid by plan, no deductible or copay
Routine Mammogram (typically beginning at age 40; consult your physician)	100% paid by plan, no deductible or copay
Routine Prostate Specific Antigen (PSA) (typically beginning at age 50; consult your physician)	100% paid by plan, no deductible or copay
Routine Colorectal Cancer Screening (typically beginning at age 50; consult your physician)	100% paid by plan, no deductible or copay
Routine Developmental Screening (determined by physician)	100% paid by plan, no deductible or copay
Routine Immunizations (determined by Age; consult your physician)	100% paid by plan, no deductible or copay
Physician/Provider Office Services	
Primary Care Physician Copay	Member pays \$35 copay (deductible doesn't apply)
Specialist Physician Copay	Member pays \$50 copay (deductible doesn't apply)
Urgent Care Copay	Member pays \$50 copay (deductible doesn't apply)
Maternity Visits	100% paid by plan, no deductible or copay
Diagnostic Testing (includes lab work, X-rays)	Member pays \$10 copay (deductible doesn't apply)

Kaiser Oregon (continued)

Benefit Highlights	In-Network
Hospital and Outpatient Facility Services	
Inpatient Facility Services	70% paid by plan 30% paid by member after deductible
Outpatient Facility Services (includes surgery, hemodialysis, IV therapy, chemotherapy, radiation treatment)	70% paid by plan 30% paid by member after deductible
Emergency Room Visits (Facility)	70% paid by plan 30% paid by member after deductible
Physical/Speech Therapy	\$50 Copay per outpatient visit after deductible; for inpatient, member pays 30% after deductible; limited to 20 visits per therapy per calendar year
Mental Health and Substance Abuse	
Inpatient	70% paid by plan 30% paid by member after deductible
Outpatient	Member pays \$35 copay for individual visit, \$17 for group visit (deductible doesn't apply)
Prescription Drugs	
Pharmacy/Retail: Generic (30 day supply)	\$15 copay
Pharmacy/Retail: Brand (30 day supply)	\$35 copay
Pharmacy/Retail: Specialty (30 day supply)	Member pays 20% per prescription up to \$150 maximum
Mail Order: Generic (90 day supply)	\$30 copay
Mail Order: Brand (90 day supply)	\$70 copay

Important Notice from Lowe's Companies, Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Lowe's Companies, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Lowe's Companies, Inc. has determined that the prescription drug coverage offered by the Lowe's Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Lowe's Companies, Inc. coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits through your Lowe's enrollment (if applicable).

For further information on how your coverage will be affected, please review the Foundations for Success guide available on www.mylowesbenefits.com. The Foundations for Success guide offers an explanation of the prescription drug coverage plan provisions/options under the Group Medical Plan Options (except the Kaiser medical plan options) that Medicare-eligible individuals have available to them when they become eligible for Medicare Part D. Kaiser medical plan participants should refer to their Kaiser HMO Book and Certificate for information about their prescription drug benefits. You can also review the My Benefits website (www.mylowesbenefits.com) for a summary.

If you do decide to join a Medicare drug plan and drop your current Lowe's Companies, Inc. coverage, be aware that you and your dependents will be able to get this coverage back if you are still actively employed at Lowe's.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Lowe's Companies, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Lowe's Companies, Inc. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 05, 2016

Name of Entity/Sender: Lowe's Companies, Inc.

Contact-Position/Office: Lowe's HR Shared Services

Address: Mail Code PRN6
1605 Curtis Bridge Road
Wilkesboro, NC 28697

Phone Number: 1-888-HRINFO5