

# Your Full-Time Benefits Choices Guide

**Let's build a great future together.** This guide is designed to provide helpful information to assist you in making the right choices about one of the most important parts of your total compensation package...your employee benefits. It's intended to be used by employees completing their initial enrollment choices or by current employees making qualified status changes throughout the calendar year.

## Choosing Your Benefits

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

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# Eligibility

Lowe's offers competitive benefits for your health, well-being and financial protection.

## Coverage for You

If you are a full-time, regular employee, you are eligible to participate in:	You are eligible:
<ul style="list-style-type: none"> <li>• Medical, including Prescription Drugs</li> <li>• Dental</li> <li>• Vision</li> <li>• Life Insurance</li> <li>• Critical Illness</li> <li>• Disability</li> <li>• Personal Accident Insurance</li> <li>• Flexible Spending Accounts</li> <li>• Pre-Paid Legal</li> <li>• Auto and Home Insurance</li> </ul>	<p>After 89 days of continuous employment (Exception for Hawaii employees: eligibility for medical is based on state guidelines)</p>
<b>Long-Term Care</b>	On the first of the month after 90 days from your date of hire
<b>Business Travel Accident Insurance</b>	On your date of hire
<b>Employee Stock Purchase Plan</b>	June 1 or December 1 on or after your date of hire
<b>401(k) Plan, including Lowe's matching contributions</b>	Automatic after 180 days of service

## Coverage for Your Family

You may enroll eligible family members for:

**Group medical, dental, vision, critical illness, dependent life insurance and personal accident insurance coverage**

Eligible family members include:

- Your legal spouse or domestic partner
- Your unmarried children and/or domestic partner's children under age 19, including birth children, legally adopted children, stepchildren and/or any other children related to you by blood or marriage
- Your unmarried children between the ages of 19 and 25 attending a licensed or accredited school full-time

### Long-Term Care

Eligible family members include:

- Spouse or surviving spouse or domestic partner
- Parents or parents-in-law
- Grandparents or grandparents-in-law
- Children and stepchildren, age 18 and older

Only two parents are eligible for coverage for each employee and spouse/domestic partner.

Before you can enroll in any group health plan, you'll be asked to verify that all your enrolled dependents meet the eligibility requirements listed on this page. If they don't, they cannot be covered by the applicable benefit plan. For a list of acceptable documentation you can show your HR Manager, Coach, or Business Partner refer to the "Additional Plan Information" section. They can help you complete this verification.

### Child (Dependent) Care Spending Account

Eligible family members include:

- Dependents age 12 or under, if they reside with you for more than half the year and you can claim them on your federal income tax return
- A spouse or adult relative who shares your residence and receives more than half of their support from you and is physically or mentally incapable of caring for themselves

Your domestic partner and/or your domestic partner's children are **NOT** eligible for the Health Flexible Spending Account or Child (Dependent) Care Spending Account, unless they qualify as your legal dependent under federal law.

# Initial Enrollments (New or Rehired Employees)

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Initial enrollment elections for the group benefit plan options must be made **within 60 days of your date of hire or re-hire** with coverage effective on the 90th day of continuous employment. Elections made after the 60th day of employment will not be accepted.

To enroll in the medical, dental, vision, flexible spending accounts, critical illness, long-term disability, life insurance, pre-paid legal and/or long-term disability plans, click on the “Ready To Enroll” box located on the Benefits Choices Guide homepage. This will direct you to eBenefits, the HR DIY (Do It Yourself) tool that provides full-time employees the ability to complete their group benefits elections online.

To enroll in the healthcare and/or child (dependent) care flexible spending accounts (FSA), click on the “Flexible Spending Account” link within eBenefits. If you would like to enroll in the life insurance, auto/home insurance, and long-term care insurance options, click on the “Life Insurance” link found within eBenefits. If you would like to enroll in critical illness, click on the “Critical Illness” link found within eBenefits.

**Need help enrolling? Refer to the reference guide found on page 61.**

# 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
- Beginning or returning from an unpaid leave
- 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 or Medicaid

All qualified changes must be consistent with the eligible life event. You must make qualified status changes **within 31 days** of the event. 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.

You can make changes to your critical illness, life insurance and Long-Term Disability elections. However, the election will be considered late and is subject to review of medical evidence of insurability and approval by the plan underwriter, MetLife (Life Insurance) and/or Liberty Mutual (Disability) and/or Allstate (Critical Illness). If your election requires approval, coverage will be effective upon approval. To enroll or make changes use the "Enroll Now" link located in the "Life Insurance" section or the "Disability" section or the "Critical Illness" section.

Enrollment elections for the auto/home insurance and long-term care plan options can be made after the initial enrollment period by using the "Enroll Now" link located in the Auto/Home and Long-Term Care sections.

To view a complete list of qualified status changes and obtain additional information, view the "Foundations For Success Summary Plan Description" available on the "My Home" page of [myloweslife.com](http://myloweslife.com).

To enroll or change your coverage as a result of a qualifying status change, complete the Enrollment/Status Form located in the "Additional Plan Information" section.

# Medical

## Most locations offer two PPO options:

- Copay 500
- Copay 750

Use the charts on pages 6–10 to compare the Copay medical options.

**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. Ask your HR Manager if you don't know the medical plan option offered at your work location.

## 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 Copay provider is based on:

- **Blue Cross Blue Shield of Alabama** — Alaska, Alabama, Arkansas, some areas in Arizona, California, Connecticut, Colorado, some areas in Florida, Georgia, Idaho, Illinois, Iowa, Indiana, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, some areas in Missouri, Montana, Nebraska, New York, New Mexico, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, some areas in Texas, Utah, Virginia, Washington (except Seattle area), West Virginia and RDC 965 and Location 1539 In Wyoming
- **Aetna** — All other states, some areas in Arizona, Florida, Missouri, Texas and the Seattle area

## 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.

If you enroll in a Copay medical option, your provider network is called a Preferred Provider Network or PPN. BCBS and Aetna approve providers who participate in the PPN.

### Need help finding a provider?

- **Blue Cross Blue Shield of Alabama** [www.bcbsal.org](http://www.bcbsal.org)
- **Aetna** [www.aetna.com](http://www.aetna.com)
- **Kaiser of California (statewide)** [www.kaiserpermanente.org](http://www.kaiserpermanente.org)
- **Kaiser of Colorado** [www.kaiserpermanente.org](http://www.kaiserpermanente.org)
- **HMSA (HMO)** [www.hmsa.com](http://www.hmsa.com)
- **HMSA (PPO)** [www.hmsa.com](http://www.hmsa.com)
- **Kaiser of the Mid-Atlantic** [www.kaiserpermanente.org](http://www.kaiserpermanente.org)
- **Kaiser of Georgia** [www.kaiserpermanente.org](http://www.kaiserpermanente.org)
- **Blue Care Network** [www.mibcn.com](http://www.mibcn.com)
- **Group Health Plan** [www.ghp.cpm](http://www.ghp.cpm)
- **Health Plan Nevada Las Vegas** [www.healthplanofnevada.com](http://www.healthplanofnevada.com)
- **Kaiser of Oregon** [www.kaiserpermanente.org](http://www.kaiserpermanente.org)
- **Geisinger Health Plan** [www.thehealthplan.com](http://www.thehealthplan.com)
- **WINhealth Partners** [www.winhealthpartners.org](http://www.winhealthpartners.org)

## Compare the Copay Medical Options

Benefit Highlights	Copay 500		Copay 750	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$500 Individual \$1,500 Family	\$1,000 Individual \$3,000 Family	\$750 Individual \$2,250 Family	\$1,500 Individual \$4,500 Family
<b>Out-of-Pocket Maximum (Annual)</b>	\$4,000 Individual \$8,000 Family	\$10,000 Individual \$20,000 Family	\$5,000 Individual \$10,000 Family	\$12,000 Individual \$24,000 Family
<b>Lifetime Maximum Benefit</b>	Unlimited for active members \$1,000,000 per individual for early retirees		Unlimited for active members \$1,000,000 per individual for early retirees	
<b>Plan Coinsurance</b>	75% Plan 25% Member	50% Plan 50% Member	70% Plan 30% Member	50% Plan 50% Member
<b>Copays</b>	Copays do not count toward the deductible and/or out of pocket maximums	N/A	Copays do not count toward the deductible and/or out of pocket maximums	N/A
<b>Wellness/Preventive Services</b>				
<b>Well Childcare</b> (1st 24 months up to 9 visits, 1 exam per year for ages 2–6)	100%, after copay: \$25 PCP/\$35 specialist	50% after deductible	100%, after copay: \$35 PCP/\$45 specialist	50% after deductible
<b>Physical Exams</b> (Age 7–34 limit one exam/24 months; Age 35 and up limit one exam/12 months)	100%, after copay: \$25 PCP/\$35 specialist	50% after deductible	100%, after copay: \$35 PCP/\$45 specialist	50% after deductible
<b>Pap Smears</b>	Covered at 100% (when part of office visit) Subject to office visit copay	50% after deductible	Covered at 100% (when part of office visit) Subject to office visit copay	50% after deductible
<b>Mammograms</b>	100%	50% after deductible	100%	50% after deductible
<b>Immunizations</b>	100%, after copay: \$25 PCP/\$35 specialist (when part of office visit)	50% after deductible	100%, after copay: \$35 PCP/\$45 specialist (when part of office visit)	50% after deductible

## Compare the Copay Medical Options (continued)

Benefit Highlights	Copay 500		Copay 750	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Physician/Provider Office Services</b>				
<b>Office Visits</b>	100%, after copay: \$25 PCP/\$35 specialist	50% after deductible	100%, after copay: \$35 PCP/\$45 specialist	50% after deductible
<b>Maternity Office Visits</b>	\$25 copay per PCP visit; \$35 copay per specialist visit — for initial visit, then 75% after deductible	50% after deductible	\$35 copay per PCP visit; \$45 copay per specialist visit — for initial visit, then 70% after deductible	50% after deductible
<b>Diagnostic Testing</b> (includes lab work, X-rays)	Included in copay when billed by physician. Otherwise, covered at 75% after deductible	50% after deductible	Included in copay when billed by physician. Otherwise, covered at 70% after deductible	50% after deductible
<b>Emergency Room Physician</b>	\$35 copay	Covered 50% after deductible	\$45 copay	Covered 50% after deductible
<b>Hospital &amp; Outpatient Facility Services</b>				
<b>Inpatient Facility Charges</b>	75% after deductible	\$300/admission, then 50% after deductible	70% after deductible	\$400/admission, then 50% after deductible
<b>Outpatient Facility Charges</b> (includes surgery, hemodialysis, IV therapy, chemotherapy, radiation treatment)	75% after deductible	50%, after deductible (additional \$400 copay when performed in a hospital)	70% after deductible	50% after deductible (additional \$400 copay when performed in a hospital)
<b>Emergency Room Visits (Facility)</b> (no coverage for non-emergency use of emergency room)	75% after \$100 copay (copay waived if admitted)	75% after \$100 copay (copay waived if admitted)	70% after \$250 copay (copay waived if admitted)	70% after \$250 copay (copay waived if admitted)
<b>Urgent Care</b>	\$35 copay per visit, then covered 75%	\$200 copay per visit, then covered 50%	\$45 copay per visit, then covered 70%	\$500 copay per visit, then covered 50%
<b>Pre-natal Program</b>	Newborn's initial calendar year deductible waived if mother enrolls in program within first 24 weeks of pregnancy and completes program	Newborn's initial calendar year deductible (\$500 maximum) waived if mother enrolls in program within first 24 weeks of pregnancy and completes program	Newborn's initial calendar year deductible waived if mother enrolls in program within first 24 weeks of pregnancy and completes program	Newborn's initial calendar year deductible (maximum \$750) waived if mother enrolls in program within first 24 weeks of pregnancy and completes program

Compare the Copay Medical Options (continued)

Benefit Highlights	Copay 500		Copay 750	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Physical/Speech Therapy</b> (Up to 60 visits combined per calendar year)				
	75% after deductible.	50% after deductible	70% after deductible	50% after deductible
<b>Mental Healthcare</b>				
<b>Inpatient</b> Pre-authorization required.	Covered 75% after deductible. Prior authorization required.	\$300 copay per admission for acute inpatient level of care, then covered 50% of billed charges. Covered at 50% for all other higher levels of care. Prior authorization required.	Covered 75% after deductible. Prior authorization required.	\$300 copay per admission for acute inpatient level of care, then covered 50% of billed charges. Covered at 50% for all other higher levels of care. Prior authorization required.
<b>Routine Outpatient and Ongoing Medication Management</b>	100% after \$15 copay for up to 25 visits, after 25 visits copay is \$25. Pre-authorization required.	Covered 50% of Usual and Customary charges.	100% after \$15 copay for up to 25 visits, after 25 visits copay is \$25. Pre-authorization required.	Covered 50% of Usual and Customary charges.
<b>Substance Abuse</b>				
<b>Inpatient</b> Pre-authorization required.	Covered 75% after deductible. Prior authorization required.	\$300 copay per admission for acute inpatient level of care, then covered 50% of billed charges. Covered at 50% for all other higher levels of care. Prior authorization required.	Covered 75% after deductible. Prior authorization required.	\$300 copay per admission for acute inpatient level of care, then covered 50% of billed charges. Covered at 50% for all other higher levels of care. Prior authorization required.
<b>Routine Outpatient and Ongoing Medication Management</b>	100% after \$15 copay for up to 25 visits, after 25 visits copay is \$25. Pre-authorization required.	Covered 50% of Usual and Customary charges.	100% after \$15 copay for up to 25 visits, after 25 visits copay is \$25. Pre-authorization required.	Covered 50% of Usual and Customary charges.



Compare the Copay Medical Options (continued)

Benefit Highlights	Copay 500		Copay 750	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Pharmacy — Retail*</b>				
<b>Tier 1 — Generic</b>	\$8 copay	N/A	\$8 copay	N/A
<b>Tier 2 — Preferred Brand</b> (no generic therapeutic alternative in drug class)	\$25 copay	N/A	\$25 copay	N/A
<b>Tier 3 — Preferred Brand</b>	35% member (\$35 min / \$70 max)	N/A	35% member (\$35 min / \$70 max)	N/A
<b>Tier 4 — Non-Preferred Brand</b>	35% member (\$90 min / \$170 max)	N/A	35% member (\$90 min / \$170 max)	N/A
<b>Tier 5 — Non-Preferred Brand</b> (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
<b>Other</b>	Specialty — \$25 copay (30-day supply at CuraScript) Smoking Cessation Products — lifetime maximum of \$600 Infertility — 50% with lifetime maximum of \$5,000	N/A	Specialty — \$25 copay (30-day supply at CuraScript) Smoking Cessation Products — lifetime maximum of \$600 Infertility — 50% with lifetime maximum of \$5,000	N/A
<b>Maintenance Drugs</b>	Must be filled through home delivery. If Home Delivery is not used, must pay full price after two courtesy retail fills.	N/A	Must be filled through home delivery. If Home Delivery is not used, must pay full price after two courtesy retail fills.	N/A

\*Pharmacy costs do not count toward the deductible and/or out-of-pocket maximums.

## Compare the Copay Medical Options (continued)

Benefit Highlights	Copay 500		Copay 750	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Pharmacy — Mail Order*</b>				
<b>Tier 1 — Generic</b>	\$20 copay	N/A	\$20 copay	N/A
<b>Tier 2 — Preferred Brand</b> (no generic therapeutic alternative in drug class)	\$55 copay	N/A	\$55 copay	N/A
<b>Tier 3 — Preferred Brand</b>	35% member (\$70 min / \$140 max)	N/A	35% member (\$70 min / \$140 max)	N/A
<b>Tier 4 — Non-Preferred Brand</b>	35% member (\$170 min / \$340 max)	N/A	35% member (\$170 min / \$340 max)	N/A
<b>Tier 5 — Non-Preferred Brand</b> (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
<b>Maintenance Drugs</b>	Must be filled through home delivery. If Home Delivery is not used, must pay full price after two courtesy retail fills.	N/A	Must be filled through home delivery. If Home Delivery is not used, must pay full price after two courtesy retail fills.	N/A

\*Pharmacy costs do not count toward the deductible and/or out-of-pocket maximums.

## Learn 6 Key Facts

- 1 All medical options include prescription drug coverage.
- 2 The Copay options 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 Copay options 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, and you pay a copayment, or flat dollar amount, for other services.
- 4 Medical plan copayments and deductible and coinsurance amounts are eligible for Health Flexible Spending Account expenses. You can set aside tax-free dollars to reimburse yourself for eligible healthcare expenses.
- 5 Deductions for medical coverage are made on a pre-tax basis, every payday. If the deduction isn't made because you don't work enough hours, the cost of coverage will be deducted from your next available paycheck(s) unless you live in CA, CT, DE, MN, NV, or VA. If you live in one of these states or you are on an approved leave of absence you will be billed at your home address on file. In addition, if you live in one of these states and your coverage was terminated for non-payment, you will be required to pay unpaid premiums before you re-enroll in the plan.
- 6 All new regular, full-time employees must complete an HRA if they want to enroll in the Copay 500 medical plan option, if this medical plan option is offered at their work location. If they do not complete the HRA in the first 59 days, they will be automatically defaulted into the Copay 750 plan if they otherwise enroll in a medical plan option. Employees will need to take an HRA every year to stay in the Copay 500 medical plan option, if this medical plan option is offered at their work location. The HRA requirement does not apply to locations that do not offer the Copay 500 medical plan option. Ask your HR Manager if you do not know your location's medical plan choices.

## Important Information About Your Medical Coverage

### When Pre-Certification is Required for the Copay Medical Plan Options

Under Blue Cross and Aetna, all hospital admissions and certain outpatient surgeries must be approved before you receive care. Emergency admissions must be reported within 48 hours. All pregnancies must be reported within the first 24 weeks of pregnancy to be eligible for the newborn's annual deductible waiver. If you or your spouse/domestic partner is an expectant mother, you must enroll and complete the pre-natal program if you want your newborn's deductible to be waived. If you enroll in an HMO, check with your medical plan provider for pre-certification requirements.

### Pre-Existing Conditions for the Copay Medical Plans

A pre-existing condition is any injury, medical condition or illness for which medical advice, diagnosis, care or treatment was recommended or received within six months prior to the date you enrolled in a Lowe's medical plan, or the first day of an eligibility waiting period, whichever comes first. No benefits will be paid under the medical plan for a pre-existing condition for up to 12 months from your enrollment date.

If you become covered by a Lowe's medical plan, your prior medical coverage can be used to reduce the 12-month exclusion of coverage for pre-existing medical conditions. You will need to send your certificate of prior health coverage to Lowe's Group Benefits Department.

### 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

*continue on next page*

## Your Decision Checklist

### As you consider your medical plan decision:

- Review the medical plan option(s) offered at your work location.
- 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.
- Look at the Health Flexible Spending Account and its tax savings advantage, since you pay no taxes on eligible healthcare expenses, including costs above usual and customary (U&C) limits, copayments, deductible and coinsurance amounts.

## Important Information About Your Medical Coverage (continued)

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.

### 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.possible in 2009 to learn how your medical coverage will be handled under the new medical plan option.

### Prescription Drug Plan Design

The prescription drug plan design is the same for the Copay 500, Copay 750 and all HMO medical plan options, except Kaiser.

### Want More Information?

- Check out the Foundations For Success Summary Plan Description on [myloweslife.com](http://myloweslife.com).
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-658-3535.

# Prescription Drugs

When you enroll in a Copay medical option or any HMO option, you automatically have prescription drug benefits. Express Scripts administers the prescription drug plan. 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** — If you take maintenance medications, ask your doctor for a prescription for a 90-day supply — plus refills for up to one year. Complete and send in a home delivery order form, then wait for your medication to be delivered directly to your home. This is required for maintenance drugs. Go to Express Scripts’ web site at [www.express-scripts.com](http://www.express-scripts.com) for more information about maintenance medications and how to use home delivery.
- **Online** — Go to Express Scripts’ web site at [www.express-scripts.com](http://www.express-scripts.com) and have your medication shipped to you within two weeks.

**To find a participating pharmacy**, go to Express Scripts’ web site at [www.express-scripts.com](http://www.express-scripts.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

Drug Type	Retail Pharmacy (30-day supply)	Home Delivery (90-day supply)
Generic	\$8 copay	\$20 copay
Formulary (no generic alternatives/ specialty drugs)	\$50 copay	\$100 copay
Formulary	35% (\$90 min/\$170 max)	35% (\$170 min/\$340 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.	

## Learn 7 Key Facts

- 1 You automatically have prescription drug coverage when you enroll in a Copay medical plan or any of the HMO options.
- 2 Express Scripts administers the prescription drug program and offers a broad network of participating retail pharmacies including both national chains and independent retailers. Visit Express Scripts' web site at [www.express-scripts.com](http://www.express-scripts.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 list for a flat dollar copayment, plus a coinsurance amount. To find out if a drug is on the formulary, go to the Express Scripts' web site at [www.express-scripts.com](http://www.express-scripts.com).
- 4 Maintenance medications will be filled through the Express Scripts' Home Delivery Program. This provides added convenience and helps save you and Lowe's money.
- 5 If you take injectable medications or specialty drugs to treat diseases like osteoporosis or some cancers, CuraScript processes your prescriptions. Contact CuraScript for more details at 1-866-848-9870.
- 6 You may want to consider trying an over-the-counter medication first. This may be more convenient and could save you money. And, many over-the-counter medication expenses can be reimbursed through your Health Flexible Spending Account. Over-the-counter drugs are not covered by the medical plan options.
- 7 Check with your healthcare provider before having specialty drugs injected or infused. If you are a member of a Copay medical plan option administered by BCBS of Alabama you will need to confirm that they have an authorization from Care Continuum. Healthcare providers are familiar with this process and perform such pre-authorizations routinely. Your healthcare provider should contact Care Continuum and obtain the necessary authorizations before the treatment begins. To contact Care Continuum, call 1-877-700-3482. This does not impact specialty medications currently dispensed through CuraScript Specialty Pharmacy.

## 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.
- Many over-the-counter medications are eligible Health Flexible Spending Account expenses. Remember to take advantage of this important savings opportunity.
- Use home delivery (mail order) to fill maintenance medication prescriptions, including refills.

## Want More Information?

- Check out the Foundations For Success Summary Plan Description on [myloweslife.com](http://myloweslife.com).
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-658-3535.

# Dental

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

Plan Maximum	
<b>In-Network</b> (includes all covered charges)	\$1,400 per individual per calendar year
<b>Out-of-Network</b> (includes all covered charges) Reimbursement based on in-network reasonable and customary allowances.	\$1,100 per individual per calendar year
Deductible	
<b>In-Network</b>	\$50 per covered member per calendar year, \$150 aggregate family limit
<b>Out-of-Network</b>	\$150 per covered member per calendar year, \$450 aggregate family limit
Coverage (subject to plan maximum)	
Covered Services	Plan Pays
<b>Preventive and Diagnostic Care</b> (Two cleanings per year and one set of full mouth X-rays every 36 months)	100%, no deductible
<b>Basic Care</b> (Fillings, extractions, space maintainers, repairs)	80% after deductible
<b>Major Care</b> (Crowns, bridges, inlays, dentures, oral surgery, endodontics, periodontics, implants)	50% after deductible
<b>Orthodontia</b> • \$1,000 lifetime benefit • Covers you, your spouse/domestic partner and dependent children under age 19	50%, no deductible

## It Pays to Get Your Teeth Cleaned Regularly!

### If you or your enrolled dependents:

- Get at least one cleaning in 2010 by an in-network dentist and the dental plan in-network maximum will increase \$100 next year up to \$1,500 in 2011
- 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
- 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 5 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.
- 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 Deductions for dental coverage are made on a pre-tax basis, every payday. If the deduction isn't made because you don't work enough hours, the cost of coverage will be deducted from your next available paycheck(s) unless you live in CA, CT, DE, MN, NV, or VA. If you live in one of these states or you are on an approved leave of absence you will be billed at your home address on file. In addition, if you live in one of these states and your coverage was terminated for non-payment, you will be required to pay unpaid premiums before you re-enroll in the plan.
- 5 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. See the "Additional Plan Information" section of this Guide for a list of locations that will be classified "passive" for 2010. If your location does not appear on this list, 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.

## 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.
- Remember, you can use your Health Flexible Spending Account to reimburse yourself pre-tax for most dental costs the plan does not cover — even deductible amounts.

## 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](http://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).

## Not a new employee and not enrolled in Dental Insurance, but want to be?

Remember: you can enroll or make changes during the plan year only if you have a qualified status change. If you have a qualified status change, complete the Enrollment/Status Change Form located in the "Additional Medical Plan Information" section.

## Want More Information?

- Check out the Foundations For Success Summary Plan Description on [myloweslife.com](http://myloweslife.com).
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-658-3535.



# Vision

To keep you seeing your best, our Lowe’s Vision Plan provides coverage for eye exams, frames, lenses and contact lenses. OptumHealth Vision administers the vision plan. You have flexibility in your choice of provider, but you receive the highest level of benefits when you use OptumHealth Vision providers.

	In-Network		Out-of-Network
	Option 1	Option 2	You will be reimbursed up to:
<b>Exam</b> every 12 months	100% after \$15 copay		\$40
<b>Lenses*</b> every 12 months	100% after \$15 copay	100% after \$15 copay (Includes tints, UV, anti-reflective coating, photochromatic, polycarbonate, transitions, edge coating and progressive lenses)	\$40 single vision \$60 lined bifocal \$80 lined trifocal \$80 lenticular
<b>Frames</b> every 24 months	Provides up to \$50 for selected frames at private practice providers and \$130 at retail chains		\$45
<b>Contact lenses**</b> every 12 months	100% after \$15 copay for selected lenses and medically necessary contact lenses.		\$150 elective \$210 medically necessary

\* One pair of standard single-lined bifocal or multi-focal lenses; standard scratch-resistant coating also covered.

\*\* In lieu of lenses and frames. Medically necessary contact lenses are covered for certain conditions and must be prescribed by a participating provider. Check with your provider for details.

## Thinking About Laser Vision Correction?

Lowe’s offers discounts on Lasik through QualSight. You’ll have access to a network of quality ophthalmologists and get services at half the national average cost. And, you don’t have to enroll in the Vision Plan to participate. Call 1-877-507-4448 for details or to set up an appointment — your first consultation is free.

### Enrolled in the Vision Plan?

Compare the OptumHealth and QualSight Lasik discount programs to see which is best for you.

### Locate an OptumHealth Vision Provider

With OptumHealth Vision, you have access to an extensive nationwide network of doctors who provide quality eyecare. To find an OptumHealth Vision provider, go to OptumHealth Vision’s web site at [www.optumhealth.com](http://www.optumhealth.com), or call 1-800-638-3120.

## Learn 4 Key Facts

- 1 Deductions for vision coverage are made on a pre-tax basis, every payday. If the deduction isn't made because you don't work enough hours, the cost of coverage will be deducted from your next available paycheck(s) unless you live in CA, CT, DE, MN, NV, or VA. If you live in one of these states or you are on an approved leave of absence you will be billed at your home address on file. In addition, if you live in one of these states and your coverage was terminated for non-payment, you will be required to pay unpaid premiums before you re-enroll in the plan.
- 2 Both vision plan options provide coverage for exams, lenses, frames and contact lenses. Option 2 also provides coverage for lens additions, such as coating, tints, UV, anti-reflective coating, transitions, edge coating, and basic and high-end progressive lenses.
- 3 You save when you use network providers. You pay just \$15 for an office visit for an exam or to get fitted for lenses, including contact lenses. When you go to an out-of-network provider, you must pay the entire cost of the service up-front, and then submit a claim for reimbursement.
- 4 Discounts on Laser Eye Surgery (PRK and Lasik) are offered at many OptumHealth Vision locations. Compare the QualSight Lasik discount program with the OptumHealth discount program to determine which program is right for you.

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## Your Decision Checklist

### As you consider your vision coverage decision:

- Review your coverage options for the right fit for you and your family.
- Consider your eyecare needs and what kind of vision services you expect to use.
- Decide based on your anticipated expenses whether it's worth making per pay period contributions for vision coverage — or if paying for vision care out of your pocket is a better choice.
- Locate your nearest OptumHealth Vision provider so you'll save on out-of-pocket costs through the vision plan.
- Remember, you can use your Health Flexible Spending Account to reimburse yourself pre-tax dollars for most vision costs the plan does not cover, including your copayments.

## Not a new employee and not enrolled in Vision Insurance, but want to be?

Remember: After annual enrollment, you can enroll or make changes during the plan year only if you have a qualified status change. If you have a qualified status change, complete the Enrollment/Status Change Form located in the "Making Changes During the Year" section.

## Want More Information?

- Check out the Foundations For Success Summary Plan Description on [myloweslife.com](http://myloweslife.com).
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-658-3535.

# Flexible Spending Accounts

## Lowe's offers two flexible spending accounts (FSAs):

- Health FSA
- Child (Dependent) Care Spending Account

WageWorks administers both accounts.

## How FSAs Work

These accounts are designed to help you pay for eligible healthcare and dependent care expenses on a pre-tax basis. By contributing to an FSA, you can reimburse yourself for eligible expenses with untaxed money, including federal, and in most states, state and local taxes.

## Health FSA

- Contribute from \$250 to \$9,999 a year.
- Eligible expenses include:
  - Amounts for copayments, deductibles and coinsurance
  - Costs you pay above reasonable and customary levels
  - Expenses not covered by medical, dental or vision plans
- Pay eligible expenses with your convenient WageWorks debit card.
- Use all contributions by March 15 of the following plan year and submit claims by May 31.

## Child (Dependent) Care Spending Account

- Contribute from \$250 to \$5,000 a year, or \$2,500 each if you are married and filing separate tax returns.
- Eligible expenses include:
  - Wages or salary paid to a care provider
  - Household services, such as preparing meals for the care of an eligible dependent
  - Nursery schools, pre-kindergartens, day camps and daycare centers
- Submit a paper claim form for reimbursement of eligible expenses.
- Use all contributions by December 31 and submit claims by March 31 of the following plan year.

## Eligible Expenses

Visit WageWorks' web site at [www.wageworks.com](http://www.wageworks.com) for a complete listing, or go to the IRS web site at [www.irs.gov](http://www.irs.gov) and select Forms and Publications and view or print IRS Publication 502, Medical and Dental Expenses or Publication 503, Dependent Care Expenses.

You may also visit Express Scripts' web site at [www.express-scripts.com](http://www.express-scripts.com) to estimate drug costs.

**To be eligible for reimbursement, eligible expenses must be incurred during a coverage period. Payment timing rules and IRS guidelines are not the same for when expenses are incurred for the Health FSA.**

## Not a new employee and not enrolled in a Flexible Spending Account, but want to be?

Go to the "MyHome" page on [myloweslife.com](http://myloweslife.com) and follow the steps to enroll. Remember: After annual enrollment, you can enroll or make changes during the plan year only if you have a qualified status change. If you have a qualified status change, complete the Enrollment/Status change form located in the "Making Changes During the Year" section

## Learn 8 Key Facts

- 1 No taxes are taken from your FSA contributions. This includes federal and in most states, state and local taxes. Contributions are deducted from your pay on a pre-tax basis.
- 2 Using the WageWorks debit card provides added convenience. You don't have to pay dollars out of your pocket for eligible healthcare expenses or wait for reimbursement since there's no need to submit a paper claim form. However, you should retain your receipts until the expense has cleared. There are times when you will have to submit the receipt to WageWorks to make sure the expense qualifies under IRS rules.
- 3 Due to IRS rules, you must use all of the money in your account before the deadlines for each account:
  - Health FSA — Use all contributions by March 15 of the following plan year and submit claims by May 31.
  - Child (Dependent) Care Spending Account — Use all contributions by December 31 and submit claims by March 31 of the following plan year.

**You cannot carry forward unused funds to the next plan year.**
- 4 To participate in an FSA, you must re-enroll each year.
- 5 You can use left-over money in your Health FSA from one plan year to reimburse yourself for eligible expenses incurred through March 15 of the next plan year. You'll need to get this reimbursement by submitting a paper claim to WageWorks by May 31 of the next year.
- 6 Keep all your receipts, and provide copies to WageWorks if requested.
- 7 You do not need to enroll in the medical, dental, and/or vision plan in order to enroll in the FSA.
- 8 The FSA is available for eligible expenses incurred by you and/or your eligible dependents.

## Your Decision Checklist

### As you consider whether FSAs work for you:

- Think about how much you are likely to spend out of your pocket for healthcare services.
- Consider if you will have eligible dependent care costs. Will your children start school or reach age 13 soon? Do you have a parent or elderly relative living with you who needs supervised care?
- Keep in mind the tax break you get on reimbursed dollars when you use the FSAs to pay for expenses you would have to pay out of your pocket anyway.
- Unsure how much to save? Start out with a small amount, and see how the plan works. You can always increase your annual contribution next year.

Remember the IRS “Use It or Lose It” rule. It's important to estimate your annual contribution wisely because you must use all of the money in your account(s) before the deadline(s). You cannot roll over unused funds to the next plan year.

### Want More Information?

- Check out the Foundations For Success Summary Plan Description on [myloweslife.com](http://myloweslife.com).
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-658-3535.

# Critical Illness Plan

Critical Illness Plan pays a lump sum benefit that can be used to help cover out-of-pocket expenses related to eligible critical illnesses/diseases. Benefits are non-taxable and do not coordinate with other types of benefits you may receive, and you'll receive a check payable to you.

## Coverage Amounts

Coverage amounts are available in increments of \$10,000 up to a maximum of \$50,000. Spouse/Domestic Partner and child(ren) coverage amounts are 50% of the employee benefit. Evidence of Insurability — proof of good health — is required for coverage amounts over \$30,000 for employees and \$15,000 for spouse/domestic partner and child(ren).

## Benefit Amount

The plan will pay a specified percentage of the category coverage amount selected for covered illnesses/diseases. Benefits continue until a maximum of 200% of the basic benefit amount is reached. Here are the benefits that are payable under this policy:

Coverage Category	Benefit Payable
Heart Attack, Stroke	100%
Coronary Artery By-Pass Surgery	100%
Cancer (Invasive Cancer)	100%
Cancer (Carcinoma in situ)	25%
End Stage Renal Failure	100%
Alzheimer's Disease	100%

### Specified Diseases:

Addison's Disease, Amyotrophic Lateral Sclerosis, Cerebrospinal Meningitis, Cerebral Palsy, Cystic Fibrosis, Diphtheria, Encephalitis, Huntington's Chorea, Legionnaire's Disease, Malaria, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Necrotizing fasciitis, Osteomyelitis, Poliomyelitis, Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis, Tetanus, Tuberculosis

### Your Insurance Provider is Allstate Workplace Division (AWD)

The Group Critical Illness Insurance Policy is underwritten by American Heritage Life Insurance Company, a wholly owned subsidiary of the Allstate Corporation.

## Learn 6 Key Facts

- 1 Twelve month pre-existing condition and previous diagnosis limitations and exclusions apply to coronary bypass, kidney failure, and cancer. All diagnosed incurable diseases are excluded
- 2 Other Benefits Include:
  - Recurrence Benefit (50% of original benefit amount for heart attack, stroke, coronary artery by-pass surgery, invasive cancer, carcinoma in situ and Rabies)
  - Wellness Screenings (\$75 per year – must be enrolled for 12 months before eligible for wellness benefit)
  - Waiver of Premium (for disability)
  - National Cancer Institute Evaluation (\$500 for evaluation; \$250 for transportation and lodging)
  - Transportation Benefit (\$0.50 per mile, maximum of \$1,500)
  - Lodging Benefit (\$60 per day – limited to 60 days per year)
  - Major Organ Transplant Rider (100% of benefit)
- 3 If you don't enroll in coverage when first eligible or wait more than 60 days after becoming eligible, you must provide evidence of insurability to have coverage. This includes completing an electronic questionnaire regarding your medical history.
- 4 You will receive a certificate of coverage which will contain complete information on the benefits payable under this plan.
- 5 The Plan does not pay benefits for any critical illness due to or resulting from (directly or indirectly):
  - Any act of war, whether or not declared, participation in a riot, insurrection or rebellion
  - Intentionally self-inflicted injuries
  - Engaging in an illegal occupation or committing or attempting to commit a felony
  - Attempted suicide, while sane or insane
  - Being under the influence of narcotics or any other controlled chemical substance unless administered upon the advice of a physician
  - Participation in any form of aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports
  - Alcohol abuse or alcoholism, drug addiction or dependence upon any controlled substance.
6. Deductions for critical illness coverage are made on an after-tax basis, every payday. If the deduction isn't made because you don't work enough hours, the cost of coverage will be deducted from your next available paycheck(s) unless you live in CA, CT, DE, MN, NV, or VA. If you live in one of these states or you are on an approved leave of absence you will be billed at your home address on file. In addition, if you live in one of these states and your coverage was terminated for non-payment, you will be required to pay unpaid premiums before you re-enroll in the plan.

## Your Decision Checklist

### As you consider your Critical Illness coverage decision:

- Think about how much of your current paycheck is used for day-to-day living expenses for your household
- Consider any financial obligations, like a home mortgage and child care expenses
- Think about how many people depend on you for financial support.

### Want More Information?

- Visit Allstate's website at [www.allstateatwork.com/lowes](http://www.allstateatwork.com/lowes).

# Pre-Paid Legal Plan

Lowe's offers a pre-paid legal plan through Hyatt Legal Plans, a MetLife company.

## Services include:

- Preparation of wills, living wills and powers of attorney
- Document review and preparation
- Court appearances
- Debt collection matters

## When you enroll, you will have:

- Access to a network of more than 9,000 participating attorneys
- Unlimited telephone advice
- Office consultations for most services, except those related to your employment
- No deductibles, copayments, waiting periods or dollar limits
- Coverage in and out of the network

## Learn 6 Key Facts

- 1 Although you have flexibility to use any attorney, covered legal services are provided with no additional attorney fees when you use a network attorney.
- 2 You are reimbursed for covered services according to a set fee schedule when you use out-of-network attorneys.
- 3 When you call Hyatt Legal Plans, a Client Service Center representative will find an attorney in your area to help with your legal needs.
- 4 Some plan attorneys can meet with you in the evenings or on Saturdays.
- 5 After your initial eligibility period, you can enroll in the pre-paid legal plan or cancel your enrollment during annual enrollment only.
- 6 Deductions for pre-paid legal coverage are made on an after-tax basis, every payday. If the deduction isn't made because you don't work enough hours, the cost of coverage will be deducted from your next available paycheck(s) unless you live in CA, CT, DE, MN, NV, or VA. If you live in one of these states or you are on an approved leave of absence you will be billed at your home address on file. In addition, if you live in one of these states and your coverage was terminated for non-payment, you will be required to pay unpaid premiums before you re-enroll in the plan.

## Not a new employee and not enrolled in Pre-Paid Legal, but want to be?

You can only enroll in pre-paid legal during your initial enrollment period or during annual enrollment.

## Want More Information?

- Check out the Foundations For Success Summary Plan Description on [myloweslife.com](http://myloweslife.com).
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-658-3535.

## Your Decision Checklist

**As you consider your need for legal services:**

- Think about what kind of legal services you expect to use for the plan year.
- Determine if you might need to have a will prepared or need other estate planning services.
- Assess whether you'll need legal help with any property sales or tenant evictions.
- Consider the type of legal help you'll need if you get married or plan to file for a divorce, have an upcoming real estate transaction and/or financial concerns.

# Life Insurance

To provide financial protection for your family in case of your death, you can purchase:

## Basic Term Life Insurance

1 x annual base pay up to \$500,000

## Supplemental Term Life Insurance for Yourself

1 – 8 x annual base pay up to \$3 million

## Dependent Term Life Insurance for Your Family

You have two options:

Coverage for:	Coverage Amount	
	Option 1	Option 2
Spouse	\$8,000	\$25,000 to \$250,000
Children	\$8,000	\$5,000 to \$20,000
Children under 1 year	\$1,000	—
Children under 6 months	—	\$1,000

## When Evidence of Insurability is Required

- **Supplemental Term Life** — Amounts over 3 times annual base pay or \$500,000, whichever is less
- **Dependent Term Life** — Amounts over \$25,000 for spousal coverage

## Business Travel Accident Insurance

Lowe's provides travel accident insurance at no cost to you. The plan provides a death benefit if you die as a result of an accident while traveling on company business that is outside of your normal, routine job duties. The coverage amount is based on your annual base pay.

### Not a new employee and not enrolled in Life Insurance, but want to be?

Go to the "MyHome" page on [myloweslife.com](http://myloweslife.com) and follow the steps to enroll. Remember: If you are applying as a late applicant, your request for coverage must be approved by MetLife before it is effective; no premiums will be taken unless approved.

If your base pay is . . .	Your coverage amount is . . .
\$25,000 or less	\$50,000, or 3 times annual base pay, whichever is greater
More than \$25,000	\$100,000 or 3 times annual base pay up to \$300,000, whichever is greater



## Learn 8 Key Facts

- 1 You must enroll in life insurance at Lowe's to have life insurance coverage. There is no free, company-paid life insurance.
- 2 You must be enrolled in Basic or Supplemental Term Life to enroll your spouse/domestic partner and/or children for dependent coverage.
- 3 If you don't enroll in coverage when first eligible or wait more than 60 days after becoming eligible, you must provide evidence of insurability to have coverage.
- 4 Your pay period cost of coverage is based on your annual base pay. Lowe's contributes to the cost of Basic Term Life and Dependent Term Life — Option 1.
- 5 Get free will preparation services from MetLife when you enroll in the Basic or Supplemental Term Life Plan.
- 6 You cannot be covered as an employee and a dependent under the plan.
- 7 Be sure to designate a beneficiary if you enroll in life insurance. Otherwise, the Plan's beneficiary rules will apply.
- 8 Deductions for life insurance coverage are made on an after-tax basis, every payday. If the deduction isn't made because you don't work enough hours, the cost of coverage will be deducted from your next available paycheck(s) unless you live in CA, CT, DE, MN, NV, or VA. If you live in one of these states or you are on an approved leave of absence you will be billed at your home address on file. In addition, if you live in one of these states and your coverage was terminated for non-payment, you will be required to pay unpaid premiums before you re-enroll in the plan.

## Your Decision Checklist

### As you consider your life insurance coverage decision:

- Think about how much of your current paycheck is used for day-to-day living expenses for your household.
- Consider any financial obligations, like a home mortgage.
- Think about how many people depend on you for financial support.
- Consider other coverage you have — including individual coverage, coverage through your spouse's/domestic partner's employer and other insurance that provides a death benefit, like mortgage insurance to help you determine your life insurance needs.
- Assess the savings and investments you currently have.

## What You Should Know About Imputed Income

The value of your Basic Term Life Insurance coverage over \$50,000 that is paid by Lowe's is taxable and is reported to the federal government on your W-2. This value as defined by the IRS is called imputed income.

### An Example:

If you selected \$70,000 in Basic Term Life coverage, you would be taxed on any amounts over \$50,000 — that's \$20,000 in this example.

For most, this amount is nominal. It is based on your age and the amount of life insurance coverage you choose over \$50,000.

## Want More Information?

- Check out the Foundations For Success Summary Plan Description on [myloweslife.com](http://myloweslife.com).
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-658-3535.

# Disability

Disability benefits provide financial protection for you and your family in case you become disabled and are unable to work because of a non-work-related personal illness or injury. Lowe's provides Short-Term Disability and Long-Term Disability coverage.

## Short-Term Disability (STD)

STD benefits are provided at no cost to eligible employees.

	Benefit	When Benefits Begin	How Long Benefits Last
Hourly	60% of normal base pay up to \$4,615/week	On day 15 of a continuous disability — or first day after all basic sick pay hours have been used, whichever is later	Up to 11 weeks
Salaried	80% of normal base pay up to \$6,153/week		

## Long-Term Disability (LTD)

For additional protection, you can purchase Long-Term Disability coverage.

Monthly Benefit	When Benefits Begin	How Long Benefits Last
60% of normal base pay and management bonus (if eligible) — up to \$20,000/month	After 90 days of continuous disability	Generally, to age 65 as long as you remain disabled

## Learn 6 Key Facts

- 1 The disability plan provides coverage for non-work-related personal illnesses or injuries only.
- 2 Because benefits under the Lowe's STD plan coordinate with the state disability plans (California, Hawaii, New Jersey, New York and Rhode Island), benefits will be reduced by any payments you receive through a state plan.
- 3 No evidence of insurability — or proof of good health — is required for Long-Term Disability **coverage if you enroll within 60 days of first becoming eligible**. Otherwise, you must provide proof of good health when you enroll.
- 4 Disability coverage does not cover a pre-existing condition that begins in the first 12 months immediately after your coverage begins. A pre-existing condition is any condition resulting from an injury or illness for which you received a diagnosis or treatment within three months before your eligibility for coverage begins.
- 5 Disability benefits received under the plan may be reduced by any benefits you receive from other sources, such as workers' compensation (or similar occupational injury compensation), state-mandated disability benefits, Social Security, unemployment and other employer wages.
- 6 Deductions for disability coverage are made on an after-tax basis, every payday. If the deduction isn't made because you don't work enough hours, the cost of coverage will be deducted from your next available paycheck(s) unless you live in CA, CT, DE, MN, NV, or VA. If you live in one of these states or you are on an approved leave of absence you will be billed at your home address on file. In addition, if you live in one of these states and your coverage was terminated for non-payment, you will be required to pay unpaid premiums before you re-enroll in the plan.

## Your Decision Checklist

As you consider your optional LTD coverage decision:

- Think about how many people depend on you for financial support.
- Think about how much of your current paycheck is used for day-to-day living expenses for your household.
- Consider how long you would be able to pay household expenses from savings if you couldn't work.

### Not a new employee and not enrolled in LTD coverage, but want to be?

Go to the "MyHome" page on [myloweslife.com](http://myloweslife.com) and follow the steps to complete the late enrollment application. Remember: If you are applying as a late applicant, your late application must be approved by Liberty Mutual before your coverage will be effective. No premiums will be taken until your LTD coverage is approved.

### Want More Information?

- Check out the Foundations For Success Summary Plan Description on [myloweslife.com](http://myloweslife.com).
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-658-3535.

# Personal Accident Insurance

For additional financial protection in case of an accident on-or-off the job, you can purchase Personal Accident Insurance.

You can purchase coverage for yourself or you and your family.

Coverage for:	Coverage Options
You	10 times your annual base pay up to \$1 million in increments of \$10,000
You and Your Family	\$10,000 up to \$500,000 for your spouse/domestic partner, \$100,000 for each child

Personal Accident Insurance covers loss of life, limb, sight, speech and hearing. See page 30 for more details.

## How Benefits Are Paid

Under the Family Option, benefits are a percentage of the benefit amount you choose based on the make up of your family at the time of loss.

**An Example: Assume at the time of the employee’s death, his family consists of:**

Spouse Only	Spouse and Dependent Children
<b>The plan would pay:</b> 100% of your coverage amount to your spouse	<b>The plan would pay:</b> 80% of your coverage amount to your spouse 15% of your coverage amount to each child

## Learn 6 Key Facts

- 1 MetLife administers the Personal Accident Insurance Plan.
- 2 Once you are eligible, you can enroll in Personal Accident Insurance anytime during the year, including during annual enrollment.
- 3 Evidence of insurability — or proof of good health — is not required for coverage.
- 4 If accidental injury results in body dismemberment, loss of use or loss of sight, speech or hearing, the plan will pay according to the extent of the loss. If accidental injuries result in death, the full benefit amount will be paid to the beneficiary.
- 5 If you have a hospital stay for more than three days due to a covered loss, the plan will pay 2% of your covered amount up to \$5,000/month for up to 12 months while you are in the hospital.
- 6 Deductions for personal accident coverage are made on an after-tax basis, every payday. If the deduction isn’t made because you don’t work enough hours, the cost of coverage will be deducted from your next available paycheck(s) unless you live in CA, CT, DE, MN, NV, or VA. If you live in one of these states or you are on an approved leave of absence you will be billed at your home address on file. In addition, if you live in one of these states and your coverage was terminated for non-payment, you will be required to pay unpaid premiums before you re-enroll in the plan.

## Know What's Covered

If you experience this loss:	The plan will pay this percentage of your covered amount:
Life	100%
Both hands and both feet or sight of both eyes	100%
One hand and one foot	100%
One hand or foot and sight of one eye	100%
One hand or one foot	50%
Speech or hearing	50%
Sight of one eye	50%
Thumb and index finger of the same hand	25%
Hearing in one ear	25%
Use of four, three or two limbs	100%
Use of one limb	50%

## Your Decision Checklist

As you consider your Personal Accident Insurance coverage decision:

- Think about how much of your current paycheck is used for day-to-day living expenses for your household.
- Consider any financial obligations, like a home mortgage.
- Think about how many people depend on you for financial support.
- Consider other coverage you have — including individual coverage, coverage through your spouse's/domestic partner's employer and other insurance that provides a death benefit, like mortgage insurance — to help you determine your life insurance needs.
- Assess the savings and investments you currently have.

## Additional Plan Benefits

Review the Foundations for Success Handbook on [myloweslife.com](http://myloweslife.com) for information about:

- Exposure and Disappearance Benefits
- Education Benefit
- Common Disaster Benefits
- Child Care Benefit
- Coma Benefit
- Seat Belt and Air Bag Benefit
- Brain Damage Benefit
- Medical Continuation Benefit
- Hospital Confinement
- Monthly Income Benefit

## Not a new employee and not enrolled in Personal Accident, but want to be?

Go to the "MyHome" page on [myloweslife.com](http://myloweslife.com) and follow the steps to enroll. You may enroll in Personal Accident coverage at any time.

## Want More Information?

- Check out the Foundations For Success Summary Plan Description on [myloweslife.com](http://myloweslife.com).
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-658-3535.

# Long-Term Care Plan

Knowing that you have coverage in case you or a family member needs long-term care can reduce emotional and financial stress in case of the unexpected. Types of services covered include assistance with daily living activities, such as eating, bathing and dressing.

## Who's Eligible

You can enroll:

- Yourself
- Spouse/domestic partner
- Parents or in-laws
- Grandparents or grandparent in-law
- Adult children over age 18

Your spouse/domestic partner and family members can enroll in coverage even if you do not choose coverage for yourself.

## Coverage Options

Generally, you choose coverage options based on:

- Types of services that will be covered:
  - Facilities only — Provides coverage for care in a nursing home, assisted living facility and inpatient hospice facility
  - Comprehensive coverage — Provides coverage for care in a nursing home, assisted living facility, inpatient hospice facility, adult daycare, respite care and at-home care
- Daily benefit amount

## Daily Benefit Options

When you enroll, you must choose a daily benefit amount — that's the maximum amount of daily coverage for care at a nursing home, inpatient hospice facility or assisted living facility and respite services. The total lifetime benefit is limited to a five-year period.

Daily Benefit Option	Total Benefit
\$100	\$182,500
\$150	\$273,750
\$300	\$547,500

**Not a new employee and not enrolled in Long-Term Care, but want to be?**

Go to [myloweslife.com](http://myloweslife.com) to learn more about the program.

## Learn 6 Key Facts

- 1 MetLife administers the Long-Term Care Plan.
- 2 You can enroll either yourself, your spouse/domestic partner or other eligible family members even if you don't enroll.
- 3 Generally, the younger you are when you enroll in the Long-Term Care Plan, the lower your premium will be.
- 4 You can enroll or make changes to your Long-Term Care coverage anytime during the year, including annual benefits enrollment.
- 5 No evidence of insurability — or proof of good health — is required **if you enroll in the plan within 60 days of first becoming eligible**. You must provide proof of good health if you enroll at a later date. Family members who enroll for coverage must provide proof of good health.
- 6 If you increase your coverage, you must provide proof of good health.

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## Your Decision Checklist

### As you consider your Long-Term Care coverage decision:

- Give some thought to how you will pay for care in the event you or a family member who is financially dependent on you needs nursing home or other long-term care.
- Think about how much you will need in savings to pay for long-term care out of your pocket.
- Consider long-term care as a possible need at retirement.
- Talk with your eligible family members, such as a spouse, parent and/or grandparent, about their long-term care needs.
- Think about the financial impact on your family if you/domestic partner or your spouse/domestic partner required long-term care.

## Want More Information?

- Check out the Foundations For Success Summary Plan Description on [myloweslife.com](http://myloweslife.com).
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-658-3535.

# Auto and Home Insurance

## You can purchase group auto and home coverage for:

- Auto
- Boat
- Home
- Landlord's rental dwelling
- Condo
- Personal excess liability
- Mobile home
- Renter's insurance
- Recreational vehicle
- Fire insurance

## Program Benefits

You could benefit from special group rates and other special features, including:

- **Rewards for Safe Drivers** — A deductible credit of \$50 is provided for each year of claim-free driving up to \$250.
- **Convenient Payment Options** — Premium payments can be automatically deducted from your paycheck or checking account with no interest charges or service fees. In some instances, a down payment may be required. Other billing options are available.
- **24-Hour Claim Service** — You can speak with a claim representative 24 hours a day, seven days a week.

## Bonus Features

The program includes several additional features in each auto policy at no extra charge:

- Replacement cost for total losses
- Replacement cost for special parts
- Enhanced rental car damage coverage

## Learn 4 Key Facts

- 1 MetLife administers the Auto and Home Insurance program.
- 2 You can enroll for coverage at anytime, including during annual benefits enrollment.
- 3 Coverage is subject to state availability and a deductible may apply.
- 4 Coverage does not apply to leased vehicles, substitute autos or non-owned autos.

## Your Decision Checklist

As you consider whether to purchase Auto and Home Insurance through MetLife:

- Consider your insurance needs, for example, are you buying a car or home for the first time.
- Review your current auto and home insurance policies to understand what is covered and how much you pay.
- Shop around to compare policies and costs.

The cost of this insurance may or may not be lower than comparable insurance available on an individual basis. Lowe's employees benefit knowing they can't be denied coverage for auto protection. Certain restrictions can apply for other coverage types.

## Want More Information?

- Check out the Foundations For Success Summary Plan Description on [myloweslife.com](http://myloweslife.com).
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-658-3535.



# Employee Stock Purchase Plan

You can increase your ownership interest in Lowe's through the Employee Stock Purchase Plan. The ESPP allows you to purchase Lowe's common stock at a 15% discounted price. Participation is entirely voluntary. Eligible employees can enroll online for the June and December offering periods.

## How Much You Can Contribute

- You can contribute 1% to 20% of your base pay in whole percentages or flat dollar amounts, on an after-tax basis.
- Your contributions are made on an after-tax basis using convenient payroll deduction — no lump sum purchases are allowed
- Contributions can be made up to \$10,625 per purchase period

## Purchasing Shares

The plan has two six-month offering periods each year, beginning on June 1 and December 1. Contributions made during the six-month offering period purchase stock at a 15% discount off the closing price of Lowe's stock on the last day of the offering period. Whole shares will be purchased each period and any remaining cash will be refunded to you in the next available paycheck after the purchase close.

## Selling Shares

All shares purchased through the plan will be placed into a personal E\*TRADE Employee Stock Option Plans Services account. After completing the required activation process, you may access your account. You can:

- Leave your stock in your E\*TRADE account
- Request your stock be sent directly to you
- Instruct E\*TRADE to sell your shares at current market price

If you sell shares, you are responsible for the broker transaction fee. You can sell your shares by contacting E\*Trade via MyLoweLife and going to the E\*Trade site, or by phone at 1-800-838-0908.

## Changing Your Contribution Percentage

You can change your contribution amount online during the two week enrollment periods prior to the first day of each offering period. Changes will be effective the following offering period. No changes are allowed except during the two week enrollment period.

## Withdrawing from the Plan

You can stop your deductions and withdraw from the Plan during the offering period via myloweslife > My Work Life > HR DIY > Payroll Home > Employee Stock Purchase Plan. Your contributions to date will be refunded in the next available payroll. If you stop your payroll deductions, you cannot participate in the plan until the following offering period. At that time you must re-enroll.

## When to Enroll:

When the next enrollment window opens (November 16 to November 30 or May 16 to May 31), go to myloweslife.com to enroll or change your ESPP participation.

## Changing Your Contribution Percentage

You can increase or decrease the amount you contribute via payroll deduction during the two-week enrollment period prior to the first day of the offering period. Changes will not be effective until the beginning of the next offering period either December 1 or June 1.

### Learn 8 Key Facts

- 1 All enrollments and withdrawals are completed through [myloweslife.com](https://myloweslife.com).
- 2 You can enroll in the ESPP only during an open enrollment window. The open enrollment windows are November 16 to November 30, and May 16 to May 31. Participation starts at the beginning of the next offering period.
- 3 Your contributions are deducted from your paycheck on an after-tax basis.
- 4 E\*TRADE is the broker/administrator of the Employee Stock Purchase Plan (ESPP).
- 5 All shares purchased through the plan will be placed in your E\*TRADE Employee Stock Option Plans Services account, and you can sell them at anytime.
- 6 You may stop your payroll deductions and withdraw from the plan by going to [myloweslife.com](https://myloweslife.com).
- 7 If you receive a hardship distribution from the Lowe's 401(k) Plan, Lowe's is required to suspend your contributions to the ESPP for six months. You may participate in the ESPP after the six-month period by re-enrolling during the two-week period prior to the start of an offering period.
- 8 The tax effect of your participation in the ESPP depends on your personal situation. You should consult your tax advisor for advice about specific tax consequences of selling shares that may apply to you.

### Your Decision Checklist

**As you consider whether to participate in the Employee Stock Purchase Plan (ESPP):**

- Think about how the ESPP might fit into your overall investment strategy.
- Talk to a certified financial planner, tax accountant or other investment professional before making an investment or retirement decision.
- Be sure your beneficiary information is up to date. For the ESPP you need to complete a Transfer on Death (TOD) form. This can be found by going to the E\*Trade website and adding "TOD" in the search engine. Print it off, fill it out and send to E\*Trade.

### Want More Information?

- Check out the Foundations for Success Handbook on [myloweslife.com](https://myloweslife.com).
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-658-3535.

# 401(k) Plan

The 401(k) Plan helps you plan and invest for your future. You're eligible to participate after your first 180 days of employment.

How Much You Can Contribute	How Much Lowe's Contributes
<ul style="list-style-type: none"> <li>• 1% to 50% of your eligible compensation up to \$16,500 (based on calendar year 2010)</li> <li>• Your contributions are made on a pre-tax basis using convenient payroll deduction</li> </ul>	<p>Lowe's provides matching contributions up to 6% of eligible compensation based on your contribution. Lowe's matches:</p> <ul style="list-style-type: none"> <li>• 100% of the first 3% of eligible compensation you contribute</li> <li>• 50% of the next 2% of eligible compensation you contribute</li> <li>• 25% of the next 1% of eligible compensation you contribute</li> </ul>

## Automatic Enrollment

When first eligible, Lowe's will automatically enroll you at a 1% contribution level, unless you elect otherwise. We'll get you started, but if you're ready to increase your deferral, visit the 401(k) plan website accessed via [myloweslife.com](http://myloweslife.com), or call 1-877-236-5693. While 1% is a starting point, work towards contributing 6%, so you maximize the Company Match and have a better chance meeting your retirement savings goals.

## Your Investment Choices

You may choose among 21 professionally managed funds and Lowe's stock. Investment options include fixed income; U.S. small, mid, and large capitalization equity funds; an international equity fund; and target retirement funds with a mixture of investments geared toward your expected retirement date.

Lowe's company matching contributions are invested the same way your contributions are invested.

How's your investment strategy working? Information to help you is available on the 401(k) Plan website accessed via [myloweslife.com](http://myloweslife.com).

## Making A "Catch-Up" Contribution

For any plan year that you are age 50 or older, you may make up to an additional \$5,500 (based on calendar year 2010) "catch-up" contribution to the plan. Catch-up contributions are not matched. If you want to learn more about catch-ups, or start contributing to catch-ups, visit the 401(k) Plan website accessed via [myloweslife.com](http://myloweslife.com).

## About Rollovers

You can roll over funds distributed from a former employer's qualified retirement plan or regular pre-tax Individual Retirement Account (IRA). Rollover contributions are not matched. After-tax Roth IRA's are not eligible for rollover into the Lowe's 401(k) Plan. Rollover forms are available on [myloweslife.com](http://myloweslife.com).

Save Smart is a great tool to help meet your retirement goals. You can schedule increases in your deferral rate – when you want it. Visit the 401(k) website accessed via [myloweslife.com](http://myloweslife.com) to learn about Save Smart.

This is a great time to verify your beneficiary information is up to date and correct. Beneficiary forms were not transferred to the online system so visit the 401(k) website accessed via [myloweslife.com](http://myloweslife.com) to verify, update or add your beneficiary information.

## Learn 6 Key Facts

- 1 Lowe's automatically enrolls you at a 1% contribution level unless you decline or elect otherwise. Your deferrals and the matching contributions are invested in the Vanguard Target Retirement Date Fund geared to your 65th birthday. 1% may not be enough to help you retire comfortably. Save Smart can help you. Visit the 401(k) plan website accessed via myloweslife.com to learn how.
- 2 When eligible, you'll receive a letter mailed to your home address providing you with information on the Plan and enrolling. You can access your balance and account information online through myloweslife.com or by calling 1-877-236-5693. Your quarterly statements are available on line via the 401(k) Plan website.
- 3 You make contributions to the 401(k) Plan on a pre-tax basis. Contributions to the plan are not considered taxable income until you take them out of the plan.
- 4 You are always 100% vested in the total amount of your account balance. This means you have full ownership of your account balance and can take it with you if you leave Lowe's.
- 5 You can change your contribution percentage or investment elections for both current balances and future contributions at any time at myloweslife.com or by calling 1-877-236-5693. Your change will take effect on the first day of the following payroll period or as soon as administratively feasible.
- 6 Unless you name a beneficiary for your 401(k) Plan, the Plan rules will apply. Paper election forms were not transferred to the online system. To verify, add or change your beneficiary designation now. Visit the 401(k) website.

## Your Decision Checklist

### As you think about your retirement strategy for the 401(k) Plan:

- Think about whether you are taking advantage of the full company matching contribution by contributing at least 6% of your pay.
- Consider how the 401(k) Plan fits into your total retirement planning and saving for the future. Visit the 401(k) Plan's web site.
- Develop a plan to periodically review your investment portfolio.
- At least annually, review and assess your investment objectives and options to assure your 401(k) savings continue to meet your retirement goals.
- If you're contributing less than 6%, you're not taking advantage of the full company match. Make a plan to eventually contribute at least 6%. SaveSmart can help you get there.
- Make sure your 401(k) Plan account is passed on to the right people upon your death. Annual enrollment is a great time to verify and update your beneficiary information.

### Eligible and ready to enroll?

Visit the 401(k) website accessed via myloweslife.com

### Need help meeting your retirement goals?

Visit the 401(k) website to help meet your retirement goals.

### Want More Information?

- Check out the Foundations for Success Handbook on myloweslife.com
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-658-3535.
- Call ADP Retirement Services at 1-877-236-5693 or visit the 401(k) Plan website.

# Bi-Weekly Rates for 2010 Plan Year

	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
<b>Medical Plan Options</b>				
Copay 500	\$ 44.07	\$142.24	\$142.24	\$175.83
Copay 750	\$ 35.63	\$114.95	\$114.95	\$142.10
California-Kaiser	\$ 38.52	\$ 91.57	\$ 87.25	\$150.24
Colorado-Kaiser	\$ 42.79	\$133.60	\$131.34	\$171.32
BCBS-AL Georgia Copay 500	\$ 44.07	\$132.24	\$132.24	\$181.45
Georgia-Kaiser	\$ 23.58	\$ 76.09	\$ 76.09	\$ 94.07
Hawaii HMO	\$ 4.36	\$114.37	\$114.37	\$158.99
Hawaii PPO	\$ 31.25	\$128.76	\$128.76	\$161.93
BCBS AL Kentucky Copay 500	\$ 41.54	\$138.37	\$128.60	\$169.96
Michigan-BCBS	\$ 44.44	\$126.78	\$110.74	\$147.21
Missouri-GHP	\$ 43.57	\$117.25	\$103.11	\$173.91
Nevada, Health Plan of Las Vegas	\$ 34.97	\$ 88.48	\$ 84.49	\$136.97
BCBS AL Ohio Copay 500	\$ 44.07	\$142.24	\$138.60	\$175.83
Oregon-Kaiser	\$ 46.79	\$111.43	\$ 98.51	\$176.09
Penn-Geisinger	\$ 42.08	\$126.01	\$126.01	\$175.49
Mid-Atlantic-Kaiser	\$ 34.68	\$115.44	\$113.50	\$138.53
Wyoming-WinHealth	\$ 49.44	\$105.93	\$ 93.69	\$147.16
<b>Dental</b>				
	\$ 5.40	\$ 12.17	\$ 15.00	\$ 21.09
<b>Vision</b>				
Option 1	\$ 2.17	\$ 3.78	\$ 3.92	\$ 6.55
Option 2	\$ 3.28	\$ 5.71	\$ 5.93	\$ 9.89
<b>Pre-paid Legal</b>				

\$7.98 per pay period

## Bi-Weekly Rates for 2010 Plan Year (continued)

### Critical Illness

Rates are based on the employee's age.

Spouse/Domestic Partner and child(ren) coverage amounts ar 50% of the employee benefit.

Evidence of Insurability required for coverage amounts over \$30,000 for the employee and \$15,00 for spouse/domestic partner and child(ren)

#### Employee Only

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
< 34	\$ 2.14	\$ 3.56	\$ 5.00	\$ 6.42	\$ 7.86
35-39	\$ 3.10	\$ 5.50	\$ 7.90	\$ 10.30	\$ 12.70
40-44	\$ 4.76	\$ 8.82	\$ 12.90	\$ 16.96	\$ 21.02
45-49	\$ 7.44	\$ 14.18	\$ 20.92	\$ 27.66	\$ 34.40
50-54	\$ 11.50	\$ 22.30	\$ 33.10	\$ 43.90	\$ 54.70
55-59	\$ 15.80	\$ 30.90	\$ 45.98	\$ 61.08	\$ 76.16
60-64	\$ 23.92	\$ 47.14	\$ 70.36	\$ 93.56	\$ 116.78
65-69	\$ 30.98	\$ 61.26	\$ 91.54	\$ 121.82	\$ 152.10
70 +	\$ 38.10	\$ 75.48	\$ 112.86	\$ 150.24	\$ 187.62

#### Employee + Spouse

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
< 34	\$ 3.34	\$ 5.48	\$ 7.62	\$ 9.78	\$ 11.92
35-39	\$ 4.80	\$ 8.40	\$ 12.00	\$ 15.60	\$ 19.20
40-44	\$ 7.28	\$ 13.38	\$ 19.46	\$ 25.56	\$ 31.66
45-49	\$ 11.30	\$ 21.40	\$ 31.52	\$ 41.62	\$ 51.72
50-54	\$ 17.40	\$ 33.60	\$ 49.80	\$ 66.00	\$ 82.20
55-59	\$ 23.82	\$ 46.46	\$ 69.10	\$ 91.74	\$ 114.38
60-64	\$ 36.02	\$ 70.84	\$ 105.66	\$ 140.48	\$ 175.30
65-69	\$ 46.60	\$ 92.02	\$ 137.44	\$ 182.86	\$ 228.26
70 +	\$ 57.26	\$ 113.34	\$ 169.42	\$ 225.50	\$ 281.58

## Bi-Weekly Rates for 2010 Plan Year (continued)

### Critical Illness (continued)

Rates are based on the employee's age.

Spouse/Domestic Partner and child(ren) coverage amounts ar 50% of the employee benefit.

Evidence of Insurability required for coverage amounts over \$30,000 for the employee and \$15,00 for spouse/domestic partner and child(ren)

#### Employee + Child(ren)

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
< 34	\$ 2.34	\$ 3.98	\$ 5.62	\$ 7.26	\$ 8.90
35-39	\$ 3.32	\$ 5.92	\$ 8.52	\$ 11.14	\$ 13.74
40-44	\$ 4.98	\$ 9.24	\$ 13.52	\$ 17.78	\$ 22.06
45-49	\$ 7.66	\$ 14.60	\$ 21.54	\$ 28.50	\$ 35.44
50-54	\$ 11.72	\$ 22.72	\$ 33.72	\$ 44.74	\$ 55.74
55-59	\$ 16.00	\$ 31.30	\$ 46.60	\$ 61.90	\$ 77.20
60-64	\$ 24.12	\$ 47.56	\$ 70.98	\$ 94.40	\$ 117.82
65-69	\$ 31.20	\$ 61.68	\$ 92.16	\$ 122.64	\$ 153.12
70 +	\$ 38.30	\$ 75.90	\$ 113.48	\$ 151.08	\$ 188.66

#### Family (Employee + Spouse + Children)

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
< 34	\$ 3.54	\$ 5.90	\$ 8.26	\$ 10.60	\$ 12.96
35-39	\$ 5.00	\$ 8.80	\$ 12.62	\$ 16.42	\$ 20.22
40-44	\$ 7.50	\$ 13.80	\$ 20.10	\$ 26.40	\$ 32.70
45-49	\$ 11.50	\$ 21.82	\$ 32.14	\$ 42.46	\$ 52.76
50-54	\$ 17.60	\$ 34.00	\$ 50.42	\$ 66.82	\$ 83.22
55-59	\$ 24.04	\$ 46.88	\$ 69.72	\$ 92.58	\$ 115.42
60-64	\$ 36.22	\$ 71.26	\$ 106.28	\$ 141.32	\$ 176.34
65-69	\$ 46.82	\$ 92.44	\$ 138.06	\$ 183.68	\$ 229.30
70 +	\$ 57.48	\$ 113.76	\$ 170.04	\$ 226.32	\$ 282.62

## Bi-Weekly Rates for 2010 Plan Year (continued)

### Basic Term Life Insurance

Employee \$ .0404 per thousand of coverage

Employee life insurance amount is based one times base annual pay (Maximum \$500,000).

### Supplemental Term Life Insurance

Age	Employee Premium per \$1,000 of Coverage	Age	Employee Premium per \$1,000 of Coverage
Under Age 25	0.0157	50–54	0.0840
25–29	0.0185	55–59	0.1615
30–34	0.0249	60–64	0.2538
35–39	0.0282	65–69	0.3937
40–44	0.0309	70+	0.6508
45–49	0.0494		

Employees may elect life insurance coverage in the amounts of one to eight times their base annual pay not to exceed \$3,000,000. For new hires, no Statement of Health is required for the lesser of three times annual base pay or \$500,000. All other amounts require Statement of Health and approval by MetLife before such coverage amounts are put in-force.

### Personal Accident Insurance

Benefit Amount	Employee Premium	Family Premium
\$ 10,000	\$ 0.0738	\$ 0.1338
\$ 25,000	\$ 0.1846	\$ 0.3346
\$ 50,000	\$ 0.3692	\$ 0.6692
\$ 75,000	\$ 0.5538	\$ 1.0038
\$ 100,000	\$ 0.7385	\$ 1.3385
\$ 125,000	\$ 0.9231	\$ 1.6731
\$ 150,000	\$ 1.1077	\$ 2.0077
\$ 175,000	\$ 1.2923	\$ 2.3423
\$ 200,000	\$ 1.4769	\$ 2.6769
\$ 225,000	\$ 1.6615	\$ 3.0115
\$ 250,000	\$ 1.8462	\$ 3.3462
\$ 275,000	\$ 2.0308	\$ 3.6808
\$ 300,000	\$ 2.2154	\$ 4.0154
\$ 400,000	\$ 2.9538	\$ 5.3538
\$ 500,000	\$ 3.6923	\$ 6.6923
\$ 600,000	\$ 4.4308	\$ 8.0308
\$ 700,000	\$ 5.1692	\$ 9.3692
\$ 800,000	\$ 5.9077	\$ 10.7077
\$ 900,000	\$ 6.6462	\$ 12.0462
\$ 1,000,000	\$ 7.3846	\$ 13.3846



## Bi-Weekly Rates for 2010 Plan Year (continued)

### Dependent Life Insurance

Employee must enroll in Basic or Supplemental Term Life to enroll in Dependent Term Life.

#### Option 1

	Coverage Type	Employee
<b>Basic Death Benefit</b> (\$8,000 Spouse/Domestic Partner, \$8,000 per Child(ren) and \$1,000 for Child(ren) or Child(ren) of Domestic Partner under age one).	Lump Sum Death Benefit Amount	\$0.58

#### Option 2

	Age	Employee Premium per \$1,000 of Coverage
<b>Enhanced Spouse/Domestic Partner Death Benefit</b> Spouse coverage by age** <i>Amounts in increments of \$25,000 up to \$250,000</i>	Under Age 25	0.0185
	25–29	0.0277
	30–34	0.0369
	35–39	0.0415
	40–44	0.0415
	45–49	0.0646
	50–54	0.1200
	55–59	0.2262
	60–64	0.3554
	65–69	0.5492
	70+	0.9000

	Coverage Type	Employee
<b>Enhanced Child(ren)/Domestic Partner Child(ren)</b>	\$ 5,000	\$ 0.37
	\$ 10,000	\$ 0.74
	\$ 20,000	\$ 1.48

\*\*Spousal coverage over \$25,000 will require Statement of Health on the spouse, and approval by MetLife before such coverage is put in-force. Until the amount greater than \$25,000 is approved, the spouse will be enrolled for \$25,000.

### Long-Term Disability

#### To calculate your premium:

Add your base annual pay plus your target annual bonus (if applicable) and divide this total by 26.

Next, divide this amount by \$100.

Next, multiply this total by the bi-weekly premium associated with your age

Age	Employee Rate per \$100 of Coverage
20–29	\$ 0.13
30–34	\$ 0.20
35–39	\$ 0.28
40–44	\$ 0.46
45–49	\$ 0.70
50–54	\$ 1.22
55–59	\$ 1.82
60–64	\$ 1.64
65+	\$ 1.50

# Benefits Contacts

Coverage	Online Go to <a href="http://myloweslife.com">myloweslife.com</a> or . . .	By Phone
Medical	See your ID card	See your ID card
Prescription Drug (except for Kaiser HMOs)	Express Scripts <a href="http://www.express-scripts.com">www.express-scripts.com</a>	1-877-586-3116
Dental	CIGNA <a href="http://www.cigna.com">www.cigna.com</a>	1-800-542-4296
Vision	OptumHealth <a href="http://www.optumhealth.com">www.optumhealth.com</a>	1-800-638-3120
Lasik Vision Discount Program	QualSight <a href="http://www.qualsight.com">www.qualsight.com</a>	1-877-507-4448
Flexible Spending Accounts	WageWorks <a href="http://www.wageworks.com">www.wageworks.com</a>	1-877-924-3967
Critical Illness	Allstate <a href="http://www.allstateatwork.com">www.allstateatwork.com</a>	1-800-937-7039
Life Insurance	MetLife <a href="http://www.metlife.com">www.metlife.com</a>	1-800-438-6388
Disability	Liberty Mutual <a href="http://www.libertymutual.com">www.libertymutual.com</a>	1-877-225-1740
Personal Accident Insurance	MetLife <a href="http://www.metlife.com">www.metlife.com</a>	1-800-438-6388
Business Travel Accident Insurance	A.C. Newman & Company	1-888-HRINFO5 or 1-336-658-3535
Long-Term Care Insurance	MetLife <a href="http://www.metlife.com">www.metlife.com</a>	1-800-438-6388
Auto and Home Insurance	MetLife <a href="http://www.metlife.com">www.metlife.com</a>	1-800-438-6388
Pre-Paid Legal	Hyatt Legal Plans <a href="http://www.legalplans.com">www.legalplans.com</a>	1-800-438-6388
Employee Stock Purchase Plan (ESPP)	E*TRADE <a href="https://us.etrade.com/e/t/home">https://us.etrade.com/e/t/home</a>	1-800-383-0908
401(k)	ADP Retirement Services <a href="http://www.adp401k.com">www.adp401k.com</a>	1-877-236-5693
COBRA/Benefits Billing	Key Benefit Administrators	1-888-309-8232
Life Track	<a href="http://myloweslife.com">myloweslife.com</a>	1-877-LIFETRK

# Additional Plan Information

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**Dependent Verification List of Acceptable Documentation**

**GHP Copay 500**

**GHP Copay 750**

**HMO Plan Information**

**Locations with “Passive” Dental Network**

**Change of Status Enrollment Form**

**DEPENDENT VERIFICATION LIST OF  
ACCEPTABLE DOCUMENTATION**

<b>Dependent Enrolled</b>	<b>Documentation to Show HR Manager or Benefits Representative</b>
Spouse	<ul style="list-style-type: none"> <li>• Certified copy of marriage certificate <b>OR</b></li> <li>• Copy of top half of the front page of the employee’s most recently filed federal tax return (you may black out all financial information)</li> </ul>
Common Law Spouse	<ul style="list-style-type: none"> <li>• Copy of top half of the front page of the employee’s most recently filed federal tax return (you may black out all financial information)</li> </ul>
Domestic Partner (DP)	<ul style="list-style-type: none"> <li>• Copy of a state issued certificate of domestic partnership <b>OR</b></li> <li>• Copy of both employee’s and DP’s valid driver license <b>AND</b></li> <li>• Current mortgage or lease evidencing common ownership or rental of a residence, dated 12 months prior to the enrollment effective date, showing both employee and DP names and either:               <ul style="list-style-type: none"> <li>-proof of current joint bank accounts, credit accounts or other evidence of joint financial responsibilities, dated 12 months prior to the enrollment effective date, showing both employee and DP names <b>or:</b></li> <li>-proof of designation as beneficiary for life insurance or retirement benefits or wills or designation of the DP as executor and/or primary beneficiary</li> </ul> </li> </ul>
Dependent Child(ren)	<ul style="list-style-type: none"> <li>• <b>Natural Child:</b> certified copy of birth certificate or copy of “mother’s certificate” showing employee’s name</li> <li>• <b>Step Child:</b> certified copy of birth certificate showing employee’s spouse/DP’s name and a copy of marriage certificate showing the parent’s name</li> <li>• <b>Grandchild(ren), Foster Child(ren), Legal Guardian:</b> final court order with presiding judge’s signature and seal <b>or</b> adoption final decree with presiding judge’s signature and seal</li> </ul>
Handicapped/Incapacitated Dependent	<ul style="list-style-type: none"> <li>• Photocopy of Social Security disability award (if a disability ruling by Social Security is pending, include a current copy of the application for disability)</li> </ul>
Student	<ul style="list-style-type: none"> <li>• Photocopies of both the current full-time registration and the applicable full-time tuition payment <b>OR</b></li> <li>• Copy of original, signed letter from the education institution attesting to full-time student status</li> </ul>

## GHP Copay 500

Benefit Highlights	Copay 500 (In-Network)	Copay 500 (Out-of-Network)
	2010 Plan	2010 Plan
Annual Deductible	\$500 Individual \$1,500 Family	\$1,000 Individual \$3,000 Family
Out-of-Pocket Maximum (Annual)	\$4,000 Individual \$8,000 Family	\$10,000 Individual \$20,000 Family
Lifetime Maximum Benefit	Unlimited for active members; \$1,000,000 per individual for early retirees	Unlimited for active members; \$1,000,000 per individual for early retirees
Plan Coinsurance	75% plan 25% member	50% plan 50% member
Copays	Copays do not count toward the deductible and/or out of pocket maximums	N/A
<b>Wellness/Preventive Services</b>		
Well Childcare (1st 24 months up to 9 visits, 1 exam per year for ages 2–6)	\$25 copay per PCP visit; \$35 copay per specialist visit	Covered 50% after deductible
Physical Exams: Age 7–34 limit one exam/24 months; Age 35 and up limit one exam/12 months	\$25 copay per PCP visit; \$35 copay per specialist visit.	Covered 50% after deductible. Limit 1 exam per year
Pap Smears	Covered at 100% (when part of office visit) Subject to office visit copay	Covered 50% after deductible
Mammograms	Covered at 100%	Covered 50% after deductible
Immunizations	\$25 copay per PCP visit; \$35 copay per specialist visit (when part of office visit)	Covered 50% after deductible

GHP Copay 500 (continued)

Benefit Highlights	Copay 500 (In-Network)	Copay 500 (Out-of-Network)
	2010 Plan	2010 Plan
<b>Physician/Provider Office Services</b>		
Office Visits	\$25 copay per PCP visit; \$35 copay per specialist visit	Covered 50% after deductible
Maternity Office Visits	\$25 copay per PCP visit; \$35 copay per specialist visit — for initial visit, then 75% after deductible	Covered 50% after deductible
Diagnostic Testing (includes lab work, X-rays)	Included in copay when billed by physician. Otherwise, covered at 75% after deductible.	Covered 50% after deductible
Emergency Room Physician	\$35 copay	Covered 50% after deductible
<b>Hospital &amp; Outpatient Facility Services</b>		
Inpatient Facility Charges	Covered 75% after deductible	\$300 copay per admission, then covered 50% after deductible
Outpatient Facility Charges (includes surgery, hemodialysis, IV therapy, chemotherapy, radiation treatment)	Covered 75% after deductible	Covered 50% after deductible (additional \$400 copay when performed in a hospital)
Emergency Room visits (no coverage for non-emergency use of the emergency room)	\$100 copay per visit, then covered 75% (\$100 copay waived if admitted)	\$100 copay per visit, then covered 75% (\$100 copay waived if admitted)
Urgent Care	\$35 copay per visit, then covered at 75%	\$200 copay per visit, then covered at 50%
Pre-natal Program	Newborn's initial calendar year deductible waived if mother enrolls in program within first 24 weeks of pregnancy and completes program	Newborn's initial calendar year deductible (\$500 maximum) waived if mother enrolls in program within first 24 weeks of pregnancy and completes program

GHP Copay 500 (continued)

Benefit Highlights	Copay 500 (In-Network)	Copay 500 (Out-of-Network)
	2010 Plan	2010 Plan
<b>Mental Healthcare</b>		
Inpatient Facility Care	Covered 75% after deductible. Prior authorization required.	\$300 copay per admission for acute inpatient level of care, then covered 50% of billed charges. Covered at 50% for all other higher levels of care. Prior authorization required.
Routine Outpatient	100% after \$15 copay for up to 25 visits, after 25 visits copay is \$25. Pre-authorization required.	Covered 50% of Usual and Customary charges.
Ongoing Medication Management	100% after \$15 copay for up to 25 visits, after 25 visits copay is \$25. Pre-authorization required.	Covered 50% of Usual and Customary charges.
<b>Substance Abuse</b>		
Inpatient Facility Care	Covered 75% after deductible. Prior authorization required.	\$300 copay per admission for acute inpatient level of care, then covered 50% of billed charges. Covered at 50% for all other higher levels of care. Prior authorization required.
Routine Outpatient	100% after \$15 copay for up to 25 visits, after 25 visits copay is \$25. Pre-authorization required.	Covered 50% of Usual and Customary charges.
Ongoing Medication Management	100% after \$15 copay for up to 25 visits, after 25 visits copay is \$25. Pre-authorization required.	Covered 50% of Usual and Customary charges.
<b>Physical/Speech Therapy</b>		
	Covered 75% after deductible. 60 visits combined per calendar year.	Covered 50% after deductible. 60 visits combined per calendar year.

GHP Copay 500 (continued)

Benefit Highlights	Copay 500 (In-Network)	Copay 500 (Out-of-Network)
	2010 Plan	2010 Plan
<b>Pharmacy — Retail*</b>		
<b>Tier 1 — Generic</b>	\$8 copay	N/A
<b>Tier 2 — Preferred Brand</b> (no generic therapeutic alternative in drug class)	\$25 copay	N/A
<b>Tier 3 — Preferred Brand</b>	35% member (\$35 min / \$70 max)	N/A
<b>Tier 4 — Non-Preferred Brand</b>	35% member (\$90 min / \$170 max)	N/A
<b>Tier 5 — Non-Preferred Brand</b> (NSAs, PPIs, Sedative Hypnotics Overactive Bladder)	Restricted to Home Delivery Program only. Member pays full price at retail pharmacy.	N/A
<b>Other</b>	Specialty — \$25 copay (30-day supply at CuraScript) Smoking Cessation Products — lifetime maximum of \$600 Infertility — 50% with lifetime maximum of \$5,000	N/A
<b>Maintenance Drugs</b>	Must be filled through home delivery. If Home Delivery is not used, must pay full price after two courtesy retail fills.	N/A

\*Pharmacy costs do not count toward the deductible and/or out-of-pocket maximums.



GHP Copay 500 (continued)

Benefit Highlights	Copay 500 (In-Network)	Copay 500 (Out-of-Network)
	2010 Plan	2010 Plan
<b>Pharmacy — Mail Order*</b>		
<b>Tier 1 — Generic</b>	\$20 copay	N/A
<b>Tier 2 — Preferred Brand</b> (no generic therapeutic alternative in drug class)	\$55 copay	N/A
<b>Tier 3 — Preferred Brand</b>	35% member (\$70 min / \$140 max)	N/A
<b>Tier 4 — Non-Preferred Brand</b>	35% member (\$170 min / \$340 max)	N/A
<b>Tier 5 — Non-Preferred Brand</b> (NSAs, PPIs, Sedative Hypnotics Overactive Bladder)	80% member Restricted to Home Delivery Program only. Member pays full price at retail.	N/A
<b>Maintenance Drugs</b>	Must be filled through home delivery. If Home Delivery is not used, must pay full price after two courtesy retail fills.	N/A

\*Pharmacy costs do not count toward the deductible and/or out-of-pocket maximums.

## GHP Copay 750

Benefit Highlights	Copay 750 (In-Network)	Copay 750 (Out-of-Network)
	2010 Plan	2010 Plan
<b>Annual Deductible</b>	\$750 Individual \$2,250 Family	\$1,500 Individual \$4,500 Family
<b>Out-of-Pocket Maximum (Annual)</b>	\$5,000 Individual \$10,000 Family	\$12,000 Individual \$24,000 Family
<b>Lifetime Maximum Benefit</b>	Unlimited for active members; \$1,000,000 per individual for early retirees	Unlimited for active members; \$1,000,000 per individual for early retirees
<b>Plan Coinsurance</b>	70% plan 30% member	50% plan 50% member
<b>Copays</b>	Copays do not count toward the deductible and/or out of pocket maximums	N/A
<b>Wellness/Preventive Services</b>		
<b>Well Childcare</b> (1st 24 months up to 9 visits, 1 exam per year for ages 2–6)	\$35 copay per PCP visit; \$45 copay per specialist visit	Covered 50% after deductible
<b>Physical Exams:</b> Age 7–34 limit one exam/24 months; Age 35 and up limit one exam/12 months	\$35 copay per PCP visit; \$45 copay per specialist visit	Covered 50% after deductible. Limit 1 exam per year
<b>Pap Smears</b>	Covered at 100% (when part of office visit)	Covered 50% after deductible
<b>Mammograms</b>	Covered at 100%	Covered 50% after deductible
<b>Immunizations</b>	\$35 copay per PCP visit; \$45 copay per specialist visit (when part of office visit)	Covered 50% after deductible

GHP Copay 750 (continued)

Benefit Highlights	Copay 750 (In-Network)	Copay 750 (Out-of-Network)
	2010 Plan	2010 Plan
<b>Physician/Provider Office Services</b>		
Office Visits	\$35 copay per PCP visit; \$45 copay per specialist visit	Covered 50% after deductible
Maternity Office Visits	\$35 copay per PCP visit; \$45 copay per specialist visit — for initial visit, then 70% after deductible	Covered 50% after deductible
Diagnostic Testing (includes lab work, X-rays)	Included in copay when billed by physician. Otherwise, covered at 70% after deductible.	Covered 50% after deductible
Emergency Room Physician	\$45 copay	Covered 50% after deductible
<b>Hospital &amp; Outpatient Facility Services</b>		
Inpatient Facility Charges	Covered 70% after deductible	\$400 copay per admission, then covered 50% after deductible
Outpatient Facility Charges (includes surgery, hemodialysis, IV therapy, chemotherapy, radiation treatment)	Covered 70% after deductible	Covered 50% after deductible (additional \$400 copay when performed in a hospital)
Emergency Room visits (no coverage for non-emergency use of the emergency room)	\$250 copay per visit, then covered 70% (\$250 copay waived if admitted)	\$250 copay per visit, then covered 70% (\$250 copay waived if admitted)
Urgent Care	\$45 copay per visit, then covered at 70%	\$500 copay per visit, then covered at 50%
Pre-natal Program	Newborn's initial calendar year deductible waived if mother enrolls in program within first 24 weeks of pregnancy and completes program	Newborn's initial calendar year deductible (maximum \$750) waived if mother enrolls in program within first 24 weeks of pregnancy and completes program

GHP Copay 750 (continued)

Benefit Highlights	Copay 750 (In-Network)	Copay 750 (Out-of-Network)
	2010 Plan	2010 Plan
<b>Mental Healthcare</b>		
Inpatient Facility Care	Covered 75% after deductible. Prior authorization required.	\$300 copay per admission for acute inpatient level of care, then covered 50% of billed charges. Covered at 50% for all other higher levels of care. Prior authorization required.
Routine Outpatient	100% after \$15 copay for up to 25 visits, after 25 visits copay is \$25. Pre-authorization required.	Covered 50% of Usual and Customary charges.
Ongoing Medication Management	100% after \$15 copay for up to 25 visits, after 25 visits copay is \$25. Pre-authorization required.	Covered 50% of Usual and Customary charges.
<b>Substance Abuse</b>		
Inpatient Facility Care	Covered 75% after deductible. Prior authorization required.	\$300 copay per admission for acute inpatient level of care, then covered 50% of billed charges. Covered at 50% for all other higher levels of care. Prior authorization required.
Routine Outpatient	100% after \$15 copay for up to 25 visits, after 25 visits copay is \$25. Pre-authorization required.	Covered 50% of Usual and Customary charges.
Ongoing Medication Management	100% after \$15 copay for up to 25 visits, after 25 visits copay is \$25. Pre-authorization required.	Covered 50% of Usual and Customary charges.
<b>Physical/Speech Therapy</b>		
	Covered 70% after deductible. 60 visits combined per calendar year.	Covered 50% after deductible. 60 visits combined per calendar year.

GHP Copay 750 (continued)

Benefit Highlights	Copay 750 (In-Network)	Copay 750 (Out-of-Network)
	2010 Plan	2010 Plan
<b>Pharmacy — Retail*</b>		
<b>Tier 1 — Generic</b>	\$8 copay	N/A
<b>Tier 2 — Preferred Brand</b> (no generic therapeutic alternative in drug class)	\$25 copay	N/A
<b>Tier 3 — Preferred Brand</b>	35% member (\$35 min / \$70 max)	N/A
<b>Tier 4 — Non-Preferred Brand</b>	35% member (\$90 min / \$170 max)	N/A
<b>Tier 5 — Non-Preferred Brand</b> (NSAs, PPIs, Sedative Hypnotics Overactive Bladder)	Restricted to Home Delivery Program only. Member pays full price at retail pharmacy.	N/A
<b>Other</b>	Specialty — \$25 copay (30-day supply at CuraScript) Smoking Cessation Products — lifetime maximum of \$600 Infertility — 50% with lifetime maximum of \$5,000	N/A
<b>Maintenance Drugs</b>	Must be filled through home delivery. If Home Delivery is not used, must pay full price after two courtesy retail fills.	N/A

\*Pharmacy costs do not count toward the deductible and/or out-of-pocket maximums.

GHP Copay 750 (continued)

Benefit Highlights	Copay 750 (In-Network)	Copay 750 (Out-of-Network)
	2010 Plan	2010 Plan
<b>Pharmacy — Mail Order*</b>		
<b>Tier 1 — Generic</b>	\$20 copay	N/A
<b>Tier 2 — Preferred Brand</b> (no generic therapeutic alternative in drug class)	\$55 copay	N/A
<b>Tier 3 — Preferred Brand</b>	35% member (\$70 min / \$140 max)	N/A
<b>Tier 4 — Non-Preferred Brand</b>	35% member (\$170 min / \$340 max)	N/A
<b>Tier 5 — Non-Preferred Brand</b> (NSAs, PPIs, Sedative Hypnotics Overactive Bladder)	80% member Restricted to Home Delivery Program only. Member pays full price at retail.	N/A
<b>Maintenance Drugs</b>	Must be filled through home delivery. If Home Delivery is not used, must pay full price after two courtesy retail fills.	N/A

\*Pharmacy costs do not count toward the deductible and/or out-of-pocket maximums.

## HMO Plan Information

Plan Name	Deductible	OOP Max	Coinsurance	ER	Inpatient Hospital	Office Visit
Kaiser of California (statewide)	\$500/ \$1,000	\$4,000/ \$8,000	80%	80% after deductible	80% after deductible	\$25 PCP/\$50 Specialist
Kaiser of Colorado	\$500/ \$1,500	\$4,000/ \$8,000	80%	80% after deductible	80% after deductible	\$25 PCP/ \$50 Specialist
Kaiser of the Mid-Atlantic	\$500/ \$1,000	\$4,000/ \$8,000	80%	\$150 copay	80% after deductible	\$20 PCP/ \$40 Specialist
Kaiser of Oregon	\$500/ \$1,500	\$4,000/ \$8,000	80%	80% after deductible	80% after deductible	\$30 PCP/ \$50 Specialist
Kaiser of Georgia	\$500/ \$1,500	\$5,000/ \$15,000	75%	75% after deductible	75% after deductible	\$25 PCP/ \$50 Specialist
HMSA (HMO)	None	\$2,500/ \$7,500	N/A	\$75 copay	\$75 copay	\$15 copay
HMSA (PPO)	\$100/ \$300	\$2,500/ \$7,500	90%	90%	90%	90%
Blue Care Network	\$500/ \$1,000	\$4,000/ \$8,000	80%	\$100 copay, after deductible	80% after deductible	\$15 PCP/ \$25 Specialist
Geisinger Health Plan	\$500/ \$1,500	\$4,000/ \$8,000	80%	\$150 copay, then 80%	80% after deductible	\$25 PCP/ \$35 Specialist
Health Plan Nevada Las Vegas	\$500/ \$1,000	\$4,000/ \$8,000	N/A	\$75 copay	\$300 copay per admission, after deductible	\$15 PCP/ \$30 Specialist after deductible
Group Health Plan	\$500/ \$1,500	\$4,000/ \$8,000	75%	75% after deductible	\$200 copay per admission, then 75% after deductible	\$25 PCP/ \$35 Specialist
WINhealth Partners	\$500/ \$1,500	\$4,000/ \$8,000	N/A	\$100 copay	\$500 copay per day, up to \$2,000 max per admit	\$30 copay

**LOCATIONS WITH “PASSIVE” DENTAL NETWORK**

**ALABAMA**

1786                      2212

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**ALASKA**

2710

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**GEORGIA**

0177                      1644                      2674

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**HEW HAMPSHIRE**

2374

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**ILLINOIS**

0245

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**LOUISIANA**

1442

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**MAINE**

2495                      2496

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**MICHIGAN**

2318                      2585

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**MINNESOTA**

2333

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**MISSISSIPPI**

1166                      2208                      2519

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**MISSOURI**

2576

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**MONTANA**

1682                      1904                      2608

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**NORTH CAROLINA**

0470                      0547                      0566                      0717                      1068                      1713  
 1788                      1922                      1990                      2257



**OHIO**  
1566

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**OKLAHOMA**  
1749

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**SOUTH CAROLINA**  
0559

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**UTAH**  
2834

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**VIRGINIA**  
0509      1072      1164      1528

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**WEST VIRGINIA**  
0473      2246      2507

# 2009 CHANGE OF STATUS ENROLLMENT FORM

**Regular/ Full-time employees must complete this form within 31 days of a qualifying status change to enroll, add, delete, or cancel coverage.** Except in the case of birth, adoption, or placement for adoption, the coverage election is effective on the later of the date of the status change or the date this form is signed. Enrollment changes made as the result of birth, adoption, or placement for adoption are effective on the date of the qualifying status change.

**Upon transfer to a regular/ full-time position an employee has 60 days to complete their enrollment election.** Coverage for new regular/ full-time employees is effective on the later of the 90<sup>th</sup> day of employment or the date on which this form is signed.

**INSTRUCTIONS:**

**Employee:** Use this form to **ENROLL/ ADD/ DELETE** or **CANCEL** coverage. Be sure to watch your paychecks for the appropriate change. Keep a copy for your personal records. Submit your completed form to your HR Manager right away. Certificates of Creditable Coverage can be submitted later. Employee's electing coverage for a domestic partner and/ or a domestic partner's child(ren), must also complete and return an Important Tax Information Domestic Partners form.

**HR Manager:** An employee signature and date must be entered in the enrollment or waiver sections as appropriate. Retain original in personnel file and give a copy to the employee.

EMPLOYEE NAME (Please Print)	Sales ID	REGION	LOCATION NO.	LOCATION NAME
Last                      First                      Middle				

**REASON FOR ENROLLMENT** (*Check Reason for Change*) (Supporting documentation may be required)

<input type="checkbox"/> <b>Transfer to Regular/ Full-time Position</b> Date of Transfer <u>MM/DD/YYYY</u>	<p style="text-align: center;"><b>Change of Status</b></p> <input type="checkbox"/> Marriage/ Begin Domestic Partner Relationship <input type="checkbox"/> Birth/ Adoption <input type="checkbox"/> Child Gains/ Loses Eligibility <input type="checkbox"/> Transfer out of Area	<p style="text-align: center;"><b>Date of Event</b></p> <u>MM/DD/YYYY</u> <input type="checkbox"/> Divorce/ End Domestic Partner Relationship <input type="checkbox"/> Death of Dependent <input type="checkbox"/> Gain/ Loss of Other Coverage Insurance Company _____ Policy Number _____ Coverage Date _____
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**GROUP MEDICAL PLAN**

**I request the following ACTION, COVERAGE OPTION, and LEVEL: (*Check only one Option and one Category below*)**

<b>ACTION:</b>			
<input type="checkbox"/> ENROLL	<input type="checkbox"/> ADD DEPENDENT	<input type="checkbox"/> REMOVE DEPENDENT	<input type="checkbox"/> CANCEL COVERAGE
<b>OPTIONS:</b>		<b>COVERAGE LEVEL:</b>	
<input type="checkbox"/> COPAY 500	<input type="checkbox"/> COPAY 750	<input type="checkbox"/> <b>A</b> Employee ONLY	<input type="checkbox"/> <b>B</b> Employee & Spouse/ Domestic Partner
<input type="checkbox"/> HMO/ POS*		<input type="checkbox"/> <b>C</b> Employee & Child(ren)/ Domestic Partner's Child(ren)	<input type="checkbox"/> <b>D</b> Employee, Spouse/ Domestic Partner, & Child(ren)/ Domestic Partner's Child(ren)
_____ <b>HMO/ POS Plan</b> (*Complete HMO/ POS Form to Designate PCP)			

**NOTICE OF PRE-EXISTING CONDITION EXCLUSION (COPAY 500/ COPAY 750 ONLY)**

This is to inform you that Lowe's Health plans contain a pre-existing condition exclusion of 12 months. A pre-existing condition is any injury, medical condition or illness for which medical advice, diagnosis, care, or treatment was recommended or received within 6 months prior to the date you enrolled in the plan or the first day of any eligibility waiting period (whichever came first). The following are NOT pre-existing conditions:

- pregnancy; conditions found in a newborn child who enrolled within 31 days from the date of birth; conditions found in a child who is adopted or placed for adoption before attaining age 18 and who is enrolled within 31 days of the date of adoption or placement for adoption; or conditions discovered as a result of genetic testing, but which have not manifested themselves in conditions requiring treatment

Treatment for pre-existing conditions will not be covered during the pre-existing exclusion period. This period is:

- 12 months, if you enrolled in a Lowe's health plan within the initial eligibility period of 89 days; 12 months, if at the time you initially become eligible for coverage under a Lowe's health plan you declined coverage in writing because you had other health coverage, and you enrolled in a Lowe's health plan within 31 days of losing eligibility for the other health coverage; 12 months if you enrolled in this plan within 31 days of the date of your marriage; birth of a child; adoption of a child or the placement of a child for the purposes of adoption; OR 12 months, if you apply for late enrollment during the Annual Enrollment period.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Lowe's Health Plans will subtract one day from the pre-existing condition exclusion period for each day of creditable coverage that you had, so long as there was no period of 63 or more consecutive days during which you did not have creditable health coverage, including COBRA. Lowe's 90-day waiting period before you became eligible for coverage is not considered an interruption of coverage and is not counted as part of the 63 day break. Lowe's asks that you provide written certification establishing the periods for which you had other creditable coverage.

Creditable health coverage is:

- a group health plan; group or individual health insurance coverage; Part A or Part B of medicare; Medicaid, except coverage solely for pediatric vaccines; Indian Health Service; Peace Corps Act; State health benefits risk pool; public health plan; health coverage for current and former members of the armed forces and their dependents; or health insurance for federal employees and their dependents.

You have the right to demonstrate the amount of creditable coverage you have, including any waiting periods that were applied before you became eligible for coverage. For any period after 7/1/96, you may ask a plan sponsor, health insurer, or HMO to provide you with a "certification form" documenting periods during which you had health coverage. If you have trouble obtaining documentation from any prior plan or insurer, call Lowe's HR Shared Services at 888-HRINFO5. I certify that I have read and understand this pre-existing condition notice.

## DENTAL PLAN

I request the following ACTION, and COVERAGE LEVEL: (Check only one Category below)

ACTION:  ENROLL  ADD DEPENDENT  REMOVE DEPENDENT  CANCEL COVERAGE

**COVERAGE LEVEL:**

 A

Employee ONLY

 B

Employee & Spouse/ Domestic Partner

 C

Employee & Child(ren)/  
Domestic Partner's Child(ren)

 D

Employee, Spouse/ Domestic Partner,  
Child(ren)/ Domestic Partner's Child(ren)

## VISION PLAN

I request the following ACTION, COVERAGE OPTION, and LEVEL: (Check only one Option and one Category below)

ACTION:  ENROLL  ADD DEPENDENT  REMOVE DEPENDENT  CANCEL COVERAGE

OPTIONS:  ONE (LOW)  TWO (HIGH)

**COVERAGE LEVEL:**

 A

Employee ONLY

 B

Employee & Spouse/ Domestic Partner

 C

Employee & Child(ren)/  
Domestic Partner's Child(ren)

 D

Employee, Spouse/ Domestic Partner,  
Child(ren)/ Domestic Partner's Child(ren)

## DEPENDENT ENROLLMENTS

Use the space below to indicate eligible dependents to be covered under the Medical, Dental, and Vision plan options.

PLAN OPTIONS SELECTED			LAST NAME	FIRST NAME	MI	SEX	BIRTHDATE	DOMESTIC PARTNER? Y/N
MEDICAL	DENTAL	VISION						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent					

\* Check the appropriate box on the left to indicate the plan option(s) in which your eligible dependent will participate.

\* If the child/ domestic partner's child is a full time student or is disabled proof of his/ her status must be supplied as requested.

\* Please see your HR Manager or use [myloweslife.com](http://myloweslife.com) to update your dependent information including Social Security Number.

## FLEXIBLE SPENDING ACCOUNT PLANS

A Flexible Spending Account (FSA) is a great way to use pre-tax income to pay for eligible healthcare and child (dependent) care expenses, which saves you money. A Healthcare FSA can be used to pay for many out-of-pocket healthcare expenses for you and your eligible dependents. A Child (Dependent) Care FSA allows you to use pre-tax money to pay for eligible child care expenses. For more information, a list of eligible expenses, or to enroll logon to [myloweslife.com](http://myloweslife.com) and go to Benefits Decision Guide link on the My Home page. Deductions for FSA enrollments will begin with the payroll period following the effective date of coverage and will continue through the remainder of the calendar year.

## LONG-TERM DISABILITY

**ENROLLMENT SELECTION:**

INITIAL ENROLLMENT (New Regular/ Full-time Employees ONLY)

CANCEL COVERAGE

**LATE ENROLLMENT:**

You can enroll in the long-term disability plan at anytime after your 90<sup>th</sup> day of employment, however you enrollment will be considered late and subject to review of medical evidence of insurability and approval by the plan underwriter, Liberty Mutual. Go to the STD/LTD/FMLA Leave Reporting link under Work Life Related Quick Links on the My Work/Life page to enroll in the long-term disability plan option through the late enrollment process.

## HYATT PRE-PAID LEGAL PLAN

**ENROLLMENT SELECTION:**

INITIAL ENROLLMENT (New Regular/ Full-time Employees ONLY)

**NOTE:** Coverage can be cancelled ONLY during annual enrollment.

## BASIC LIFE/ SUPPLEMENTAL LIFE/ DEPENDENT LIFE/ PERSONAL ACCIDENT PLANS

Lowe's currently offers several life insurance options for full-time/ regular employees:

**Basic Term Life** – Provides coverage of one times base annual pay, rounded to nearest \$1,000, with a maximum of \$500,000.

**Supplemental Term Life** – Provides coverage of one to eight times base annual pay, rounded to nearest \$1,000, with a maximum of \$3,000,000 (effective 01/01/2007). Proof of good health required for elections over the lesser of three times base annual pay or \$500,000.

**Dependent Term Life** – Option 1 provides \$8,000 coverage for spouse/ domestic partner and child(ren)/ domestic partner's child(ren) age one and over, \$1,000 coverage for children under age one. Option 2 provides coverage for spouse/ domestic partner of \$25,000 to \$250,000, and/ or coverage for child(ren)/ domestic partner's child(ren) over 6 months of age of \$5,000 to \$20,000, or \$1,000 for child(ren)/ domestic partner's child(ren) less than 6 months of age. Elections for spouse coverage over \$25,000 require proof of good health.

**Personal Accident Insurance** – Provides coverage for employee or family from \$10,000 to lesser of ten times base annual pay or \$1,000,000.

Please note that **ALL** enrollment elections made for the Basic Term Life, Supplemental Term Life, and/ or Dependent Term Life plan options after the initial enrollment period will require proof of good health and are subject to approval by the plan underwriter, MetLife. All elections which require proof of good health will become effective on the date approval is granted.

### INITIAL/ LATE ENROLLMENT:

To enroll, make a change to your enrollment, or designate beneficiaries you should go online to [myloweslife.com](http://myloweslife.com), and go to the MetLife website, or call 1-800-438-6388. Beneficiary elections made through the MetLife website will apply **ONLY** to the Life Insurance plans. Please note that **ALL** enrollment elections made for the Basic Term Life, Supplemental Term Life, and/ or Dependent Term Life plan options after the initial enrollment period will require proof of good health and are subject to approval by the plan underwriter, MetLife. All elections which require proof of good health will become effective on the date approval is granted.

### TO CANCEL COVERAGE:

If you wish to cancel any of your life insurance elections, mark the appropriate box below and return this form to your HR Manager immediately. If cancelling Dependent Life Option Two coverage you must select the appropriate box(es) below.

- Basic Life**       **Supplemental Life**       **Personal Accident**  
 **Dependent Life Option One or Two**       **Spouse/ Domestic Partner**       **Child(ren)/ Domestic Partner's Child(ren)**

## WAIVER OF ENROLLMENT (Initial Enrollments Only)

I fully understand the enrollment options available to me on this form and I have been given the opportunity to enroll. I understand if I choose to enroll in the basic life insurance, supplemental life insurance, dependent life insurance and long term disability plan options at a later date, I will be required to provide a statement of health and obtain approval from the applicable plan underwriter. I do **NOT** wish to participate in the following group benefit programs (check all that apply):

- Group Health Plan**     **Basic Term Life Insurance Plan**     **Group Dental Plan**     **Supplemental Life Insurance Plan**  
 **Long Term Disability**     **Personal Accident Plan**     **Dependent Life Insurance Plan**     **Vision Care Plan**     **Pre-Paid Legal**

## LIMITATIONS AND EXCLUSIONS – DELAYED EFFECTIVE DATE

### Employee:

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 medical plan eligibility for the Group Medical Plan, Dental Plan, Vision Plan, Limited Benefit Health Plan for Part-time Employees or Part-time Dental Plan Options to the extent required by HIPAA.

### Spouse/ Domestic Partner Child(ren)/ Domestic Partner's Child(ren):

If under the Dependent Life Insurance Plan Option, a dependent is in the hospital, 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.

### Life Insurance Exclusion for Suicide:

The Basic Life, Supplemental Life, and Dependent Life Plan Options do not cover any losses where death is caused by, contributed to by, or results from:

- Suicide occurring within 24 months after the initial effective date of insurance; or
- Suicide occurring within 24 months after the date of any increases or additional insurance becomes effective.

This exclusion will apply to any amount of insurance for which you pay all or part of the premium. In addition, this exclusion will apply to any amount that is subject to the evidence of insurability requirements.

**PAYROLL DEDUCTION AUTHORIZATION (Initial Enrollments Only) – Watch your paycheck for your benefit deductions to begin. If they do not begin as expected, contact your HR Mgr. If you have enrolled in one or more of Lowe's contributory benefit plans on this form, you must sign and date below in order for your benefit enrollment to be processed.** If I am changing to full-time status, I understand I have 60 days to enroll but that my prior service can reduce part or all of the 90 day waiting period when I complete my enrollment as soon as I am eligible. I authorize Lowe's to deduct from my wages the required employee contributions when the coverage(s) become effective, including missed premiums. I also authorize Lowe's to deduct from my wages any premium payment amounts for which I am responsible, but have not paid as the result of a leave of absence, insufficient hours worked, or any other circumstance which results in nonpayment or underpayment by me of any portion of any benefit plan premium for which I am responsible. I understand and agree that in the event my employment terminates, whether voluntarily or involuntarily, prior to full repayment of premium amounts owed to Lowe's, Lowe's may withhold the remaining amounts from my final paycheck, as authorized by law. **This signature block is used for this entire form.** I have reviewed the *Foundations for Success Summary Plan Description* book available at [myloweslife.com](http://myloweslife.com) and I fully understand the provisions for the benefit plans.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Sales ID

\_\_\_\_\_  
Date

### AUTHORIZATION FOR ENROLLMENTS/ ADDITIONS

I have read the *Foundations for Success Summary Plan Description* (available at [myloweslife.com](http://myloweslife.com)) describing Lowe's Welfare Plan. I hereby request coverage as elected above under this Plan. An election for coverage is also an election to participate in Lowe's Flexible Benefit Plan. I fully understand the tax advantages, enrollment and participation provisions in relationship to this enrollment/ addition in coverage. I authorize Lowe's to deduct from my wages the required contributions based on this election, including missed premiums and understand that this election supersedes all earlier enrollment/ additions.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Sales ID

\_\_\_\_\_  
Date

### AUTHORIZATION FOR DELETIONS/ CANCELLATIONS

I hereby revoke my authorization to deduct Group Welfare Plan premiums as deleted/ cancelled above. I understand that the deletion/ cancellation will become effective at midnight **before** the date I sign this form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Sales ID

\_\_\_\_\_  
Date



## PeopleSoft HR Reference Guide HR-DIY eBenefits – New Hire/ Re-hire

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### HR-DIY eBenefits

eBenefits allows newly hired or rehired regular, full-time employees the ability to complete their group benefit (including the medical, dental, vision, flexible spending account, life insurance, long term disability, and pre-paid legal plan options) elections online. **As a reminder, newly hired or rehired regular, full-time employees must enroll within the first 60 days of employment for coverage effective on the 90<sup>th</sup> day.**

Through eBenefits you can:

- ∞ **Dependents** - Review personal information for your dependents.
- ∞ **Benefits Enrollment** - Enroll yourself and your eligible dependents.
- ∞ **Reports Repository** View and print your Confirmation Statement, as well as the Pre-existing Condition and/or Domestic Partner Tax forms.

#### Table of Contents:




- I. **Getting Started – Logging into eBenefits**
- II. **Enrolling Online – Selecting Coverage and Adding Dependents**
- III. **Finalizing Your Enrollments – Submitting and Confirming Your Elections**
- IV. **Helpful Hints**



## PeopleSoft HR Reference Guide HR-DIY eBenefits – New Hire/ Re-hire

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### I. Getting Started – Logging into eBenefits

1.	Go to My Lowe's Life. Enter your <b>Sales Number</b> and <b>Password</b> . Then click the <b>Login</b> button.  (Forgotten your password? Click <b>Forgot Password</b> for further assistance)
<b>If you see the following message, "Do you want Windows to remember this password, so that you don't have to type it again the next time you visit this page?" Select "No".</b>	
2.	Click the  link. Next go to the  page.
3.	Then under <b>Enrollments/Status Changes</b> section select: " <b>Benefits Decision Guide</b> " 
4.	Scroll down and select <b>Benefits Home</b> . You should now see the following page.
 <p><b>Benefits Home</b></p> <p><b>Dependents</b> Review personal information of your dependents. <a href="#">Dependent Personal Information</a></p> <p><b>Benefits Enrollment</b> Enroll in benefits, and add your dependents to your benefit plans <a href="#">Benefits Enrollment</a></p> <p><b>Reports Repository</b> View and print your benefit reports <a href="#">Confirmation Statements</a> <a href="#">Pre-existing Condition Form</a> <a href="#">Domestic Partner Tax Form</a></p> <p>Go To: <a href="#">Employee Home</a></p>	
<b>Congratulations you've successfully logged in to eBenefits! Now you're ready to enroll.</b>	



## PeopleSoft HR Reference Guide HR-DIY eBenefits – New Hire/ Re-hire

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### II. Enrolling Online – Selecting Coverage and Adding Dependents

1.	From <b>Benefits Home</b> select <b>Benefits Enrollment</b> . <a href="#">Benefits Enrollment</a>												
2.	The <b>Benefits Enrollment</b> page below should appear. You'll notice that the <b>Event Status</b> shows Open. This means that you're ready to enroll.												
<div style="border: 1px solid black; padding: 10px;"> <h4 style="margin: 0;">Benefits Enrollment </h4> <p style="font-size: small; margin: 5px 0;">After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change. The Information icon provides you with additional information about your enrollment. The Select button next to an event means it is currently open for enrollment. To begin your enrollment, click <b>Select</b>.</p> <p style="font-size: small; margin: 5px 0;">Note: Some events may be temporarily closed until you have completed enrollment for a prior event.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #4a7ebb; color: white;"> <th colspan="4">Open Benefit Events</th> </tr> <tr style="background-color: #e6e6e6;"> <th style="text-align: left;">Event Description</th> <th style="text-align: left;">Event Date</th> <th style="text-align: left;">Event Status</th> <th></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Hire</td> <td style="padding: 5px; text-align: center;"> 02/25/2008</td> <td style="padding: 5px;">Open</td> <td style="padding: 5px; text-align: right;"><input type="button" value="Select"/></td> </tr> </tbody> </table> <p style="font-size: x-small; margin: 5px 0;">Once you click Select, it will take a few seconds for your benefits enrollment information to load.</p> <p style="font-size: small; margin: 5px 0;">Go to: <a href="#">Employee Home</a> <a href="#">Benefits Home</a></p> </div>		Open Benefit Events				Event Description	Event Date	Event Status		Hire	02/25/2008	Open	<input type="button" value="Select"/>
Open Benefit Events													
Event Description	Event Date	Event Status											
Hire	02/25/2008	Open	<input type="button" value="Select"/>										
3.	Now click the <input type="button" value="Select"/> button to proceed.												
4.	Next you'll see the <b>NOTICE: HEALTH PLAN PRE-EXISTING CONDITION EXCLUSION</b> . Please carefully review this important notice regarding the Copay 500 and Copay 750 medical plans.												
5.	Once you've read the entire notice, click the option box indicating that you've read and agree to all terms and conditions. <input type="checkbox"/> - I have read and agree to all terms and conditions.												
6.	You'll notice that the <input type="button" value="Previous"/> button has now changed to <input type="button" value="Confirm"/> .												
<p>You can access a printable version of the form by clicking <input type="button" value="Printer Friendly Format"/>.</p>													
7.	To continue with the benefits enrollment, you must now Click the <input type="button" value="Confirm"/> button.												



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**The following page should now appear.**

**Benefits Enrollment**

---

**Hire**



 **Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.**

**Enrollment Summary**

<a href="#">Edit</a>	Medical	Employer	Your Before Tax	Your After Tax
Current: No Coverage				
New: Waive				
0.00				
0.00				
<a href="#">Edit</a>	Dental	Employer	Your Before Tax	Your After Tax
Current: No Coverage				
New: Waive				
0.00				
0.00				
<a href="#">Edit</a>	Vision	Employer	Your Before Tax	Your After Tax
Current: No Coverage				

Notice the Edit beside the **Medical, Dental, Vision, Long-Term Disability, Pre-Paid Legal** plan options.

- 8.** To enroll in a specific option, you must click the Edit beside the plan.

### Medical, Dental, and Vision Plan Options


Complete the following steps to enroll in the medical, dental, and/ or vision plan options.

- 1.** To enroll in a medical plan select Edit beside **Medical**.


**Benefits Enrollment**

---

**Medical**



All of your medical choices promote wellness as part of your benefits and are available to protect you and your dependents if either of you become sick or injured.

 **Important Your current coverage is: No Coverage. Coverage for this plan will be waived if you do not make an election.**

Your enrollment on this page may affect your choices for the following type(s) of coverage:  
Domestic Partner Medical


Complete your enrollment on this page before enrolling in the benefit plans listed above.

**Select an Option**

Here Are Your Available Options With Your per-pay-period Costs:

[Overview of all Plans](#)

Select one of the following plans: DP = Domestic Partner, EE = Employee and CH = Child.

 [BCBS Alabama Copay 750](#) [Search for providers in this plan](#)

BCBS Alabama Copay 750

Coverage Level	Employer Cost	Employee Cost	Tax Class
Employee (1)	\$ xx.xx	\$ xx.xx	Before-Tax
Employee + Spouse	\$ xxx.xx	\$ xxx.xx	Before-Tax
Employee + Child(ren) (3)	\$ xxx.xx	\$ xxx.xx	Before-Tax
Family	\$ xxx.xx	\$ xxx.xx	Before-Tax

\_\_\_\_\_ To determine your total cost for Domestic Partner coverage, match the coverage level from \_\_\_\_\_





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2.	Before you enroll, it's important to make sure that your preferred providers (Doctor, Hospital, etc.) participate in the plan's network. You can click the <a href="#">Search for providers in this plan</a> button to locate providers in your area.
3.	A new window will appear. Click <input type="button" value="OK"/> to proceed. This will open a new web browser with the plan's website.
4.	Once you've completed your search, close the new web browser by selecting <input type="button" value="X"/> . Then click <b>Return to Enrollment</b> to go back to your benefits information.
5.	Now, select the radio button <input type="radio"/> beside the benefit plan option in which you'd like to enroll.
6.	Then scroll to the bottom of the page to the <b>Enroll Your Dependents</b> section. <b>If you do not want to add any dependents, skip to step #19 of this section.</b>
7.	Select the <input type="button" value="Add/Review Dependents"/> button.
<b>Attention Rehired Employees: Your dependents may already appear here. If you need to update their information contact your HR Manager or Benefits Administrator for assistance.</b>	
8.	Upon reaching the <b>Enrollment Dependent Summary</b> click <a href="#">Add a dependent</a> to add your dependent(s).
9.	Enter the dependent's personal information. Required fields are notated with an asterisk (*).
<b>Note: The dependent's social security number is preferred but NOT required for enrollment.</b>	
10.	Indicate your relationship to the dependent. Select <b>Spouse, Domestic Partner Adult, Child, or Domestic Partner Child</b> .
11.	Enter the dependent's relationship status. Select <b>Single, Married, Domestic Partner, Divorced, or Common-Law</b> .
<b>Note: You must select the appropriate relationship and status in order to enroll the dependent. Refer to the Foundations for Success handbook, available online at myloweslife.com, for further details regarding dependent eligibility.</b>	
12.	If you're enrolling a spouse or domestic partner enter the <b>Relationship Status Date</b> . For a spouse use the date of marriage. For a domestic partner use the date the relationship began.
13.	If you're enrolling your child or the child of your domestic partner you'll need to enter their <b>Student Status</b> or <b>Disabled Status</b> . The Student Status Date will automatically populate when you select "Yes" for the <b>Student Status</b> .
<b>Note: Dependent children age 19 and over must be unmarried and either under age 25 and enrolled as a full-time student or is mentally/ physically disabled an incapable of earning a living. Refer to the Foundations for Success handbook, available online at myloweslife.com, for further details regarding dependent eligibility.</b>	
14.	Once you've finished entering the dependent's information, be sure to review it because once you click <input type="button" value="Save"/> it cannot be changed. If you're enrolling a domestic partner dependent, instead of <input type="button" value="Save"/> you'll see <input type="button" value="Continue"/> which will take you to the <b>Important Tax Information Domestic Partner Tax Form</b> .



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**Note: If you're enrolling a domestic partner dependent you must review and complete the Important Tax Information Domestic Partner Tax Form in its entirety. Once you've finished**

**scroll to the bottom of the form and check**  I have read and agree to all terms and conditions.

The **Previous** button will then change to **Save**. Click **Save**.


15. Now select **OK**. Your dependent's information will appear. Click [Return to Enrollment Dependent Summary](#) to continue.
- Repeat steps 8 through 15 to enroll additional dependents.**
16. Click [Return to Event Selection](#) on the **Enrollment Dependent Summary** once you've added all of your eligible dependents.
17. Review your eligible **dependents and elections** on the **Benefits Enrollment** page by scrolling all the way to the bottom.
18. Under the Enroll Your Dependents section you'll see your eligible dependents listed. Check the **Enroll** box next to the name of each dependent to be enrolled.
19. Click **Continue**. You'll then see a confirmation of your election, the cost per pay period as well as the effective date of coverage. Please carefully review this information before selecting **OK**.  
Click **Edit** if you need to make a change. Then repeat steps 1 through 18.
20. To continue your enrollments, click **Edit** beside **Dental** and **Vision**. Then follow steps 1 through 5 and 17 through 19. The eligible dependents you previously enrolled will appear automatically.

### Long-Term Disability Plan


Follow the steps below to enroll in the long-term disability plan.

1. Scroll down and select **Edit** beside **Long-Term Disability**.
- Benefits Enrollment**

---

**Long-Term Disability** 

Long-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness.

 **Important** Your current coverage is: **No Coverage**. Coverage for this plan will be waived if you do not make an election.

**Select an Option**

Long Term Disability  
The cost for this plan is \$x.xx

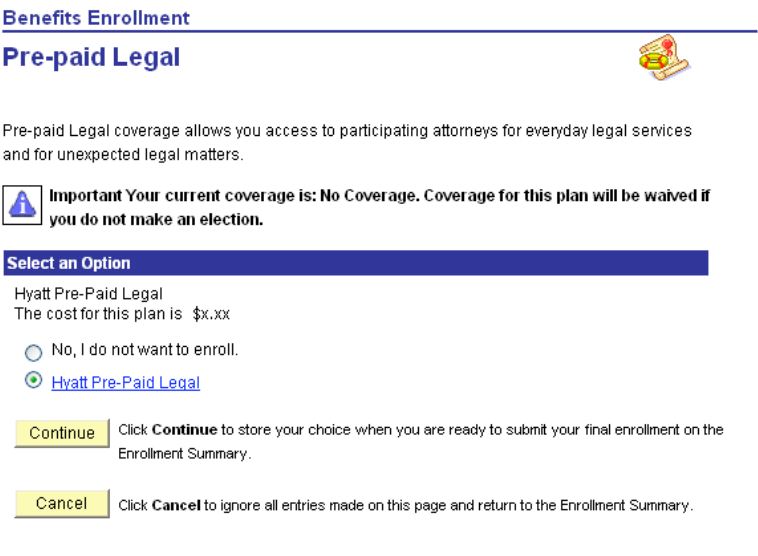
No, I do not want to enroll.  
 [Long Term Disability](#)

**Continue** Click **Continue** to store your choice when you are ready to submit your final enrollment on the Enrollment Summary.  
**Cancel** Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.
2. To enroll, select the radio button  beside **Long-Term Disability** and click **Continue**.



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3.	You'll see a confirmation of your election, the cost per pay period as well as the effective date of coverage. Please carefully review this information before selecting <input type="button" value="OK"/> . Click <input type="button" value="Edit"/> if you need to make a change.
<b>Hyatt Pre-Paid Legal Plan</b>	
Complete the following steps to enroll in the pre-paid legal plan option.	
1.	Scroll down and select <input type="button" value="Edit"/> beside <b>Hyatt Pre-Paid Legal Plan</b> .
	
2.	To enroll, select the radio button <input type="radio"/> beside <b>Hyatt Pre-Paid Legal Plan</b> and click <input type="button" value="Continue"/> .
3.	You'll see a confirmation of your election, the cost per pay period as well as the effective date of coverage. Please carefully review this information before selecting <input type="button" value="OK"/> . Click <input type="button" value="Edit"/> if you need to make a change.



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### Life Insurance, Flexible Spending Account, and 401(k) plan options

Enrollment elections for the life insurance, flexible spending account, and 401(k) plan options must be completed through the plan's administrator. The **Benefits Enrollment** page, shown below, provides direct links to each plan administrator's enrollment site. Click each link to complete your enrollment.

[Basic Life](#)

[Supplemental Life](#)

[Personal Accident](#)

[Dependent Basic Life](#)

[Dependent Child Life](#)

[Dependent Spouse Life](#)

[Flex Spending Health](#)

[Flex Spending Dependent](#)

[Lowe's 401\(k\) Plan](#)

[Search for Behavioral Health Providers \(Copay 500 and Copay 750 plans only\)](#)

[Health Risk Assessment](#)

**Note: The Benefits Enrollment page also includes links which allow you to search for a behavioral health provider (Copay 500 and Copay 750 plans ONLY) and/ or complete a health risk assessment.**



## PeopleSoft HR Reference Guide HR-DIY eBenefits – New Hire/ Re-hire

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### III. Finalizing Your Enrollments – Submitting and Confirming Your Elections

<b>1.</b>	<p>Once your elections are complete, click <input type="button" value="Submit"/> on the <b>Benefits Enrollment</b> page.</p>												
	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Benefits Enrollment</b></p> <p style="text-align: center;"><b>Submit Benefit Choices</b> </p> <p>You have almost completed your enrollment. If you have no further changes, click <b>Submit</b> at the bottom of this page to finalize your benefit choices.</p> <p><input type="button" value="Cancel"/> Click <b>Cancel</b> if you are not ready to submit your choices and wish to return to the Enrollment Summary.</p> <p>Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click Submit your benefit choices will be sent to the Benefits Department for processing.</p> <p>Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.</p> <p style="text-align: center;"><b>Authorize Elections</b></p> <p>By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.</p> <p><input type="button" value="Submit"/> Click <b>Submit</b> to send your final choices to the Benefits Department.</p> <p><input type="button" value="Cancel"/> Click <b>Cancel</b> if you are not ready to submit your choices and wish to return to the Enrollment Summary.</p> </div>												
<b>2.</b>	<p>The above page will appear giving you one final chance to consider your enrollments and make any changes. Click <input type="button" value="Submit"/> and then <input type="button" value="OK"/> to complete the enrollment process.</p>												
<b>3.</b>	<p>Then you'll be taken back to the <b>Benefits Enrollment</b> page where the process started. Notice that the <b>Event Status</b> shows Submitted. This means that you're enrollment is complete.</p>												
	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Benefits Enrollment</b> </p> <p>After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change. The Information icon provides you with additional information about your enrollment. The Select button next to an event means it is currently open for enrollment. To begin your enrollment, click <b>Select</b>.</p> <p>Note: Some events may be temporarily closed until you have completed enrollment for a prior event.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4a7ebb; color: white;"> <th colspan="4">Open Benefit Events</th> </tr> <tr> <th style="text-align: left;">Event Description</th> <th style="text-align: left;">Event Date</th> <th style="text-align: left;">Event Status</th> <th></th> </tr> </thead> <tbody> <tr> <td>Re Hire</td> <td>02/25/2008</td> <td>Submitted</td> <td style="text-align: right;"><input type="button" value="Select"/></td> </tr> </tbody> </table> <p>Once you click Select, it will take a few seconds for your benefits enrollment information to load.</p> <p>Go to: <a href="#">Employee Home</a> <a href="#">Benefits Home</a></p> </div>	Open Benefit Events				Event Description	Event Date	Event Status		Re Hire	02/25/2008	Submitted	<input type="button" value="Select"/>
Open Benefit Events													
Event Description	Event Date	Event Status											
Re Hire	02/25/2008	Submitted	<input type="button" value="Select"/>										
<b>4.</b>	<p>Be sure to log out of <b>Employee HR DIY</b>. To log out, click <b>Sign Out</b> located in the upper right hand corner of the page. Also be sure to log out of the portal by selecting <input type="button" value="Log Out"/>.</p>												



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**Note: You'll need to wait at least one day before logging into eBenefits to confirm your enrollment elections.**

**5.**

To access your confirmation statement, click **Benefits Home** and click [Confirmation Statement](#) under the **Reports Repository** section.

### Benefits Home

**Dependents**

Review personal information of your dependents.

[Dependent Personal Information](#)

**Benefits Enrollment**

Enroll in benefits, and add your dependents to your benefit plans

[Benefits Enrollment](#)

**Reports Repository**

View and print your benefit reports

[Confirmation Statement](#)

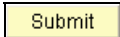
[Pre-existing Condition Form](#)

[Domestic Partner Tax Form](#)

Go To: [Employee Home](#)

**6**

Click the **Submit** button.



The Confirmation Statement will appear.



### CONFIRMATION OF ELECTIONS

**Employee ID:**

**Benefit Pgm:**

**Event Date:**

**Date of Birth:**

**Event Class:**

**Event ID:**

**Coverage Begin Date:**

**Date Processed:**

This statement confirms your recent group benefit elections. These coverages will remain in effect until you have a change in status such as marriage, birth of a child or adoption, or a significant change in your work hours that affects the benefits eligibility of you, your spouse or your dependents. Refer to the 'Change in Status Events' Section of the Lowe's Foundations for Success book for more information on changes in status. You can also change your group health, vision, dental and spending account choices each year during the annual enrollment period. If an error has been made in recording your elections, please contact your HR representative. Corrections requested after your first deduction will not be accepted.



#### YOUR BENEFIT CHOICES


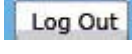

Plan Type	Benefit Option	Coverage Category/Base	Pay Period PreTax Deduction	Pay Period AfterTax Deduction
Medical	(192) Kaiser CA	4 Family	\$x.xx	
Dental	(104) Dental	4 Family	\$x.xx	





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7	Press the  to print the statement. Next, click the  button. Then click <a href="#">Benefits Home</a> . <b>Note: You should keep a copy of your confirmation statement in your files. You may be required to provide your confirmation statement as proof of your enrollment.</b>
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Logging out of eBenefits	
1.	Be sure to log out of <b>Employee HR DIY</b> . To log out, click  located in the upper right hand corner of the page.
2.	You'll also need to logout of the portal by selecting  . Finally close the web browser by clicking the  in the upper right hand corner of the page.

### IV. Helpful Hints

1.	Use links to navigate from page to another. <b>DO NOT</b> click the  button located in the upper left hand corner of the screen.
2.	Always maximize your browser window by clicking the <b>Maximize/Restore</b>  button located in the upper right hand corner of the screen.
3.	Ensure you've reviewed all information on the page by scrolling down to the bottom of the page using the up/down arrows located on the right hand side of the screen.
4.	Email the Group Benefits department at <a href="mailto:groupben@lowes.com">groupben@lowes.com</a> if you have questions.