

# 2017 Benefits

## ANNUAL ENROLLMENT GUIDE

Enrollment begins October 17 and ends November 4



U.S. LabCorp Diagnostics Employees



Enroll in your 2017 Benefits between **October 17** and **November 4, 2016**.  
Your benefit elections will become effective on January 1, 2017.

## What You Need to Know About Annual Enrollment

- **Log into the Benefits Enrollment System** between **October 17** and **November 4, 2016**. Access the system on mylabcorp.com or call PeopleCare at 888-800-4002 to make changes or confirm that your benefit elections for 2017 are correct.
- If you (and your enrolled spouse/domestic partner, if applicable) participated in the Annual Wellness Screening and met one or both of the Wellness Goals for 2017 by the **August 31, 2016 deadline**, your Wellness REWARDS will be applied to your contribution rate for the LabCorp Medical Plan effective January 1, 2017.
- **Make your 2017 Flexible Spending Account elections!** Your current Health Care and Dependent Care Flexible Spending Account (FSA) elections do not carry over to 2017. If you want to participate in either the Health Care or Dependent Care FSA for 2017, you will have to enroll and specify your annual contribution amount.
- Take action during Annual Enrollment to make sure your eligible dependents are enrolled in the **No Charge Laboratory Testing** Benefit.
- If you want **Disability Coverage in 2017** you must participate in 2017 Annual Enrollment. Your current Disability election will NOT carry over.

### Eligibility

Current regular, full-time employees scheduled to work at least 30 hours per week may enroll in LabCorp's Benefits each fall during Annual Enrollment. Enrollment instructions are on the 2017 Benefits Page on mylabcorp.com.

Eligible dependents may be covered under LabCorp Benefits. All newly enrolled dependents will be subject to the ongoing Dependent Verification process. You will be asked to provide supporting documentation to prove eligibility. Eligible dependents include:

- Legal spouse or domestic partner
- Dependent children up to age 26 regardless of their student status, marital status, financial support provided by the employee, or residency\*
- Children under age 18 who are placed with you while waiting to be adopted\*

\* Children refers to your natural children, children for whom you or your spouse/ domestic partner have legal custody or legal guardianship, legally adopted children and stepchildren.

### When You and a Benefits Eligible Dependent Both Work for Laboratory Corporation of America Holdings or One of its Subsidiaries

The following limitations apply to your medical, dental, and vision coverages if you and your eligible dependent both work for the Company:

- If you and your spouse/domestic partner both work for the Company, you may not be covered as both an employee and as your spouse's/domestic partner's dependent.
- If a child is eligible for coverage by more than one employee, only one employee may cover the child.

- If you and your adult child both work for the Company, your adult child may not be covered as both an employee and as your dependent. Important Information about Domestic Partner Benefits


If you enroll a domestic partner or children of your domestic partner, the value of your cost and LabCorp's cost for covering your domestic partner and domestic partner's children will be imputed to you as income. If you have a same-sex partner, you should enroll your same-sex partner as your spouse only if you have been legally married in a state or other jurisdiction that permits same-sex marriage at the time of your marriage. Otherwise, your same-sex partner can only be enrolled as a domestic partner.

See the Personal Choice Benefits Handbook on mylabcorp.com for more information about who is eligible to enroll for LabCorp benefits.

### Changing Your Benefits During the Year

The benefit elections you make during the Annual Enrollment period will be in effect for the entire 2017 calendar year, unless you change your elections consistent with a qualified status change during the year. See the Personal Choice Benefits Handbook on mylabcorp.com for a list of qualified status change events and instructions on how to report a qualified status change.

**Important Notice:** If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 27 for more details.



The first six pages of this guide are dedicated to the benefit plan changes for 2017. The following is a list of benefits changes that you should pay close attention to in 2017.

## What's NEW in 2017

### Reduced copay for MDLIVE 4

MDLIVE is not only more convenient than a traditional office visit, it will cost less in 2017!

### New OptumRx Premium Prescription Drug List 5

The new OptumRx Premium Prescription Drug List may impact coverage for some of the prescriptions you may currently take. Read more on page 5 to find out if your prescription is on the impacted list for 2017.

### No Charge Laboratory Testing Benefit 6

Employees and eligible dependents will automatically be enrolled and new dependents must be added during Annual Enrollment to be eligible for the No Charge Laboratory Testing benefit. See page 6 for details.

### Basic Life Insurance Change 6

There is a change in the amount of Basic Life Insurance provided by LabCorp. Read about the changes on page 6 to find out if you may be impacted by this new plan design and how to purchase additional Optional Life Insurance.

### Increased Dental Plan Annual Maximum 6

Covered members will be eligible to receive up to \$1,500 in dental benefits annually.

### Disability Coverage Change 7

The standard \$75 per week Short Term Disability coverage option will no longer be offered in 2017. Read more about Disability Coverage on page 7 to find out how to protect yourself and your family in the event of an illness or injury.

### 2017 Benefit Costs 8-9

Take time to review the 2017 Benefit Costs.

### LabCorp Benefits Plan Overview 10-19

Want more information about LabCorp benefits? The second part of this guide, starting on page 10, provides a high-level overview of each of the benefit plans offered to LabCorp employees. Visit [mylabcorp.com](http://mylabcorp.com) for more plan details.

### Legal Notices 25-27

Legally required notices can be found in the last section of this guide, starting on page 25.



# new

## Lower MDLIVE Copay in 2017

# ONLY \$10!

Starting  
January 1, 2017,  
MDLIVE  
consultations  
are only \$10!

**MDLIVE** Since MDLIVE was introduced in March of 2015, thousands of LabCorp employees and their covered spouses/domestic partners, have avoided the waiting room and enjoyed receiving quality care in the convenience and privacy of their home, office or even hotel room.

### Starting January 1, 2017...

you will be able to utilize the quality services provided by MDLIVE, 24-hours a day, 7-days a week, for a **\$10 copay**. That's a **savings of \$15** compared to a traditional office visit.

### Who are MDLIVE Doctors?

MDLIVE has the nation's largest network of doctors for telehealth services. On average, MDLIVE doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine and family medicine.

## What Can Be Treated?

- ACNE
- ALLERGIES
- ASTHMA
- BRONCHITIS
- COLD & FLU
- CONSTIPATION
- DIARRHEA
- EAR INFECTION
- FEVER
- HEADACHE
- INSECT BITE
- JOINT ACHES
- NAUSEA
- RASHES
- SINUS INFECTION
- SORE THROAT
- UTI
- AND MORE!

### MDLIVE by the Numbers\*

**6331** active LabCorp members

**78%** overall satisfaction rating by LabCorp members

**73%** of LabCorp members would refer their friends to MDLIVE

**74%** of LabCorp members would use MDLIVE again

**1678** prescriptions written for LabCorp members by MDLIVE physicians

### What are LabCorp Members Saying about MDLIVE?

*"This service is wonderful. It saved me from driving 25 miles to my nearest urgent care."*

*"I've never had such an easy experience, and it just really helped so much since I couldn't just take off work."*

*"It is a lot easier and less expensive than getting an appointment with my physician or urgent care."*

*"It took less than 10 minutes total, from scheduling the appointment online to speaking with the doctor."*

*Urgent care would have taken 1.5 hours."*

## Top 3 Diagnoses\*

- SINUSITIS
- UPPER RESPIRATORY INFECTION
- CONJUNCTIVITIS

\*As of May 2016





***new***

## OptumRx Premium Prescription Drug List for 2017

The OptumRx Premium Prescription Drug List (PDL) for 2017 will exclude approximately 70 prescription drugs from coverage under the LabCorp Prescription Drug Plan. However, the therapeutic equivalent of these prescriptions will be covered. In December, OptumRx will send a letter to all patients currently taking one of the excluded drugs and will provide information about the recommended alternatives.

### Why Exclude Certain Drugs?

Certain brand-name and generic drugs are excluded from the Premium Prescription Drug List (PDL) if they have no clinical advantage over other covered medications in the same therapeutic class. Additionally, certain prescription drugs may be subject to exclusion when they first become available on the market.

### What About my Other Prescriptions?

Every year, OptumRx reviews the classification for all prescription drugs. Every drug is evaluated to determine how well it works, how it compares to others in its class, the total cost, and a number of other significant considerations to make sure medications with the highest health care value are affordable for you and your family. If you take an ongoing prescription medication, it is important to review the PDL every year to know where your prescription is classified for the new plan year.



# new

## No Charge Laboratory Testing Benefit in 2017

LOG IN TO THE BENEFITS  
ENROLLMENT SYSTEM  
TO MAKE SURE YOUR  
ELIGIBLE DEPENDENTS  
ARE ENROLLED IN THE NO  
CHARGE LABORATORY  
TESTING BENEFIT FOR  
2017. IF THEY ARE NOT,  
YOU WILL HAVE TO WAIT  
FOR A QUALIFYING  
LIFE EVENT TO ADD  
YOUR DEPENDENTS  
OUTSIDE OF THE ANNUAL  
ENROLLMENT PERIOD.

Many LabCorp employees and their dependents take advantage of the No Charge Laboratory Testing program each year. No matter what medical plan coverage you have, if you have your lab work sent to a LabCorp facility or if you use a LabCorp Patient Service Center, any balance due to LabCorp after your insurance claim has been processed will be covered by LabCorp. You will need to submit your invoice information through mylabcorp.com or call the Patient Billing phone number on your invoice to have the amount due waived by LabCorp.

The No Charge Laboratory Testing program is available to all LabCorp employees and your eligible dependents, including your spouse/domestic partner, and dependent children up to age 26. There is no charge for this benefit.

**Due to administrative changes, your eligible dependents must be enrolled in the No Charge Laboratory Testing benefit during Annual Enrollment even if your spouse/domestic partner and dependent children are not covered under any other LabCorp benefits.** All new dependents you enroll in the No Charge Laboratory Testing benefit must provide the required documentation for dependent verification.

All LabCorp employees, and any eligible dependents currently listed in the Benefits Enrollment System, will automatically be enrolled in this benefit.

## Change in Basic Life Insurance for 2017

**Effective January 1, 2017**, LabCorp will provide two times (2x) an employee's annual base salary in Basic Life Insurance as the only coverage amount for all eligible employees. LabCorp employees who are enrolled in four times (4x) their annual base salary in Basic Life Insurance as of **December 31, 2016**, will continue at the four times (4x) level of coverage. If you are interested in purchasing additional life insurance for yourself or your dependents, please see page 21 for more information on Optional Life Insurance benefits.

## Dental Plan Participants Annual Maximum Increased!

In 2017, you and your covered dependents can each receive up to **\$1,500** in dental care. This is **up \$500** from the previous plan year. That's something to smile about!

# new

## Changes in Disability Coverage for 2017

If you get sick or hurt and cannot work for an extended period of time, your first concern should not be – “how will I pay my bills?” Short Term and Long Term Disability Insurance work together to protect you and your family if you are unable to work for just a few weeks or even longer.

The \$75 per week Short Term Disability coverage will no longer be available to LabCorp employees starting January 1, 2017.

### Short Term and Long Term Disability are there for you when you have:

- **a baby** – including pregnancy complications and post-delivery
- **an accident**
- **surgery** – including planned procedures
- **a hospitalization**
- **an extended illness**

### Short Term Disability (STD)

The \$75 per week Short Term Disability coverage option will no longer be available to LabCorp employees starting January 1, 2017. This means in order to receive STD benefits, you must elect the Disability Plan, which includes Long Term Disability.

If you enroll in the LabCorp Disability Plan prior to making a claim for STD, the Plan will provide a percentage of your earnings in disability income for approved claims as shown in the chart below. The longer you are employed with LabCorp, the higher percentage of your earnings you will receive for STD, up to 26 weeks after satisfying the waiting period.

Years of Service	Coverage Amount
Benefits eligibility date to fewer than 3 years	50% of earnings
3 years to fewer than 8 years	60% of earnings
8 years to fewer than 15 years	70% of earnings
15 years or more	80% of earnings

### YOUR CURRENT DISABILITY ELECTION WILL NOT CARRY OVER INTO 2017.

If you would like to continue Disability Coverage in 2017 you must log into the Benefits Enrollment System during the Annual Enrollment Period and elect Disability Coverage.

### Long Term Disability (LTD)

Long Term Disability provides a benefit of 60% of base pay, up to a maximum benefit of \$15,000 a month, if your claim is approved.

### Paying for Your Disability Coverage

In 2017, you will have two options to pay for your Disability Coverage:

- **You pay ALL of the cost:** By paying ALL of the cost of Disability Coverage on a post-tax basis, the LTD benefits that you may receive through the Plan would be tax free. However, STD benefits are still taxed at your usual rate.
- **You pay 60% and LabCorp pays 40%:** By paying 60% of the cost of Disability Coverage on a post-tax basis, you would be responsible for paying taxes on 40% of the LTD benefits that you may receive through the Plan. However, STD benefits are still taxed at your usual rate.

See the 2017 Benefit Rates on page 9 to calculate your Disability Insurance costs.

### SHOULD I PAY ALL OF THE COST OF MY DISABILITY COVERAGE?

While it may cost you more now, paying ALL of the cost of your Disability Coverage with post-tax dollars allows you to receive a Long Term Disability benefit on a tax-free basis, should you ever need it. Paying the taxes now, while you are healthy and working, will allow you to receive additional dollars when you need it the most if you are unable to work and receive LTD benefits.

## 2017 Benefit Costs

### Medical Plan Costs

Coverage Level	2017 Monthly Employee Pretax Contribution		2017 Biweekly Employee Pretax Contribution		2017 Weekly Employee Pretax Contribution	
	Standard Rate	With Maximum Wellness REWARD*	Standard Rate	With Maximum Wellness REWARD*	Standard Rate	With Maximum Wellness REWARD*
Employee Only	\$431.00	<b>\$176.00</b>	\$198.92	<b>\$81.23</b>	\$99.46	<b>\$40.62</b>
Employee + Spouse/Domestic Partner	\$808.73	<b>\$298.73</b>	\$373.26	<b>\$137.87</b>	\$186.63	<b>\$68.94</b>
Employee + Child(ren)	\$525.28	<b>\$270.28</b>	\$242.44	<b>\$124.75</b>	\$121.22	<b>\$62.37</b>
Family	\$925.80	<b>\$415.80</b>	\$427.29	<b>\$191.90</b>	\$213.64	<b>\$95.95</b>

\*Available Wellness REWARD Rates—Tobacco-Free Wellness Goal: \$185 EACH per month for employee and enrolled spouse/domestic partner; BMI Wellness Goal: \$70 EACH per month for employee and enrolled spouse/domestic partner; Maximum Available Wellness REWARDS: \$255 EACH per month for employee and enrolled spouse/domestic partner.

### Dental Costs

Coverage Level	2017 Monthly Employee Pretax Contribution	2017 Biweekly Employee Pretax Contribution	2017 Weekly Employee Pretax Contribution
Employee Only	\$20.70	\$9.55	\$4.78
Employee + Spouse/Domestic Partner	\$41.97	\$19.37	\$9.68
Employee + Child(ren)	\$37.97	\$17.52	\$8.76
Family	\$55.89	\$25.80	\$12.90

### Vision Costs

Coverage Level	2017 Monthly Employee Pretax Contribution	2017 Biweekly Employee Pretax Contribution	2017 Weekly Employee Pretax Contribution
Employee Only	\$7.87	\$3.63	\$1.82
Employee + Spouse/Domestic Partner	\$15.80	\$7.29	\$3.64
Employee + Child(ren)	\$14.05	\$6.48	\$3.24
Family	\$19.76	\$9.12	\$4.56

### Important Notice About Domestic Partner Coverage

Your benefit deductions for medical, dental and vision coverage are taken on a pretax basis. However, under Internal Revenue Service rules, the value that both you and LabCorp pay for medical, dental and/or vision coverage for your domestic partner and/or a domestic partner's child(ren) must be reported as taxable income to you. LabCorp determines the value of the coverage and adds it to your taxable wages. See the chart below for monthly imputed income amounts.

Benefit Plan	If Covering a Domestic Partner	If Covering Children of a Domestic Partner	If Covering a Domestic Partner and Children of the Domestic Partner
Medical	\$635.74	\$565.82	\$1271.49
Dental	\$36.75	\$32.38	\$66.14
Vision	\$7.87	\$6.18	\$11.89

**Notice:** Imputed income is reported on your W-2 tax form. Certain states do not require that the value of domestic partner (and dependent) coverage be imputed as income for state tax purposes. You will find the Domestic Partner Tax Declaration information on the Benefits Enrollment System.



# Calculating your 2017 benefit costs

## Disability Coverage

Calculate how you will pay for your Disability Coverage:

(You Pay for ALL of the Coverage) Your Annual Base Pay \$ \_\_\_\_\_ ÷ 12 ÷ \$100 x \$0.338 = Monthly Cost \$ \_\_\_\_\_.

(You Pay for a PORTION of the Coverage) Your Annual Base Pay \$ \_\_\_\_\_ ÷ 12 ÷ \$100 x \$0.1818 = Monthly Cost \$ \_\_\_\_\_.

## Optional Employee Life Insurance

1. Your Annual Base Pay (rounded up to nearest \$1,000) \$ \_\_\_\_\_ x Level of coverage (1-4 times base pay) = Benefit Coverage Amount \$ \_\_\_\_\_.

2. Benefit Coverage Amount (result from line 1 above) \$ \_\_\_\_\_ ÷ \$1,000 x Rate per \$1,000 from chart (right) \$ \_\_\_\_\_ = Monthly Cost \$ \_\_\_\_\_.

Your rate will be calculated based on what your age will be as of January 1, 2017, and current tobacco-user status. You cannot change your status during the year unless you have a qualified status change. STATEMENT OF HEALTH may be required.

**Important Notice:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee Monthly Costs per \$1,000 of Coverage		
Age	Non-Tobacco Cost	Tobacco Cost
0 to 29	\$0.0370	\$0.0800
30 to 34	\$0.0520	\$0.0800
35 to 39	\$0.0600	\$0.0970
40 to 44	\$0.0750	\$0.1490
45 to 49	\$0.1120	\$0.2530
50 to 54	\$0.1710	\$0.4230
55 to 59	\$0.3200	\$0.6620
60 to 64	\$0.4920	\$1.0110
65 to 69	\$0.9460	\$1.4790
70 +	\$1.5350	\$2.8550

## Spouse/Domestic Partner Life Insurance

Coverage levels				
\$10,000	\$25,000	\$50,000	\$100,000	\$200,000

1. Enter your spouse/domestic partner's coverage amount (above)  
\$ \_\_\_\_\_ ÷ \$1,000 = \$ \_\_\_\_\_.

2. Enter your spouse/domestic partner life rate from the chart (right)  
\$ \_\_\_\_\_ x (result from line 1 above) \$ \_\_\_\_\_ = Monthly Cost \$ \_\_\_\_\_.

Your rate will be calculated based on what your spouse/domestic partner's age will be as of January 1, 2017, and current tobacco-user status. STATEMENT OF HEALTH may be required.

Spouse/Domestic Partner Monthly Costs per \$1,000 of Coverage		
Age	Non-Tobacco Cost	Tobacco Cost
0 to 29	\$0.0490	\$0.0870
30 to 34	\$0.0680	\$0.0870
35 to 39	\$0.0780	\$0.1260
40 to 44	\$0.0970	\$0.1940
45 to 49	\$0.1460	\$0.3300
50 to 54	\$0.2230	\$0.5510
55 to 59	\$0.4170	\$0.8610
60 to 64	\$0.6400	\$1.3160
65 to 69	\$1.2320	\$1.9250
70 +	\$1.9980	\$3.7170

## Child Life Insurance Costs

Child Life rates are the same no matter how many children are covered.

Child Coverage Amount	Employee Monthly Cost
\$5,000	\$0.22
\$10,000	\$0.44
\$25,000	\$1.10

## Accidental Death & Dismemberment (AD&D)

Your Annual Base Pay (rounded up to nearest \$1,000) \$ \_\_\_\_\_ x 2 ÷ 1,000 x \$0.013 (for yourself only) = \$ \_\_\_\_\_ Monthly Or,

Your Annual Base Pay (rounded up to nearest \$1,000) \$ \_\_\_\_\_ x 2 ÷ 1,000 x \$0.021 (for yourself & family) = \$ \_\_\_\_\_ Monthly.

## Legal Assistance Plan Costs

Monthly	Biweekly	Weekly
\$16.80	\$7.75	\$3.88

A full-page background image featuring a serene landscape. In the foreground, a calm lake reflects the vibrant colors of the sky. The middle ground is filled with a dense forest of green trees, and the background shows rolling hills under a sky with large, dark, golden-lit clouds. The sun is low on the horizon, creating a strong glow.

# **2017 Benefits Overview**



## Medical

### ONE PLAN. Two provider network choices.

Choose between the **Cigna** or **UnitedHealthcare** network. Both networks offer the same level of in-network coverage; however, your provider choices may differ depending on where you live. Be sure to use the Find a Doctor tool on [mylabcorp.com](http://mylabcorp.com) prior to enrollment to see if the network includes your preferred providers.

The LabCorp Health Care Solutions Medical Plan features a \$25 copayment for in-network primary care physician office visits. Eligible preventive care visits are covered at 100% with no copayment or deductible when you use in-network providers. For most other covered services, you pay 20% of your eligible in-network expenses after you meet the annual deductible (\$1,500 individual/\$4,500 family in-network).

#### LabCorp Health Care Solutions Medical Plan Coverage Summary

Plan Feature	When you use an <b>in-network</b> provider you pay...	When you use an <b>out-of-network</b> provider you pay...
<b>Preventive Care</b> (including routine physicals, immunizations, well child exams, routine prenatal care, and routine mammograms)	<b>\$0</b> , covered at 100%, no copay, no annual deductible, no coinsurance	Not Covered
<b>MDLIVE Telemedicine</b>	<b>\$10</b> copayment, no annual deductible, no coinsurance	Not Applicable
<b>Primary Care Office Visits</b>	<b>\$25</b> copayment, no annual deductible, no coinsurance	50% coinsurance, after annual deductible
<b>Specialist Office Visits</b>	20% coinsurance, after annual deductible	50% coinsurance, after annual deductible
<b>Laboratory Tests</b>	<b>\$0</b> , covered at 100% if services provided by LabCorp; otherwise, 20% coinsurance, after annual deductible	50% coinsurance, after annual deductible
<b>Urgent Care Facility and Convenience Care Clinics</b>	<b>\$25</b> copayment, no annual deductible, no coinsurance	<b>\$25</b> copayment, no annual deductible, no coinsurance
<b>Emergency Room</b> (\$125 per visit charge waived if admitted to hospital from Emergency Room)	<b>\$125</b> per visit charge then 20% coinsurance, after annual deductible	<b>\$125</b> per visit charge then 20% coinsurance, after annual deductible
<b>Most Other Covered Expenses</b>	20% coinsurance, after annual deductible	50% coinsurance, after annual deductible
<b>Annual Deductible</b>	<b>\$1,500</b> individual / <b>\$4,500</b> family	<b>\$3,750</b> individual / <b>\$11,250</b> family
<b>Annual Out-of-Pocket Maximum</b>	<b>\$4,000</b> individual / <b>\$10,000</b> family	<b>\$8,000</b> individual / <b>\$20,000</b> family
<b>Annual Limit on Essential Benefits</b>	Unlimited	

## MDLIVE® Avoid the Waiting Room

With MDLIVE\*, you can visit with a doctor from your home, office or on the go. MDLIVE's network of Board Certified doctors is available 24/7 by phone or secure video to assist with non-emergency medical conditions.

MDLIVE is available to LabCorp Health Care Solutions Medical Plan members for a \$10 copayment - **saving you at least \$15** compared to a traditional in-network doctor's office visit. Visit [mdlive.com/labcorp](http://mdlive.com/labcorp) to activate your account so it will be ready when you need it.

\*MDLIVE operates subject to state regulations and may not be available in certain states.

## Prescription Drugs

The LabCorp Prescription Drug Plan allows you to take full advantage of an abundance of generic prescription drugs at very reasonable prices. You will pay the actual retail discounted cost of the prescription if that amount is less than the copayments listed below.

### Prescription Drug Coverage Summary

Type of Prescription Drug	Retail Pharmacy* (Up To A 30-Day Supply)	Home Delivery Service* (Up To A 90-Day Supply)
Generic	\$10 copayment	\$25 copayment
Preferred	40% of cost (minimum of \$35; maximum of \$60)	40% of cost (minimum of \$88; maximum of \$150)
Non-Preferred	65% of cost (minimum of \$50; maximum of \$100)	65% of cost (minimum of \$130; maximum of \$250)
Annual Out-of-Pocket Maximum for Prescription Drugs	\$2,600 individual/\$3,200 family	

\*You will pay actual discounted cost of prescription drug if it is less than copayments listed above

### Premium Prescription Drug List

Some medications are subject to exclusion if they are not listed on the OptumRx Premium Prescription Drug List (PDL); however, the therapeutic equivalent of these excluded prescription drugs will be covered. If you are currently taking a prescription impacted by the PDL, you will be notified by OptumRx.

### Specialty Drugs

If you, or an enrolled dependent, take medications for multiple sclerosis, hepatitis C, rheumatoid arthritis, hemophilia, psoriasis or another serious condition that requires specialty drugs, you must obtain certain medications through the Specialty Pharmacy Program for the medication to be covered. You can pay your portion of the cost with a credit card and have a 30-day supply sent to either your home or a doctor's office. Contact OptumRx at 888-543-1447 for more information about the Specialty Pharmacy Program.

## No Charge Laboratory Testing Benefit

As a LabCorp employee you can take advantage of the No Charge Laboratory Testing program, even if you are not enrolled in a LabCorp Medical Plan.

If you have your lab work sent to a LabCorp facility or if you use a LabCorp Patient Service Center, any balance due to LabCorp after your insurance claim has been processed is eligible to be written off. This program is also available to your eligible dependents, including your spouse/domestic partner, and dependent children up to age 26.

Employees, and any eligible dependents listed in the Benefits Enrollment System, will automatically be enrolled in this benefit.

If you have dependents who are not listed on the Benefits Enrollment System, you must add them during Annual Enrollment and provide the appropriate documentation for dependent verification in order for them to be eligible for the No Charge Laboratory Testing Benefit.



## Dental

### Administered by Cigna.

The LabCorp Dental Plan pays a percentage of reasonable and customary charges for covered expenses, after any required deductibles, based on the type of service provided. Although the Plan does not require you to use a dentist that is a member of the Cigna network, using a network dentist will provide maximum savings to you. To confirm the network status of your dentist, visit [cigna.com](http://cigna.com).

#### Dental Coverage Summary

Type Of Service	When you use an in- or out-of-network provider you pay...
<b>Preventive</b> (exams, routine cleanings, x-rays)	<b>\$0</b> , covered at 100%, no deductible
<b>Basic</b> (fillings, extractions)	20%, after <b>\$25</b> deductible
<b>Major</b> (crowns, dentures, bridges)	40%, after <b>\$25</b> deductible
<b>Orthodontia</b> (for eligible children under age 19)	50%, no deductible ( <b>\$1,500</b> lifetime maximum)

**Each person covered under the Dental Plan can receive up to \$1,500 in services annually.**

## Vision

### Insured by Ameritas Life Insurance and Administered by Vision Service Plan (VSP).

The LabCorp Vision Plan provides coverage for one vision exam, contact lenses or eyeglass **lenses every 12 months**, and eyeglass **frames every 24 months**.

#### Vision Coverage Summary

Plan Feature	Coverage	
	When you use an <b>in-network</b> provider, you pay...	When you use an <b>out-of-network</b> provider, you pay...
<b>Vision Exams</b> (once every 12 months from date of service)	<b>\$20</b> copayment	<b>\$20</b> copayment and balance due after the Plan pays up to <b>\$47</b>
<b>Lenses</b> (single vision, bifocal, trifocal every 12 months from date of service)	<b>\$20</b> copayment	Balance due after the Plan pays up to <b>\$85</b>
<b>Frames</b> (every 24 months from date of service)	Balance due after <b>\$120</b> Plan allowance	Balance due after the Plan pays up to <b>\$45</b>
<b>Contact Lenses, Medically Necessary</b> (every 12 months from date of service, in lieu of lenses and frames)	<b>\$20</b> copayment	Balance due after the Plan pays up to <b>\$210</b>
<b>Contact Lenses, Elective</b> (every 12 months from date of service, in lieu of lenses and frames)	Balance due after <b>\$150</b> Plan allowance	Balance due after the Plan pays up to <b>\$105</b>

## myHealth Account

### Health Reimbursement Arrangement (HRA)

LabCorp provides you with access to a Health Reimbursement Arrangement (HRA) called the myHealth Account.

Your myHealth Account allows you to earn tax-free dollars that can be used to pay for your out-of-pocket medical and prescription drug costs that are considered reimbursable medical expenses under the LabCorp Health Care Solutions Medical Plan.

You are automatically enrolled in myHealth Account when you enroll in the LabCorp Health Care Solutions Medical Plan. When you complete certain LabCorp-sponsored wellness and disease management programs, LabCorp credits dollars to

your myHealth Account. You can use these amounts to pay for reimbursable medical and prescription drug expenses for yourself or your eligible enrolled dependents.

Once funds are in your myHealth Account, you will be sent an ADP Spending Account Card that you can use for your reimbursable medical and prescription drug expenses. You will continue to use that card until it expires or you are no longer enrolled in the myHealth Account or Health Care FSA.

### Earning myHealth Account Dollars

For the plan year, you may earn up to an annual maximum of **\$1,500** in myHealth Account dollars by completing online and telephonic Wellness and Disease Management Programs through OptumHealth, as well as completing specified healthy activities.

If your spouse/domestic partner is enrolled in the LabCorp Health Care Solutions Medical Plan, he or she also may earn up to **\$1,500** in myHealth Account dollars for

the plan year. That's up to **\$3,000** for your family myHealth Account if you and your covered spouse/domestic partner both earn the maximum amount of myHealth Account dollars.

But that's not all. Your covered dependent children (ages 6 to 26) may each earn up to **\$200** per year for the family myHealth Account by participating in Child Wellness and Disease Management Programs offered through OptumHealth.

The chart on the opposite page outlines how OptumHealth programs and activities reward you with myHealth Account dollars.

For more information about OptumHealth and other wellness tools available to you through LabCorp's Partnership for Health, see pages 16-17.



## myHealth Account Dollars and Coins Earned

**RALLY ACTIVITIES**

Complete your Health Survey (maximum 1x per year)	\$50 + Rally Coins
Complete 3 Rally Missions (maximum 1x per year)	\$200 + Rally Coins
Complete a Rally Challenge (maximum 1x per year)	\$200 + Rally Coins

**SCREENING ACTIVITIES**

Get an annual physical	\$150 + Rally Coins
Women: Get a cervical cancer screening	\$100 + Rally Coins
Women: Get a mammogram	\$100 + Rally Coins
Men & Women: Get a colonoscopy	\$100 + Rally Coins

**DISEASE MANAGEMENT PROGRAMS**

Heart Failure	\$300 + Rally Coins
Chronic Obstructive Pulmonary Disorder (COPD)	\$300 + Rally Coins
Coronary Artery Disease	\$300 + Rally Coins
Asthma	\$300 + Rally Coins
Diabetes	\$300 + Rally Coins

**TELEPHONIC WELLNESS COACHING**

Diabetes	\$300 + Rally Coins
Heart Health	\$300 + Rally Coins
Stress Management	\$300 + Rally Coins
Nutrition	\$300 + Rally Coins
Exercise	\$300 + Rally Coins
QuitPower (Smoking Cessation)	\$300 + Rally Coins
Healthy Back	\$300 + Rally Coins
Healthy Weight	\$300 + Rally Coins

**TELEPHONIC MATERNITY CARE\***

myHealthy Baby (employees and spouses/domestic partners)	\$750 – You must enroll by your 12th week of pregnancy
--	--

**DEPENDENT CHILD PROGRAMS\* (ages 6-26)**

Nutrition	\$50
Exercise	\$50
Asthma	\$50
Diabetes	\$50

\* Not included in the \$1,500 individual annual limit for myHealth Account dollars.

Any unused dollars available in your myHealth Account at the end of the year can be carried forward, subject to annual carryover limits of \$3,000 if only the employee is enrolled or \$6,000 if both the employee and a spouse or domestic partner are enrolled in the LabCorp Health Care Solutions Medical Plan.



The LabCorp benefits plan is built on the foundation of Improving Health and Improving Lives. In order for you to live life to the healthiest, LabCorp is committed to providing a suite of tools to help you and your family set and stay focused on your individual wellness goals.

The tools provided through LabCorp's **Partnership for Health** work together to allow you to choose the experiences that work best for you and your family.



### OptumHealth's Online Wellness Portal

Rally is a fun, interactive website and mobile app that helps you focus on your daily health goals. Rally shows you how to make simple changes to your daily routine, set smart goals and stay on target. You'll get personalized recommendations on how to move more, eat better and feel happier. And if you are enrolled in the LabCorp Health Care Solutions Medical Plan, you will earn myHealth Account dollars for staying engaged throughout the year.



#### OptumHealth

#### Telephonic Wellness Coaching

Want to lose weight? Quit smoking? Reduce stress? OptumHealth telephonic wellness coaches can help you set reasonable health-related goals and achieve them. You'll work one-on-one with a coach over the phone to improve things such as exercise, nutrition, heart health, and back pain – all while earning myHealth Account dollars for each program you complete.

#### OptumHealth

#### Disease/Condition Management Programs

If you are living with a chronic health condition, call OptumHealth to enroll in the Disease/Condition Management Program that is right for you. OptumHealth Nurses specialize in asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), diabetes, heart failure and more. You must qualify for these programs based on a diagnosis from a physician. You will earn myHealth Account dollars for each program you complete.

#### OptumHealth

#### myHealthy Baby Program

If you or your covered spouse/domestic partner are pregnant, enroll in myHealthy Baby to receive ongoing support from a maternity nurse throughout your pregnancy. You'll receive a free maternity book and if you enroll in myHealthy Baby by your 12th week of pregnancy and you complete the program's key milestones, you'll earn an additional **\$750** for your myHealth Account. myHealth Account dollars earned through the myHealthy Baby program do not count toward your **\$1,500** maximum.

For more information on any of the programs listed below, visit [mylabcorp.com](http://mylabcorp.com) and click the **Partnership for Health** icon on the left side of the home page.



## NEW You Worksite Wellness

NEW You Worksite Wellness programs offer you support at work to reinforce making healthy choices so you can stay on track with your wellness goals, both at work and at home. Your NEW You Worksite Wellness Champion will help you and your fellow coworkers create a community of wellness-minded people to encourage and celebrate each other along your wellness journey.



## Weight Watchers

The Weight Watchers Beyond the Scale program can help you learn how to eat healthier, live happier and lose weight. There are three Weight Watchers programs to choose from:

- **Meetings** (both At Work and in your community),
- **OnlinePlus**, and
- **Weight Watchers for Diabetes.**

Most LabCorp employees can become a Weight Watchers member at a significantly discounted rate. Spouses and domestic partners who are enrolled in a LabCorp Medical Plan may also receive the discounted rate.



## Fitness REIMBURSEMENT PROGRAM

## Fitness Reimbursement Program

The LabCorp Fitness Reimbursement Program reimburses you up to **\$300 annually** for fitness-related memberships and equipment purchased in the prior year. In January 2017, you can file for reimbursement for eligible fitness fees and equipment purchases made in 2016. You must be a LabCorp employee at the time of purchase and reimbursement to qualify for the program.



## Life Coaching

If you're feeling motivated to move forward and make a change or tackle a life goal, your LifeWorks Life Coach will be there to help you. Work one-on-one with your own professional life coach over the phone. Your coach will help you plan and provide support and resources to help you reach whatever goal you might have.

## Employee Assistance Program

The LifeWorks program provides valuable services and information at no cost to you. LifeWorks offers confidential consultations and short-term counseling for you and your family members. LifeWorks can serve as a resource for:

- Helping you find child or elder care,
- Locating schools and educational financing information,
- Budgeting, investment and retirement planning information,
- Helping you to resolve work-related issues,
- Helping with stress management, addiction issues, and other personal issues.
- Providing access to articles, podcasts, toolkits and infographics on [www.LifeWorks.com](http://www.LifeWorks.com).

LifeWorks consultants are available 24 hours a day, 7 days a week by calling **888-267-8126**. Enrollment is not required to participate.



## Health Care Flexible Spending Account

LabCorp's Health Care Flexible Spending Account (FSA) works along with your myHealth Account (see pages 14-15) to reduce the burden of out-of-pocket medical\*, dental, vision and prescription drug\* charges.

Making pretax contributions to your Health Care FSA through automatic payroll deductions lowers the amount of current income taxes and Social Security taxes that you would otherwise be required to pay. That's because your taxes and Social Security earnings are based on your pay after your contributions to your Health Care FSA have been taken out.

You may contribute between \$120 and \$2,500 of your pretax pay to your 2017 Health Care FSA. You should carefully estimate

\*if your myHealth Account balance is zero.

your needs because under federal law, amounts remaining in your 2017 Health Care FSA after June 15, 2018, will be forfeited. Expenses may be incurred through March 15, 2018. You may pay for eligible health care expenses with the ADP Spending Account Card or submit a claim form via fax or U.S. Mail for reimbursement. Be sure to keep copies of your receipts when you use the ADP Spending Account Card. Both the Health Care FSA and myHealth Account are linked to your ADP Spending Account Card.

## Mobile HRA/FSA Services

Validate HRA/FSA claims on your smart phone. Simply take a picture of your supporting documentation and submit it through the free smart phone application available from ADP.

To register your account online, go to <https://myspendingaccount.adp.com>

### Using Your ADP Spending Account Card

The ADP Spending Account Card is a "smart card" programmed to first use available myHealth Account funds contributed by LabCorp for medical and prescription drug expenses before it uses Health Care FSA funds that you have contributed. myHealth Account funds can only be used for medical expenses such as copays at your medical doctor's office and for prescription drugs. Health Care FSA funds can be used for dental expenses, vision care expenses such as contact lenses and glasses, hearing care expenses, mileage reimbursement for travel to your health care provider, and medical and prescription drug expenses if your myHealth Account balance is zero.



## Automatic Claims Reimbursement

Automatic Claims Reimbursement (ACR) is another option that you may choose for claims reimbursement. If you elect ACR as your reimbursement option, access to your ADP Spending Account Card will stop immediately. Instead of using your Card, when you incur an eligible expense you will pay for the expense out of pocket. The claim will be automatically substantiated and you will be reimbursed for any eligible amounts from your available Health Care FSA or myHealth Account balance based on the type of expense. You can enroll in ACR once per

calendar year, and once you choose it you must remain enrolled in ACR for the remainder of the calendar year. Please contact PeopleCare at **888-800-4002** if you are interested in using the ACR feature.

**March 15, 2018**, is the deadline to incur Health Care FSA-eligible expenses for 2017. Your reimbursement claim must be faxed or postmarked by **June 15, 2018**.

See opposite page for information on Dependent Care FSA and Commuter Spending Accounts.

## Other Pretax Spending Accounts

### Dependent Care Flexible Spending Account (FSA)

The Dependent Care FSA allows you to set aside between \$120 and \$5,000 on a pretax basis for payment of eligible child day care or elder care expenses incurred while you (and your spouse, if you are married) work, your spouse is a full-time student, or your spouse is disabled and unable to care for your dependents. It is not for reimbursement of your dependent's medical expenses. You must use a paper claim for reimbursement.



**No refunds will be given from the Dependent Care FSA if you enroll but do not have any eligible dependents or do not incur any eligible expenses during the year.**

**December 31, 2017**, is the deadline for incurring eligible expenses. Reimbursement claims must be faxed/postmarked by **March 31, 2018**.

### Commuter Spending Account

You may be able to save money when you travel to and from work by enrolling in the Commuter Spending Account (CSA). Two types of accounts are available: the Transportation Spending Account and the Parking Spending Account. This benefit is for LabCorp employees' commuting expenses only.

To each Account, you may contribute a monthly amount through the Commuter Spending Account website, which you access through mylabcorp.com.

For details, visit mylabcorp.com and search for "CSA." Click the link for "Commuter Spending Account" in the search results box.

## Other Valuable Benefits

### Adoption Assistance

The Adoption Assistance Plan provides benefits if you adopt a child. LifeWorks also can provide agency referrals and guidance with the adoption process.

Through the Adoption Assistance Plan you can request up to a lifetime maximum of \$3,000 in reimbursement for covered expenses for the legal adoption of any eligible child. If both the adopting mother and father are LabCorp employees, the combined maximum benefit is \$3,000 per lifetime.

Enrollment is not required to participate. For more information about the Adoption Assistance Plan visit mylabcorp.com or call LifeWorks at **888-267-8126**.

### Business Travel Accident Insurance

LabCorp provides Business Travel Accident (BTA) Insurance at no cost to you. BTA Insurance pays a benefit if you die or are seriously injured while traveling on LabCorp business. The BTA Insurance benefit is based on your annual base pay and you are automatically enrolled as an employee of LabCorp. This insurance is not intended to cover you while you are commuting to and from work. For more information, please see mylabcorp.com for plan details.

## Disability Coverage

LabCorp offers employees the opportunity to purchase Disability Coverage. Both Short Term and Long Term Disability are covered under the LabCorp Disability Plan.

### Short Term Disability (STD)

This plan is self-insured by LabCorp and administered through the Reed Group.

If you enroll in the LabCorp Disability Plan prior to making a claim for Short Term Disability, the Plan will provide a percentage of your earnings in disability income, for approved claims. The longer you are employed with LabCorp, the higher the percentage of your earnings you will receive for Short Term Disability, up to 26 weeks after satisfying the waiting period.

The \$75 per week Short Term Disability coverage will no longer be available to LabCorp employees starting January 1, 2017.

Years of Service	Short Term Disability Coverage Amount
Benefits eligibility date to fewer than 3 years	50% of earnings
3 years to fewer than 8 years	60% of earnings
8 years to fewer than 15 years	70% of earnings
15 years or more	80% of earnings

### Long Term Disability (LTD)

Insured through Cigna, the Plan generally provides a Long Term Disability benefit of 60% of base pay, up to a maximum benefit of \$15,000 a month if your claim is approved.

You have two options to pay for your Disability Coverage:

**You pay ALL of the cost:** By paying 100% of the cost of Disability Coverage on a post-tax basis, the LTD benefits that you may receive through the Plan would be tax free. However, STD benefits are still taxed at your usual rate.

**You pay 60% and LabCorp pays 40%:** By paying 60% of the cost of Disability Coverage on a post-tax basis, you would be responsible for paying taxes on 40% of the LTD benefits that you may receive through the Plan. However, STD benefits are still taxed at your usual rate.

**Notice:** During the first 12 months of coverage, the LabCorp Disability Plan does not pay benefits if your disability results from a pre-existing condition.

**Important:** Your Current Disability Election will NOT Carry Over into 2017 If you would like to continue Disability Coverage in 2017 you must log into the Benefits Enrollment System during the Annual Enrollment Period and elect Disability Coverage.



## Preparing for the Unexpected

### Company-Paid Basic Life Insurance for You

LabCorp provides Basic Life insurance for you equal to two times (2x) your salary – up to a maximum of \$1.5 million. If you are enrolled in LabCorp Company-Paid Basic Life Insurance at four times (4x) your annual salary as of December 31, 2016, you will remain enrolled in the four times (4x) Basic Life amount for 2017, unless you experience a change in salary or you otherwise are no longer eligible for Basic Life Insurance benefits.

### Optional Life Insurance for Yourself and Your Family

You may choose to purchase an additional amount of Optional Life Insurance for yourself, one to four times your Annual Base Pay, up to \$1 million. You may also purchase Optional Life Insurance for your spouse/domestic partner and/or your eligible dependent children age 6 months to age 26. The Child Life Insurance benefit is limited to \$500 from the 14th day of life through 6 months of age.

### MetLife Free Travel Assistance Services

MetLife provides free travel assistance services to all employees eligible for Basic Life and their dependents. MetLife will also provide free will preparation and estate planning benefits to participants enrolled in Optional Employee Life Insurance. For details, go to [mylabcorp.com](http://mylabcorp.com) or call PeopleCare at 888-800-4002.

### Legal Assistance Plan

LabCorp's Legal Assistance Plan gives you access to a network of more than 14,000 attorneys who can help you and your qualified dependents with a wide variety of personal legal services. You may use the plan as often as you'd like, and there are no dollar limits when you use a network attorney for covered services. You also may use services from attorneys outside the network; however, reimbursement is based on a set fee schedule. The plan is insured by Hyatt Legal Plan.

Once you've enrolled, if you need legal assistance, contact Hyatt Legal Plans at 800-821-6400.

### Optional Accidental Death & Dismemberment Insurance

To provide you and your family with additional financial protection, you have the option to enroll in Optional AD&D Insurance. This insurance provides a benefit to your beneficiary if you die because of a covered accidental injury. It also provides a benefit to you if you lose your eyesight or a limb as a result of a covered accident.

#### For Yourself Only

If you would like to cover yourself only, you may enroll for Optional AD&D Insurance in the amount of two times your annual base pay, up to a maximum benefit amount of \$500,000.

#### For Yourself and Your Family

You may enroll in Optional AD&D Insurance for yourself as well as for your dependents. The amount of your dependents' coverage is determined by your family status at the time a claim is submitted.

**Important Notice:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### UPDATE YOUR BENEFICIARY DESIGNATIONS

Annual Enrollment is a good time to verify your Life Insurance beneficiary designations and update as necessary. You may confirm your designations or make changes on the Benefits Enrollment System or by calling PeopleCare at 888-800-4002.

## Employees' Savings Plan—401(k)

During this year's Annual Enrollment, don't forget about your financial health. LabCorp offers the Employees' Savings Plan—401(k) to help you save for your retirement.

### Who Is Eligible?

All employees of Laboratory Corporation of America Holdings and its affiliated entities are eligible to contribute to the 401(k) Plan immediately upon hire with the exception of leased (contract) employees, non-resident aliens and collectively bargained employees who are generally not eligible.

### This Plan offers you:

- **A convenient way to save.** Your contributions are made through payroll deductions. You may choose to contribute up to 50% of your eligible earnings on a per-pay-period basis, subject to IRS limits.
- **Tax-advantaged savings.** You can contribute on a pretax or after-tax basis. When you contribute with pretax dollars, you reduce your taxable income and don't pay taxes on your contributions until they are distributed from the Plan. When you contribute with after-tax dollars, your investment earnings grow tax-deferred until you receive them as a distribution.
- **Company contribution.** LabCorp makes an automatic contribution equal to 3% of your eligible earnings to your account on a per-pay-period basis, regardless of your contributions to the Plan. In addition, LabCorp may decide to make an additional Discretionary Company Contribution at the end of each year based on the following schedule:

Years of LabCorp Service (As of January 1)	Earnings Percentage
Fewer than 10 years	0.00%
10 or more years, but fewer than 15 years	Up to 1.00%
15 or more years, but fewer than 20 years	Up to 2.00%
20 or more years	Up to 3.00%

- **Flexibility.** You decide how much to save, and in which of the Plan's funds you would like to invest contributions made to your account. At any time, you can change how much you are contributing and the funds in which you are investing.
- **Growth potential.** Your account has the potential to grow through compounded earnings. The sooner you invest, the more your account can grow over time because the earnings from your and LabCorp's contributions are reinvested into your account.

Call the Fidelity Retirement Line at **800-421-3844** or access Fidelity NetBenefits online. To access this website, visit [mylabcorp.com](http://mylabcorp.com) and search for "401k." Then, click the link for "Employees' Savings Plan" in the search results box.

### UPDATE YOUR 401(K) PLAN BENEFICIARY!

Annual Enrollment is a good time to make sure that your 401(k) Plan beneficiary is up-to-date.

**Notice:** Your life insurance beneficiaries do not apply to your 401(k) Plan account. You are required to make a separate beneficiary designation for your 401(k) Plan. To add or change a beneficiary, go to [mylabcorp.com](http://mylabcorp.com) and type "beneficiary" in the search box. Click the link for "Employees' Savings Plan" in the search results box. On the next page, click the "Change Savings Plan Beneficiary" link.

## Employee Stock Purchase Plan

LabCorp's Employee Stock Purchase Plan (ESPP) enables you to own a piece of LabCorp. You can deduct between 1% and 10% of your base pay, including shift differential, to purchase LabCorp Common Stock at a 15% discount. The deductions are taken on an after-tax basis each pay period.

The ESPP has two Offering Periods each year—January 1 through June 30 and July 1 through December 31. If you wish to enroll in the Plan or change your contribution for the January 1, 2017, Offering Period, you must do so by December 15, 2016. You may stop contributing at any time.

Contact Fidelity at **800-544-9354** or visit the Fidelity NetBenefits website for more information.

### Who Is Eligible?

You are eligible to participate in the LabCorp ESPP if you:

- are regularly scheduled to work more than 20 hours per week, and
- have completed at least six months of service as of any January 1 or July 1.

[Go to mylabcorp.com > myBenefits > Summary of My Benefits > Employee Stock Purchase Plan.](#)

## Download the Fidelity Mobile App

### NetBenefits® mobile apps help you make the most of your benefits

Download a NetBenefits mobile app from the App Store<sup>SM</sup> or Google Play<sup>TM</sup> Store and get access to all your Fidelity workplace accounts anytime, anywhere.\*



NetBenefits®  
for iPad®

Connect  
with a rep  
instantly  
by tapping  
"Give Us  
a Call"



NetBenefits®  
smartphone  
app



- See all your Fidelity workplace accounts\*\*
- Monitor account balances
- Review and change investments
- Update your contribution amount
- Get your personal rate of return
- Compare your account performance with your peers in your age group and area
- Access articles, videos, and podcasts in the NetBenefits Library

You can also access **NetBenefits.com** using a Web browser on your mobile device.



## Voluntary Benefits

You may enroll in the following voluntary benefits at the same time that you enroll in your Personal Choice Benefits:

- **Unum Whole Life Insurance**
- **Unum Critical Illness Insurance**

You will enroll using the VBConnect website. You can reach this site through the 2017 Benefits page on [mylabcorp.com](http://mylabcorp.com).

If you have questions about any of these products, call LabCorp's Voluntary Benefits Enrollment Center at **877-746-3692** (Monday – Friday, 9 a.m. – 5 p.m. ET).

LabCorp does not sponsor or otherwise endorse these voluntary benefits.

## Discount Programs

LabCorp has negotiated employee discounts with over a dozen vendors, some of which are highlighted below.

### Auto & Home Insurance

The Auto & Home Insurance Program offers you a choice of different insurance carriers offering a wide range of specially discounted insurance policies for auto, boat, landlord's rental dwellings, homes, rental property, condominiums, mobile homes, fire, and personal excess liability.

As a LabCorp employee, you also have access to affordable coverage at special group rates, convenient payment options, extended service hours, and responsive, 24-hour claim reporting service.

For more information, call the MetLife Auto & Home Call Center at **877-638-7515**

### Cell Phones

As a LabCorp employee, you are eligible to participate in an employee discount program for wireless cellular phone services. LabCorp has negotiated substantial employee discounts with major wireless service carriers including AT&T Mobility, Sprint Mobility, and Verizon Wireless.

### Company Store

The LabCorp Company Store is your source for LabCorp gear for all seasons. Order apparel, accessories and promotional items for business and personal use. Go to [www.labcorpbrandstore.com](http://www.labcorpbrandstore.com)

### Computers

Are you in the market for a new computer or computer supplies? Discounts and special deals are available to LabCorp employees and their family members. Go to [mylabcorp.com](http://mylabcorp.com) > **myBenefits > Voluntary Benefits & Programs** for more information.

## 2017 Legal Notices

### Summaries of Benefits and Coverage

The Summaries of Benefits and Coverage (SBCs) explain what the LabCorp Medical and Prescription Plans cover, as well as what treatment will cost under these plans. Electronic versions of these documents for the coverage options available to you are available online through the Benefits Enrollment System. If you log onto the Benefits Enrollment System to enroll for your benefits or to make changes to your benefits, a link to the SBCs will automatically appear during the enrollment process. To find the link for the Benefits Enrollment System, log onto mylabcorp.com. If you prefer paper copies, you may also contact PeopleCare and request that free copies of the SBCs be mailed to you. For more information, contact PeopleCare at **888-800-4002**.

### The Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to fewer than 48 hours following a 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 newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### The Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act went into effect on January 1, 1999. This law contains protections for breast cancer patients who seek breast reconstruction after undergoing a mastectomy. Specifically, the medical plan participant who is receiving benefits under the plan in connection with a mastectomy and who elects breast reconstruction will be provided with coverage for services determined by the attending physician and the patient that include: Reconstruction of the breast on which the mastectomy was performed, Surgery and reconstruction of the other breast to produce a symmetrical appearance, and Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

These services must be provided in consultation with the attending physician and the patient. This coverage may be subject to deductibles and copayments as applicable to other medical and surgical benefits provided under the plan. Please refer to Your Personal Choice Benefits Handbook on mylabcorp.com or this Enrollment Guide for deductible and copayment information.

### Notice of Special Enrollment Rights

If you decline medical plan enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may, in the future, be able to enroll yourself and your dependents in the plan or group health plan coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward you or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

In addition, if you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in the plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under the plan, you may be eligible to enroll yourself and your eligible dependents in the plan. However, you must request enrollment within 60 days after you or your dependents' determination of eligibility for such assistance.

To request a special enrollment or for more information, contact PeopleCare at **888-800-4002**, Monday – Friday, 8 a.m. – 8 p.m. ET.

# Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs,

contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA** (3272).

If you live in one of the states below, you may be eligible for assistance paying your employer health plan premiums.

The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility:

State	Contact Information
AL	<a href="http://myalhipp.com">http://myalhipp.com</a> 1-855-692-5447
AK	<a href="http://myakhipp.com">http://myakhipp.com</a> 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
AR	<a href="http://myarhipp.com">http://myarhipp.com</a> 1-855-MyARHIPP (855-692-7447)
CO	<a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> 1-800-221-3943
FL	<a href="http://flmedicaidprecovery.com/hipp">http://flmedicaidprecovery.com/hipp</a> 1-877-357-3268
GA	<a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) 404-656-4507
IN	Healthy Indiana Plan for low-income adults 19-64. <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 Medicaid <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> 1-800-403-0864
IA	<a href="http://www.dhs.state.ia.us/hipp">http://www.dhs.state.ia.us/hipp</a> 1-888-346-9562
KS	<a href="http://www.kdheks.gov/hcf">http://www.kdheks.gov/hcf</a> 1-785-296-3512
KY	<a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> 1-800-635-2570
LA	<a href="http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331">http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331</a> 1-888-695-2447
ME	<a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> 1-800-442-6003 TTY: Maine relay 711
MA	<a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> 1-800-462-1120
MN	<a href="http://mn.gov/dhs/ma">http://mn.gov/dhs/ma</a> 1-800-657-3739
MO	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> 573-751-2005
MT	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> 1-800-694-3084
NE	<a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> 1-855-632-7633
NV	<a href="http://dwss.nv.gov/Medicaid">http://dwss.nv.gov/Medicaid</a> 1-800-992-0900
NH	<a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> 603-271-5218

State	Contact Information
NJ	<a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
NY	<a href="http://www.nyhealth.gov/health_care/medicaid">http://www.nyhealth.gov/health_care/medicaid</a> 1-800-541-2831
NC	<a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> 919-855-4100
ND	<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a> 1-844-854-4825
OK	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> 1-888-365-3742
OR	<a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> 1-800-699-9075
PA	<a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a> 1-800-692-7462
RI	<a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a> 401-462-5300
SC	Medicaid: <a href="http://scdhhs.gov">scdhhs.gov</a> ; 888-549-0820
SD	<a href="http://dss.sd.gov">http://dss.sd.gov</a> 1-888-828-0059
TX	<a href="http://gethipptexas.com">http://gethipptexas.com</a> 1-800-440-0493
UT	<a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> 1-877-543-7669
VT	<a href="http://www.greenmountaincare.org">http://www.greenmountaincare.org</a> 1-800-250-8427
VA	<a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> 1-800-432-5924 CHIP: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
WA	<a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> 1-800-562-3022 ext. 15473
WV	<a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> 1-877-598-5820, HMS Third Party Liability
WI	<a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> 1-800-362-3002
WY	<a href="https://wyequalitycare.acs-inc.com">https://wyequalitycare.acs-inc.com</a> 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee  
Benefits Security Administration

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

OR

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

# Important Notice from LabCorp about Your Prescription Drug Coverage and Medicare

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

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

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

LabCorp has determined that the prescription drug coverage offered by the LabCorp Prescription Drug Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join a Medicare Drug Plan?

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

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

## What Happens To Your Current Coverage If You Decide To Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current LabCorp coverage will be affected. You cannot be covered under BOTH a LabCorp sponsored plan and a Medicare Part D plan at the same time.

If you do decide to join a Medicare drug plan and drop your current LabCorp coverage, be aware that you and your dependents will not be able to get the LabCorp coverage back.

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

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

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

For more information about this notice or your current prescription drug coverage, contact the PeopleCare Advocacy Center at **888-800-4002**, Monday – Friday, 8 a.m. to 8 p.m. ET.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through LabCorp changes. You also may request a copy of this notice at any time.

## More Information About Your Options Under Medicare Prescription Drug Coverage

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

## For More Information About Medicare Prescription Drug Coverage Visit: [www.medicare.gov](http://www.medicare.gov).

Call **800-MEDICARE** (800-633-4227). TTY users should call 877-486-2048.

For personalized help, call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number)

## Remember: Keep this Creditable Coverage notice.

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

Date: **October 1, 2016**

Name of Entity/Sender: **Laboratory Corporation of America Holdings**

Address: **531 South Spring Street, Burlington NC, 27215**

Phone Number: **800-222-7566**, extension 66390

Contact – Position/Office: **LabCorp Corporate Benefits**, 531 South Spring Street, Burlington NC, 27215

## Privacy Notice

This Enrollment Guide presents information about the LabCorp Personal Choice Benefits Program. Not all plan terms, limitations and exclusions are included in this Enrollment Guide. In the event of any conflict between the information contained in this Enrollment Guide and the plan provisions, the plan documents and insurance contracts will govern. Copies of these documents are available from the plan Administrator for your inspection during normal business hours. LabCorp retains the right, at its sole discretion, to determine eligibility for participation or benefits and to interpret the terms of the plans. All determinations and interpretations made by LabCorp shall be conclusive and binding upon all parties. LabCorp reserves the right to change or terminate benefits at any time. External internet addresses are included, where appropriate, for reference only; LabCorp is not responsible for information provided by any of these external sources. LabCorp cannot provide legal or investment advice.





LabCorp PeopleCare Advocacy Center  
11405 Bluegrass Parkway  
Louisville, KY 40299



## Important Information About 2017 Annual Enrollment

**BEGINS:** Monday, October 17, 2016 12:00 A.M.    **ENDS:\*** Friday, November 4, 2016, 11:59 P.M.

Go to the 2017 Benefits page using the link on the **mylabcorp.com** home page during Benefits Annual Enrollment. On this page, you will find information about your benefits, a link to the Benefits Enrollment System and links to helpful tools and resources.

You must participate in 2017 Benefits Annual Enrollment if you:

- want to make changes to your current benefit elections
- want to contribute to a Flexible Spending Account (Health Care or Dependent Care)
- want Disability Coverage in 2017 – your current Disability election will NOT carry over
- want your eligible dependents to have access to the No Charge Laboratory Testing benefit in 2017

\*After the Benefits Enrollment period ends, changes to your 2017 benefits elections cannot be made unless you have a qualified change in status. Visit mylabcorp.com for more details.

### To make your benefit elections

1. **Log on to mylabcorp.com by entering your Employee ID and your Password.** If you have not created your own password, your default password is your date of birth (mmddyy) and the last four digits of your Social Security Number.
2. **Follow the online directions to make your benefit elections.** On the 2017 Benefits page, click the link marked “Click here to enroll now!”
3. **Confirm your elections and print your confirmation statement.** Go through the online Benefits Enrollment System to access your confirmation statement. Be sure to review your confirmation statement carefully.

## PeopleCare Supports Enrollment

Call a PeopleCare advocate at **888-800-4002** (Monday – Friday, 8 a.m. – 8 p.m. ET) to:

- discuss the 2017 plan changes and how they might affect you
- get help deciding which benefits best meet your needs
- receive help while you enroll or complete your enrollment if you do not have access to a computer