

# 2018 BENEFITS-AT-A-GLANCE

LifePoint offers a comprehensive benefits package with options and resources to help you and your family enjoy a healthy lifestyle today and in the future. Here's a brief look at your 2018 benefits. For more information, please refer to your Summary Plan Description (SPD) or visit [www.LifePointBenefits.net](http://www.LifePointBenefits.net).

## When Benefits Begin

Coverage for you and your eligible dependents begins on the first of the month following 30 days of employment.

## Who's Eligible

- **You:** Full-time employee regularly scheduled to work a minimum of 32 hours per week and in an active payroll status
- **Your Eligible Dependents:** Legally married spouse; and/or child(ren), including stepchild(ren), under age 26



*This communication is intended to provide a general overview of our benefits. Collective bargaining agreements, personal service contracts and location-specific benefit practices may restrict participant eligibility and may modify provisions described in this communication. If this summary differs from official plan documents in any way, the official plan documents will govern.*

LIFEPOINT  
HEALTH

# Medical

For most services, benefits are paid according to where you receive care.

- **Tier 1:** Pays **facility charges only** for care received at a LifePoint facility.
- **Tier 2:** Pays **in-network provider and facility charges** for care received at a non-LifePoint facility when the care you need is not available at your LifePoint facility. **Generally, most provider charges are paid at this level.**
- **Tier 3:** Pays **in-network facility charges only** for care received at a non-LifePoint facility when the care you need is available at your LifePoint facility.
- **Tier 4:** Pays **out-of-network emergency services only.**

*Note: Deductibles in Tier 1 and Tier 2 in the HRA plan will cross-accumulate. Deductibles in the PPO plan do not cross-accumulate.*

	HRA PLAN	PPO PLAN
<b>LIFEPOINT HRA CONTRIBUTION<sup>1</sup></b>		
Individual	\$500	N/A
Individual + Spouse <sup>2</sup>	\$650	N/A
Individual + Child(ren) <sup>2</sup>	\$800	N/A
Family <sup>2</sup>	\$1,000	N/A
Your HRA funds pay first and then you pay your share of the annual deductible.		
<b>ANNUAL DEDUCTIBLE</b>		
Tier 1: Individual / Family	\$1,250 / \$3,750	\$300 / \$900
Tier 2: Individual / Family	\$1,750 / \$5,250	\$1,000 / \$3,000
Tier 3: Individual / Family	\$6,350 / \$12,700	\$6,350 / \$12,700
Tier 4: Individual / Family	\$6,350 / \$12,700	\$6,350 / \$12,700
<b>OUT-OF-POCKET MAXIMUM</b>		
Tier 1: Individual / Family	\$2,500 / \$5,000	\$2,500 / \$5,000
Tier 2: Individual / Family	\$7,350 / \$14,700	\$7,350 / \$14,700
Tier 3: Individual / Family	\$7,350 / \$14,700	\$7,350 / \$14,700
Tier 4: Individual / Family	\$10,000 / \$20,000	\$10,000 / \$20,000
Overall out-of-pocket maximum Individual / Family	\$7,350 / \$14,700 Once you meet the overall in-network out-of-pocket maximum, LifePoint pays 100% of your remaining in-network medical and prescription drug expenses for the rest of the year.	
<b>COVERED SERVICES</b>		
	<b>YOU PAY</b>	
Primary care physician / specialist office visits	20% after Tier 2 deductible	\$40 co-pay / \$60 co-pay
Hospitalization (facility charges only)	Tier 1: 10% after deductible Tier 2: 20% after deductible Tier 3: 50% after \$3,000 co-pay	Tier 1: 10% after deductible Tier 2: 20% after \$500 co-pay Tier 3: 50% after \$3,000 co-pay
Preventive care coverage	0% (Plan pays 100%)	

<sup>1</sup> If you become eligible for medical coverage during the year, your HRA contribution amount is prorated based on your eligibility date.

<sup>2</sup> During the Plan year, the maximum HRA dollars that one family member can use is \$500 out of the total HRA employer contributions.

# Prescription Drug

ANNUAL DEDUCTIBLE		
Individual		\$75
Family		\$300
COVERED PRESCRIPTIONS	YOU PAY	
	Non-maintenance medications (up to one-month supply)	Maintenance medications (up to three-month supply)
Generic drug	\$10 co-pay after deductible	\$25 co-pay after deductible
Generic drugs for the treatment of cholesterol, cardiovascular disease and diabetes. Brand-name drug classes for the treatment of diabetes, including insulin and other diabetic supplies.	N/A	\$0 (plan pays 100%)
Preferred brand-name drug	25% (\$35 min, \$100 max)	25% (\$87.50 min, \$225 max)
Non-preferred brand-name drug	30% (\$65 min, \$150 max)	30% (\$162.50 min, \$300 max)

# Dental

	BASIC	PREMIER
ANNUAL DEDUCTIBLE		
Individual	\$25	\$75
Family	\$75	\$150
Annual maximum benefit (basic or major services)	\$500	\$1,500 (not including orthodontia)
COVERED SERVICES	YOU PAY	
Preventive services (exams, X-rays)	0% (plan pays 100%)	
Basic services (fillings, extractions)	50% after deductible	20% after deductible
Major services (crowns, bridges)	Not covered	50% after deductible
Orthodontia	Not covered	50% after deductible (\$1,500 max lifetime benefit)

# Vision

	BASIC	PREMIER
COVERED SERVICES (in-network)	YOU PAY	
Eye exams	\$15 co-pay every calendar year	
Lenses	\$20 co-pay every calendar year	\$20 co-pay every calendar year (\$35 co-pay for anti-reflective coating)
Frames	\$70–\$150 allowance every other calendar year	\$110–\$200 allowance every calendar year
Contact lenses (instead of glasses)	\$150 allowance every calendar year	\$200 allowance every calendar year

# FSA

(Flexible Spending Accounts)

HEALTH CARE FSA<sup>3</sup>

DEPENDENT CARE FSA<sup>3,4</sup>

<b>How much can I contribute?</b>	\$2,600 max pre-tax each year. (You may roll over up to \$500 in unused contributions to the following year.)	\$5,000 max pre-tax each year (or \$2,500 per year if filing separately from spouse, per IRS rules).
<b>What can the money be used for?</b>	Reimburse yourself for expenses such as deductibles, co-pays and co-insurance, prescription drugs, medical supplies, dental work, contact lenses and eyeglasses.	Reimburse yourself for expenses such as nursery schools, licensed day care centers (including adult day care facilities for disabled dependents), in-home day care providers, before- and after-school care (if not already included in tuition) and summer day camp, but not overnight camp.

<sup>3</sup> Changing employment status during the calendar year will affect your eligibility in these plans.

<sup>4</sup> If you participate in the Dependent Care FSA, you cannot apply for the Dependent Care tax credit.

# Life and AD&D

BASIC

OPTIONAL

<b>Employee</b>	1x annual salary <sup>5</sup>	1x, 2x, 3x, 4x or 5x annual salary <sup>5</sup>
<b>Spouse</b>	N/A	Life: \$250,000 (in \$25,000 increments) <sup>6</sup> AD&D: 50% of employee AD&D Benefit
<b>Child(ren)</b>	N/A	Life: \$10,000 (in \$2,000 increments) <sup>7</sup> AD&D: 20% of employee AD&D Benefit <sup>7</sup>

<sup>5</sup> Rounded to the next higher \$1,000.

<sup>6</sup> Your spouse's life insurance amount cannot exceed your total life insurance amount (basic + optional).

<sup>7</sup> Up to age 26; \$1,000 maximum benefit for children up to 14 days old.

# Disability

OPTION 1

OPTION 2

<b>SHORT-TERM DISABILITY (STD)<sup>8</sup></b>		
<b>Begins</b>	After 14 days of disability	After 60 days of disability
<b>Replaces</b>	60% of your pay up to \$1,500 per week <sup>9</sup>	
<b>Continues</b>	Up to 150 days (including waiting period)	
<b>LONG-TERM DISABILITY (LTD)<sup>8</sup></b>		
<b>Begins</b>	After 150 days of disability	
<b>Replaces</b>	60% of pre-disability pay up to \$10,000 per month <sup>9</sup>	50% of pre-disability pay up to \$10,000 per month <sup>9</sup>
<b>Continues</b>	Until your disability ends or you reach age 65, whichever comes first <sup>9</sup>	

<sup>8</sup> You must be actively at work on your coverage effective date.

<sup>9</sup> Some limits apply; visit [www.LifePointBenefits.net](http://www.LifePointBenefits.net) for more details.

# 401(k)

LifePoint Health offers a 401(k) retirement plan. For additional information, view the Wells Fargo plan highlights found in the Retirement section of [www.LifePointBenefits.net](http://www.LifePointBenefits.net).