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**Medicare Part D—Prescription Drug Information:**
If you are covered by 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 pages 26 - 27.
Welcome to Open Enrollment for 2016.

This is your annual opportunity to review your benefits elections and make changes based on you and your family’s needs for the upcoming year.

Lexington Medical Center is committed to offering quality, cost-effective benefits choices for our employees. We also believe in promoting their health and well-being, which is why LMC pays approximately 75 percent of our employees’ health care costs.

In addition, in the ever-changing world of health care, LMC continues to look for innovative strategies to reduce costs and improve efficiencies, satisfaction and quality.

Please review the important medical updates on page 2 and the 2016 Price Sheet on page 5. If you are currently enrolled in a Flexible Spending Account, you must re-enroll to participate in 2016. All benefits elections are effective January 1, 2016–December 31, 2016.

Open Enrollment will begin on Monday, October 19 and run through Thursday, October 29.

If you have any questions during Open Enrollment, please contact Human Resources at (803) 791-2131, Monday through Friday from 8:00 a.m. to 5:00 p.m.

Sincerely,

Cecile King
Benefits Manager
There are several key medical plan changes that will take effect on January 1, 2016 for Lexington Medical Center employees and their covered dependents.

Important Changes:

- Lexington Medical Center's health plan will no longer be considered a Grandfathered Health Plan and therefore complies with all PPACA requirements.
- Preventive care is now covered at 100% in-network for both medical plans.
- The HMO Plan has a new name! Effective January 1, 2016, the plan will be administered by BlueCross BlueShield and will be called the EPO Plan (Exclusive Provider Organization). An EPO is a plan with no out-of-network benefits. **NOTE:** If you are currently enrolled in this plan and do not make a medical plan election during Open Enrollment, you will be automatically enrolled in the EPO Plan.
- The PPO 500 Plan will no longer be offered as a medical plan option. **NOTE:** If you are currently enrolled in this plan and do not make a medical plan election during Open Enrollment, you will be automatically enrolled in the EPO Plan.
- All plan members that enroll in the EPO Plan will receive new ID cards.

Please refer to the 2016 Medical Plan Details on pages 7-8 of this guide to help you compare and choose the medical plan that best meets the needs of you and your family.

Human Resources will no longer mail Open Enrollment confirmation statements. Employees should print their confirmations after they finalize their elections.
Lexington Medical Center will continue to offer cost-effective health plans and benefits for employees’ spouses and children.

These plans include medical, dental and life insurance. Please read the information below for help determining your eligible dependents. **Federal regulations require you to provide each dependent’s social security number to complete Open Enrollment.**

**Spouse:**
An employee’s legally married (as recognized by South Carolina) or common law spouse with signed affidavit.

**Children:**
An employee’s natural or adopted children as well as any foster children, stepchildren, or children of whom an employee has custody or legal guardianship.

- Children (as defined above) are eligible for coverage under Lexington Medical Center’s health benefits plan (PPO and EPO), dental plan and dependent life insurance program.
- Children may be covered until they turn 26 years of age. Medical and dental coverage for such dependent children will terminate at the end of the month in which the child attains age 26. They may, however, be eligible to extend coverage under COBRA.

**Remember**
You are required to provide each dependent’s social security number to complete Open Enrollment.

**Who Depends on Me?**

**TO ADD NEW DEPENDENT**
Please complete the affidavit for Qualified Dependent. To make a correction, use the Dependent / Beneficiary correction form.
Available During Open Enrollment

Lexington Medical Center is pleased to continue to provide a benefits program that can be customized by each employee.

LMC offers a wide range of options for employees to choose the benefits that best address their individual, financial and dependent needs and interests.

**Medical & Pharmacy**
- BlueCross/BlueShield – PPO 750 with Express Scripts
- BlueCross/BlueShield – EPO with Express Scripts

**Dental**
- BlueCross/BlueShield Traditional Plan

**Basic Life Insurance**
- One times your base annual earnings (BAE) up to $1,500,000
- No medical underwriting for coverage up to $1,000,000

**Supplemental Life Insurance**
- Your choice of one, two or three times your BAE, up to $1,500,000 when combined with basic life insurance
- If you are currently enrolled, no medical underwriting is required unless your total basic and supplemental life insurance is more than $1,000,000 or supplemental coverage increases by more than one level (e.g., 1x BAE to 3x BAE)

DISCLAIMER: Details are contained in the official plan documents, insurance contracts or Human Resources policies. In the event of any conflict between this Enrollment Guide and the official plan documents, insurance contracts or HR policies, the terms of the plan documents, insurance contracts and HR policies will always govern. LMC reserves the exclusive right to modify, amend or terminate any and all plans at any time.
2016 Employee Price Sheet

Bi-weekly Payroll Deduction Amounts

You will notice a slight increase in medical premiums that is consistent with the national average. Effective January 1, 2016, the payroll deduction amounts for part-time employees will be the same, regardless of the number of hours worked.

|OPTION 1 — BLUECROSS/BLUESHIELD — PREFERED PROVIDER ORGANIZATION (PPO) 750 |
|---|---|---|---|
|Employee Only|FULL TIME 30 hours or more|LMC CONTRIBUTION COST|PART TIME 16–29 Hours|LMC CONTRIBUTION COST|
|Employee + Child(ren)|$44.94| $247.30| $101.65| $190.59|
|Employee + Family|$78.11| $459.56| $170.13| $367.54|

|OPTION 2 — BLUECROSS/BLUESHIELD — EXCLUSIVE PROVIDER ORGANIZATION (EPO) |
|---|---|---|---|
|Employee Only|FULL TIME 30 hours or more|LMC CONTRIBUTION COST|PART TIME 16–29 Hours|LMC CONTRIBUTION COST|
|Employee + Child(ren)|$72.76| $304.78| $148.73| $228.30|
|Employee + Family|$135.89| $547.12| $235.40| $447.60|

|DENTAL |
|---|---|---|
|Employee Only|FULL TIME 30 hours or more|PART TIME 16–29 Hours|
|Employee + Family|$17| $17|

* LMC contribution costs are rounded to the nearest dollar and displayed for information purposes only.

|SUPPLEMENTAL LIFE/AD&D — PER $1,000 OF COVERAGE |
|---|---|
|Age < 25|FULL TIME 30 hours or more|PART TIME 16–29 Hours|
|Age 25 – 29| $0.025| $0.025|
|Age 30 – 34| $0.029| $0.029|
|Age 35 – 39| $0.037| $0.037|
|Age 40 – 44| $0.051| $0.051|
|Age 45 – 49| $0.076| $0.076|
|Age 50 – 54| $0.119| $0.119|
|Age 55 – 59| $0.180| $0.180|
|Age 60 – 64| $0.236| $0.236|
|Age 65 – 69| $0.370| $0.370|
|Age 70 – 74| $0.642| $0.642|
|Age > 75| $1.040| $1.040|
Effective January 1, 2016, Lexington Medical Center will offer two medical plans.

The medical plans differ in the amount you contribute through payroll deduction, the amount you pay for the medical services you use and the cost to LMC.

As an employee, you and your family are encouraged to use LMC services whenever possible. Your expenses for medical services will be less when you use LMC as compared to using other providers.

**Option 1: BlueCross/BlueShield PPO 750**

This plan is a Preferred Provider Organization. To receive the maximum coverage, you need to have medical services provided through an LMC provider. Many employees consider this option the best value for medical coverage because of the lower bi-weekly premium.

**Option 2: BlueCross/BlueShield EPO**

This plan is an Exclusive Provider Organization. The EPO is more restrictive than the PPO option because there is no coverage for care received out-of-network (except for emergencies). To receive the maximum coverage, you need to have medical services provided through an LMC provider.

**Online Services**

Check eligibility, deductible, out-of-pocket limits, authorizations, claims, other health insurance questionnaires, customer service questions, online provider directories, request new ID cards online on the BlueCross / BlueShield website at: SouthCarolinaBlues.com.
<table>
<thead>
<tr>
<th></th>
<th>At LMC (LMC Owned Providers)</th>
<th>In-Network (Other BCBS Providers)</th>
<th>Out-of-Network (Non-Participating Providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Individual</td>
<td>$750</td>
<td>$1,250</td>
<td>$3,250</td>
</tr>
<tr>
<td>- Family</td>
<td>$2,250</td>
<td>$3,750</td>
<td>$9,750</td>
</tr>
<tr>
<td><strong>Annual Coinsurance Limit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Individual</td>
<td>$1,250</td>
<td>$70% (80% if service cannot be provided at LMC)</td>
<td>$3,250</td>
</tr>
<tr>
<td>- Family</td>
<td>$3,750</td>
<td></td>
<td>$9,750</td>
</tr>
<tr>
<td><strong>Inpatient Coverage</strong></td>
<td>90%</td>
<td>70% (80% if service cannot be provided at LMC)</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Additional Inpatient Copay</strong></td>
<td>N/A</td>
<td>$500 (waived if service cannot be provided at LMC)</td>
<td></td>
</tr>
<tr>
<td>(per admission)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Coverage</strong></td>
<td>90%</td>
<td>70% (80% if service cannot be provided at LMC)</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Physicians/Office Visit</strong></td>
<td>90%</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>(including lab/x-ray in physician office)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventative Care</strong></td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>(Physical, Immunizations)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Well Baby Care</strong></td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>(Up to Age 6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency/Urgent Care</strong></td>
<td>90%</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>Outpatient Physician</td>
<td>90%</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(pre-authorization required)</td>
<td></td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Home Health/Hospice</strong></td>
<td></td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>(pre-authorization required)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Skilled Nursing</strong></td>
<td>90%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>(limit of 120 days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Routine Eye Care</strong></td>
<td></td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td></td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td><strong>Therapy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical/Occupational/Speech</td>
<td>90%</td>
<td>70% (80% if service cannot be provided at LMC)</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Express Scripts</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail (31 day)</td>
<td>Generic: 90% (after $750 deductible)</td>
<td>Brand: 80% (after $750 deductible)</td>
<td>Generic: 90% (after $750 deductible)</td>
</tr>
<tr>
<td>Mail Order (90 day)</td>
<td>Generic: 90% (no deductible)</td>
<td>Brand: 80% (no deductible)</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

**NOTE:** All coinsurance amounts are AFTER deductible, unless otherwise noted.
### 2016 Medical Plan Details

<table>
<thead>
<tr>
<th></th>
<th>At LMC (LMC Owned Providers)</th>
<th>In-Network (Other BCBS Providers)</th>
<th>Out-of-Network (Non-Participating Providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EPO</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td></td>
<td>$500</td>
<td></td>
</tr>
<tr>
<td>• Individual</td>
<td></td>
<td>$1,500</td>
<td></td>
</tr>
<tr>
<td>• Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Coinsurance Limit</td>
<td></td>
<td>$2,000</td>
<td></td>
</tr>
<tr>
<td>• Individual</td>
<td></td>
<td>$4,000</td>
<td></td>
</tr>
<tr>
<td>• Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Maximum Out-of-Pocket</td>
<td></td>
<td>$6,850</td>
<td></td>
</tr>
<tr>
<td>• Individual</td>
<td></td>
<td>$13,700</td>
<td></td>
</tr>
<tr>
<td>• Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Coverage</td>
<td>90%</td>
<td>70% (80% if service cannot be provided at LMC)</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Inpatient Copay (per admission)</td>
<td>N/A</td>
<td>$500 (waived if service cannot be provided at LMC)</td>
<td></td>
</tr>
<tr>
<td>Outpatient Coverage</td>
<td>90%</td>
<td>70% (80% if service cannot be provided at LMC)</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician PCP Office Visit</td>
<td>90%</td>
<td>80%</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>$20 Copay</td>
<td>$30 Copay</td>
<td></td>
</tr>
<tr>
<td>Preventative Care (Physical, Immunizations)</td>
<td>100%</td>
<td>100%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Emergency Emergency Room Physician</td>
<td>90%</td>
<td>70%</td>
<td>Emergency Room Out-of-Network coverage only available if true emergency</td>
</tr>
<tr>
<td></td>
<td>90% (80% if service cannot be provided at LMC)</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Urgent Care</td>
<td>100% after $20 Copay</td>
<td>70% after $50 Copay</td>
<td>Urgent Care Out-of-Network coverage only available if outside local area</td>
</tr>
<tr>
<td>Routine Eye Care</td>
<td>100% eye exam, 100% eyewear every other year. Non-covered frames or contacts may receive up to $120 credit. Must use a BCBS network ophthalmologist.</td>
<td>100%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>80%</td>
<td></td>
<td>Not Covered</td>
</tr>
<tr>
<td>Home Health/Hospice</td>
<td>80%</td>
<td></td>
<td>Not Covered</td>
</tr>
<tr>
<td>Skilled Nursing (limit of 120 days)</td>
<td>90%</td>
<td>70% (80% if service cannot be provided at LMC)</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Therapy Physical/ Occupational/ Speech</td>
<td>90%</td>
<td>70% (80% if service cannot be provided at LMC)</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Express Scripts</td>
<td>In-Network</td>
<td></td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Pharmacy Retail (31 day)</td>
<td>Generic: $10 Copay</td>
<td></td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Brand (Preferred): $30 Copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brand (Non-Preferred): $40 Copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialty (Orals): $40 Copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Order (90 day)</td>
<td>Generic: $20 Copay</td>
<td></td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Brand (Preferred): $60 Copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brand (Non-Preferred): $80 Copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialty (Injectibles/Infusables): 80% after Deductible</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** All coinsurance amounts are AFTER deductible, unless otherwise noted.

**NOTE:** The total maximum out-of-pocket includes deductible, coinsurance and copayments.
Pharmacy Benefit Management

Administered by Express Scripts

Express Scripts is Lexington Medical Center's pharmacy benefit manager. Express Scripts provides you access to the largest retail pharmacy network and provides many new plan features. Pharmacy coinsurance and copays will remain the same.

Express Scripts Customer Service: 1-844-581-4860

Enrollment and ID Card

When you enroll in one of the medical plans, you will automatically be enrolled into the corresponding pharmacy plan. Your coverage level (Employee, Employee + Child or Family) will be the same for both medical and pharmacy. You cannot elect prescription drug coverage without enrolling in a medical plan.

Specialty Pharmacy / Mail Order

Accredo will remain the specialty pharmacy. You will continue to purchase your specialty drugs to treat complex medical conditions (e.g. cancer, multiple sclerosis, transplant) from Accredo.

Accredo Intake Care Specialist: 1-888-608-9010

NOTE:
The PPO 750 Plan deductible does not apply to mail order prescriptions.
Lexington Medical Center gives you the option to select dental coverage for you and your family.

The only decision you have to make about dental benefits is whether you want to cover yourself or your entire family.

COVERED SERVICES

- **PREVENTIVE** — oral exams, X-rays, emergency treatment, cleanings, fluoride treatments (up to age 19) and space maintainers (up to age 19)
- **BASIC** — anesthesia, extractions, fillings, endodontics (root canal), periodontics (gum treatments), prosthodontic maintenance (dentures, crowns and fixed bridge work), oral surgery and antibiotic injections
- **MAJOR** — crowns, inlays, onlays, gold fillings and prosthodontic installation and replacement (dentures and fixed bridge work)
- **ORTHODONTIA** — braces to straighten teeth

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**$25 ANNUAL DEDUCTIBLE**

<table>
<thead>
<tr>
<th>PREVENTIVE</th>
<th>BASIC</th>
<th>MAJOR</th>
<th>ORTHODONTIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pays 100% reasonable and customary charges</td>
<td>Pays 80% reasonable and customary charges</td>
<td>Pays 50% reasonable and customary charges</td>
<td>Pays 50% reasonable and customary charges</td>
</tr>
<tr>
<td></td>
<td>Employee Coinsurance 20%</td>
<td>Employee Coinsurance 50%</td>
<td>Employee Coinsurance 50%</td>
</tr>
</tbody>
</table>

$1,000 ANNUAL LIMIT

$2,000 Lifetime Limit
Life, Supplemental Life & AD&D Insurance

Employees can purchase supplemental life and Accidental Death and Dismemberment (AD&D) insurance at highly affordable rates for additional protection beyond Lexington Medical Center’s core life insurance program.

Life and AD&D Insurance

This coverage is term life insurance and does not build cash value. It provides a lump sum benefit to the person you name as your beneficiary in the event of your death.

LMC provides life and AD&D benefits equal to one times your base annual earnings (1x BAE) to all eligible full-time and part-time employees (working 16 or more hours per week) at no cost. You can opt to purchase additional supplemental life and AD&D coverage in increments of one times, two times or three times your BAE.

You do not need to complete a Personal Health Assessment Form unless:
- Your total basic and supplemental life insurance is more than $1,000,000.
- You increase optional supplemental coverage by more than one level (e.g., changing from 1x BAE to 3x BAE during annual enrollment).

The combined maximum coverage level for life, supplemental life and AD&D insurance is $1,500,000.

Tax regulations require that when the value of any company-provided, pre-tax employee life insurance amount is greater than $50,000, the company must report the premium cost as imputed taxable income on your W-2. This generally has a very small impact on take-home pay.

Age-rated Premiums for Supplemental Life and AD&D Insurance

The life insurance premiums that apply to you are provided in the Benefits Enrollment section of eBenefits. Or you can use the rates shown in the 2016 Price Sheet (in this guide) to determine your cost. To calculate the cost, use the formula below.

Example for a 35-year-old employee earning $37,000:

A. Enter your earnings rounded to the next higher thousand. $37,000
B. Enter the supplemental coverage level (1x, 2x or 3x earnings). 2
C. Multiply A times B. This will equal your coverage amount. $74,000
D. Divide C by 1,000. 74
E. Find the rate per $1,000 of coverage for your age on the 2015 Price Sheet. $.037
F. Multiply D times E. This is your premium amount. $2.74
Available During Open Enrollment

Lexington Medical Center is pleased to offer a suite of additional benefits for our employees.

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**Short-term Disability** *(Coverage for Part-time Employees)*

Part-time employees may elect to purchase short-term disability insurance during Open Enrollment.

- Continues a percentage of your pay
- For non-occupational illness or injury
- Benefits begin on the 31st day of an approved claim

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**Dependent Life Insurance**

- Spouse: $5,000, $10,000 or $20,000
- Child/Children: $5,000

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**Flexible Spending Accounts**

- Health care up to $2,500
- Dependent day care up to $5,000

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**Eligibility**

for benefits and provisions may differ by employee category (Full-time, Part-time, Flex employees, Lex Plan employees, etc.).

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**DISCLAIMER:** Details are contained in the official plan documents, insurance contracts or Human Resources policies. In the event of any conflict between this Enrollment Guide and the official plan documents, insurance contracts or HR policies, the terms of the plan documents, insurance contracts and HR policies will always govern. LMC reserves the exclusive right to modify, amend or terminate any and all plans at any time.
Short-term Disability Coverage

If you are eligible for full-time benefits (standard hours of 30 or more per week, 24 standard hours for Lex Plan or at least 8 standard hours for Flex employees), LMC provides short-term disability coverage on the 91st day of eligible employment and benefits are payable day 1 for an accident, hospitalization or outpatient surgery and day 6 (from treatment) for an illness.

If you are a part-time employee whose standard hours are 16–29 hours per week, you have the option of purchasing short-term disability coverage. Eligibility is on the 91st day of eligible employment and benefit begins after 30 days of approved disability.

Dependent Life Insurance Coverage

In the event of the death of your spouse or child(ren), you will receive a cash payment from The Hartford.

The amount of this payment will be determined by the coverage options you select. Dependent life insurance will cover children up to age 26, regardless of whether they live with you or depend on you for financial support. Children are no longer eligible the date they attain 26 years of age.

<table>
<thead>
<tr>
<th>Options</th>
<th>Bi-weekly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option 1</strong>: Spouse $5,000/Child(ren) $5,000</td>
<td>$0.58</td>
</tr>
<tr>
<td><strong>Option 2</strong>: Spouse $10,000/Child(ren) $5,000</td>
<td>$0.98</td>
</tr>
<tr>
<td><strong>Option 3</strong>: Spouse $20,000/Child(ren) $5,000</td>
<td>$1.78</td>
</tr>
</tbody>
</table>

Please review existing dependent coverage to determine whether changes are needed to dependent information or level of coverage.
Flexible Spending Accounts

If you are currently enrolled in a Flexible Spending Account (FSA), you must re-enroll in order to participate in an FSA for 2016.

If you are not currently enrolled in a Flexible Spending Account (FSA) you may enroll for the 2016 plan year.

Health Care Reimbursement Plan

Lexington Medical Center’s health care FSA allows you to use pre-tax dollars to reimburse out-of-pocket costs (deductibles, co-insurance and co-pays), as well as eligible medical expenses not covered by your medical plan.

**Annual Contribution Limits**
- Minimum $100
- Maximum $2,500

**Carry Over Limit**
- $500

**REMININDER—Over-the-counter Items**
All medications – even over-the-counter (OTC) items — require a prescription from a licensed physician in order to be reimbursed from your FSA.

To view a list of OTC medications that require a physician prescription or to view the health care contribution limit, visit shdr.com. If you have additional questions, contact our FSA administrator, Stanley, Hunt, Dupree & Rhine, at 1-800-768-4873 or 1-800-930-2441.

FSA debit cards will automatically reload with 2016 elections. New cards will not be mailed for current participants. New participants will receive a debit card.

Dependent Day Care Reimbursement Plan

**Annual Contribution Limits**
- Minimum $100
- Maximum $5,000

This plan allows you to use pre-tax dollars to reimburse eligible expenses for dependent day care that enables you (and your spouse, if married) to work. Eligible expenses include day care or after-school care expenses for a child under age 13 or care for a spouse or a qualified adult dependent incapable of self-care. **The debit card CANNOT be used for reimbursement of dependent day care expenses. The carry over provision does not apply to the dependent day care reimbursement plan.**
Before you begin, consider these helpful tips.

- Read the Enrollment Guide. This booklet will guide you through the enrollment process and answer many of your questions.
- Remember that federal regulations require you to provide each dependent’s social security number to complete the enrollment process. Refer to page 3 for help identifying eligible dependents.
- Review the Snapshot of Benefits on pages 4 and 12.
- Talk about your current benefits elections with your spouse and any dependents, and discuss if your needs have changed. This may help you decide whether to keep the same benefits or make changes for 2016.

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**eConnect Access at Home**

When you access eConnect at home, you will need to enter your eConnect user name and password. If you have difficulty accessing the system using your user name and password, please call the IS Help Desk at (803) 791-2022.

eBenefits requires Microsoft Internet Explorer version 6.0 or higher, Netscape Navigator/Netscape Communicator version 7.2 or higher, Windows 2000 or Foxfire 1.0.

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**Changes to Benefit Selections Outside of Annual Enrollment**

Don’t forget, once you make your benefit elections for the year, IRS regulations limit your ability to make any changes prior to the next annual enrollment period. Generally, you cannot make changes during the plan year unless you have a qualifying event, which includes:

- Marriage or divorce
- Birth or adoption of a child
- Death of your spouse or child
- Loss or gain of dependent employment
- Change to your employment status (e.g., full-time to part-time)
- Significant change to your spouse’s and/or child’s coverage

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**How does this apply?**

If you experience a qualifying event, you must notify Human Resources within 31 days of that event or you will be prohibited from making a change until the next annual enrollment period. Changes in your elections must be consistent with the qualifying change in status. For example, if you select Employee + Family EPO coverage and you get divorced, you may remove your spouse from EPO coverage, but you may not change your coverage to the PPO option until the annual enrollment period.
NOW THAT YOU HAVE CONSIDERED ALL OF YOUR 2016 BENEFITS OPTIONS...

Let’s Get Started!

Follow these easy step-by-step instructions to complete your 2016 online eBenefits enrollment.
**Enrolling Online. It’s easy!**

The eBenefits website is customized for you, showing only your personal benefits options and information.

**STEP 1**

**ACCESSING ECONNECT:**

**OPTION 1: AT HOME**
Go to home.lexmed.com and click on eConnect.

**OPTION 2: ON CAMPUS**
Go to the LexLoop homepage and double click on the eConnect logo.

**STEP 2**

**LOGGING IN TO ECONNECT:**
Log in using your User ID and Password.

If you have not accessed eConnect during the last 30 days or have forgotten your password, please call the IS Help Desk at (803) 791-2022 to have your password reset.

**STEP 3**

**NAVIGATING TO eBENEFITS:**
1. Click on Main Menu.
2. Click on Self Service.
3. Click on Benefits.
4. Click on Benefits Enrollment.
USING eBENEFITS:

To begin enrollment, click on **Select**.

If you are unable to access the Open Enrollment event once you’ve logged into eConnect, call Human Resources at (803)791-2131, Monday through Friday from 8:00 a.m. to 5:00 p.m.

REVIEWING CURRENT BENEFITS ELECTIONS AND MAKING CHANGES:

To review or change your benefits options and view prices under each plan, click the **Edit** button. Some plans do not have edit buttons because these benefits are informational only and may not be changed through the Open Enrollment module.

To re-enroll or change coverage, select the radial button next to new coverage.

If there are changes to dependents, please use the links to complete and return the applicable form to add/remove qualified dependents or update existing dependent/beneficiary data. All forms must be approved and updated by HR before you can see the changes in the Open Enrollment module.

Review or enroll eligible dependents (if applicable).

Scroll to the bottom of the page and click on the **Update Elections** button.
**STEP 6**

**SUMMARIZING ELECTIONS:**

Once you make all of your changes, click the Continue button at the bottom of the page.

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**STEP 7**

**SUBMIT BENEFIT CHOICES:**

Click the **Finalize My Elections** button at the bottom of the screen to complete your enrollment and access your Benefits Confirmation PDF.

Your Confirmation Statement PDF should display for your review.

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Be sure to **Print** or use the **Save As** functions under the **File** option in the left corner of the PDF to print or save the PDF of your Confirmation Statement for your records.
**STEP 7**

_Cont’d._

**IF THE PDF OF YOUR CONFIRMATION STATEMENT FAILS TO DISPLAY:**

Use the [Click Here](#) link to access your 2016 Confirmation Statement from the Benefits Summary Page.

Select View 2016 Confirmation Statement.

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**STEP 8**

**MAKING CHANGES AFTER FINALIZING YOUR 2016 ELECTIONS DURING OPEN ENROLLMENT:**

(October 19th, 2015 through October 29th, 2015):

Return to eConnect Benefits Enrollment (Steps 1-3) and select the Open Enrollment event. Click the OK button to continue. Complete Steps 5-7 to make your changes and receive a new Confirmation Statement PDF.

Discard any previously printed or saved confirmation statements.

Open Enrollment online access will end at 11:59 P.M. on October 29, 2015.
MAKING CHANGES TO YOUR 2016 ELECTIONS AFTER OPEN ENROLLMENT CLOSES:

(October 30th, 2015 through November 13th, 2015):

Make written changes to a printed copy of your Confirmation Statement and sign and date it.

If you need to re-print your statement, log back in to eConnect and navigate to your Benefits Summary (Main Menu>Self Service>Benefits>Benefits Summary).

Human Resources must receive all pages of your corrected Confirmation Statement no later than 5:00pm Friday, November 13, 2015.

DON’T FORGET TO SIGN OUT OF THE OPEN ENROLLMENT MODULE BY CLICKING SIGN OUT IN THE TOP RIGHT CORNER.
The Women’s Health and Cancer Rights Act
The Women’s Health and Cancer Rights Act requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment for physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may not:

- Interfere with a participant’s rights under the plan to avoid these requirement; or
- Offer inducements to the healthcare provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles, coinsurance, and co-pays consistent with other coverage provided by the Plan.

HIPAA Privacy Notice For the Lexington Medical Center Employee Health Plan
Lexington Medical Center is committed to the privacy of your health information. The administrators of the Lexington Medical Center Health and Welfare Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting the Benefits Department.

Know your COBRA Notification Responsibilities
It is your responsibility to notify Human Resources within 31 days if you get divorced or have a dependent that is no longer eligible for coverage under the terms of our plan.

Your dependents have continuation rights for group health plan coverage under the federal law known as COBRA. If you fail to notify the Human Resources within the required time, your dependents may be left with no coverage under our plan. Please see your COBRA Notice or your group health plan summary plan description for additional information. Your premium for coverage varies depending on the level of coverage you select. You can minimize the amount of premium you pay by removing ineligible dependents from your coverage within the allowed time frame.
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.

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 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 or call 1-866-444-EBSA (3272).

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

ALABAMA - Medicaid
Website: www.myalhipp.com
Phone: 1-855-692-5447

ALASKA - Medicaid
Website: www.health.hss.state.ak.us/dpa/programs/medicaid
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

COLORADO - Medicaid
Medicaid Website: www.colorado.gov/hcpf
Customer Contact Center: 1-800-221-3943

FLORIDA - Medicaid
Website: www.flmedicaidtplrecovery.com
Phone: 1-877-357-3268

GEORGIA - Medicaid
Website: http://dch.georgia.gov
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPPP)
Phone: 1-404-656-4507

INDIANA - Medicaid
Website: www.in.gov/fssa
Phone: 1-800-889-9949

IOWA - Medicaid
Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS - Medicaid
Website: www.kdheks.gov/hcf
Phone: 1-800-792-4884

KENTUCKY - Medicaid
Website: www.chfs.ky.gov/dms
Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: http://ddh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447
<table>
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<tr>
<th>State</th>
<th>Program</th>
<th>Website/Phone Details</th>
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</thead>
<tbody>
<tr>
<td>Massachusetts</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.mass.gov/MassHealth">www.mass.gov/MassHealth</a>, Phone: 1-800-462-1120</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Medicaid</td>
<td><a href="http://www.dhs.state.mn.us/id_006254">www.dhs.state.mn.us/id_006254</a>, Click on Health Care, then Medical Assistance, Phone: 1-800-657-3739</td>
</tr>
<tr>
<td>Missouri</td>
<td>Medicaid</td>
<td><a href="http://www.dss.mo.gov/mhd/participants/hipp.htm">www.dss.mo.gov/mhd/participants/hipp.htm</a>, Phone: 573-751-2005</td>
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<td>Montana</td>
<td>Medicaid</td>
<td><a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a>, Phone: 1-800-694-3084</td>
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<tr>
<td>Nebraska</td>
<td>Medicaid</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a>, Phone: 1-855-632-7633</td>
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<td>Nevada</td>
<td>Medicaid</td>
<td><a href="http://www.dwss.nv.gov">www.dwss.nv.gov</a>, Medicaid Phone: 1-800-992-0900</td>
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<td>New Jersey</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">www.state.nj.us/humanservices/dmahs/clients/medicaid</a>, Medicaid Phone: 609-631-2392, CHIP Website: <a href="http://www.njfamilycare.org">www.njfamilycare.org</a>, CHIP Phone: 1-800-701-0710</td>
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<tr>
<td>New York</td>
<td>Medicaid</td>
<td><a href="http://www.nyhealth.gov/health_care/medicaid">www.nyhealth.gov/health_care/medicaid</a>, Phone: 1-800-541-2831</td>
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<td>North Carolina</td>
<td>Medicaid</td>
<td><a href="http://www.ncdhhs.gov/dma">www.ncdhhs.gov/dma</a>, Phone: 919-855-4100</td>
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<td>North Dakota</td>
<td>Medicaid</td>
<td><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">www.nd.gov/dhs/services/medicalserv/medicaid/</a>, Phone: 1-800-755-2604</td>
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<tr>
<td>Oklahoma</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.insureoklahoma.org">www.insureoklahoma.org</a>, Phone: 1-888-365-3742</td>
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<tr>
<td>Pennsylvania</td>
<td>Medicaid</td>
<td><a href="http://www.dpw.state.pa.us/hipp">www.dpw.state.pa.us/hipp</a>, Phone: 1-800-692-7462</td>
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<tr>
<td>Rhode Island</td>
<td>Medicaid</td>
<td><a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a>, Phone: 401-462-5300</td>
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<tr>
<td>South Carolina</td>
<td>Medicaid</td>
<td><a href="http://www.scdhhs.gov">www.scdhhs.gov</a>, Phone: 1-888-549-0820</td>
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<td>South Dakota</td>
<td>Medicaid</td>
<td><a href="http://www.dss.sd.gov">www.dss.sd.gov</a>, Phone: 1-888-828-0059</td>
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<td>Texas</td>
<td>Medicaid</td>
<td><a href="http://www.gethipptexas.com">www.gethipptexas.com</a>, Phone: 1-800-440-0493</td>
</tr>
<tr>
<td>Vermont</td>
<td>Medicaid</td>
<td><a href="http://www.greenmountaincare.org">www.greenmountaincare.org</a>, Phone: 1-800-250-8427</td>
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</table>
LEXINGTON MEDICAL CENTER 2016 EMPLOYEE ENROLLMENT GUIDE

LEXINGTON MEDICAL CENTER's Notice of your HIPAA Special Enrollment Rights

Loss of Other Coverage - If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards the other coverage.

To be eligible for this special enrollment opportunity you must request enrollment within 31 days after your other coverage ends or after the employer stops contributing towards the other coverage.

New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption - 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/or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption. You must provide the proper documentation to make these changes.

Medicaid Coverage - The Lexington Medical Center group health plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

1. Termination of Medicaid or CHIP coverage-If the employee or dependent is covered under a Medicaid plan or under a State child health plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.

2. Eligibility for premium assistance under Medicaid or CHIP-If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer’s group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan within 31 days after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date you or your dependent’s Medicaid or state-sponsored CHIP coverage ends.
Important Notice 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 LMC and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

2. Lexington Medical Center has determined that the prescription drug coverage offered by the Lexington Medical Center 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 Lexington Medical Center coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Lexington Medical Center coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period unless you experience a qualified life event.

Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the Lexington Medical Center Plan.

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 Lexington Medical Center 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.
Summary Of Options For Medicare Eligible Employees (And / Or Dependents)

Medical and prescription drug coverage are offered as a package under the LMC Plan (you cannot elect medical coverage without prescription drug coverage).

1. Continue medical and prescription drug coverage under the Lexington Medical Center Benefit Plan and do not elect Medicare D coverage. **Impact**–your claims continue to be paid by the Lexington Medical Center Benefit Plan.

2. Continue medical and prescription drug coverage under the Lexington Medical Center Benefit Plan and elect Medicare D coverage. **Impact**–As an active employee (or dependent of an active employee) the Lexington Medical Center Benefit Plan continues to pay primary on your claims (pays before Medicare D).

3. Drop the Lexington Medical Center Benefit Plan coverage and elect Medicare Part D coverage. **Impact**–Medicare is your primary coverage. You will not be able to rejoin the Lexington Medical Center Benefit Plan until the next open enrollment period unless you experience a qualified life event.

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

Please see below the contact information for Lexington Medical Center. 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 Lexington Medical Center Benefit Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare and You” hand-book. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

**Date:** October 2015

**Name of Entity:** Lexington Medical Center

**Contact:** Benefits Department

**Office Address:** 2720 Sunset Blvd., West Columbia, SC 29169

**Phone:** (803) 791-2131

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).
This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.