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</tbody>
</table>
Welcome to Lexington Medical Center!

Dear Lexington Medical Center Employee:

Lexington Medical Center is excited to offer you and your family comprehensive quality benefit options designed to help you grow personally, financially and professionally. Lexington Medical Center is committed to offering a broad spectrum of quality health and financial resources for our employees. As part of that commitment we are proud to pay as much as 80% of our employees' health care costs.

LMC is unique in that it makes medical, dental, vision and life insurance benefits available on the first date of your contract (or on the date of your status change). The same is true for participation in the flexible spending accounts and the retirement plans. Other benefits become available on the 91st date of employment or the 91st day following a change in status to a benefits eligible position.

As you prepare to enroll for your benefits, consider the needs of you and your family for the entire year. To assist you in your decisions, refer to this Benefits Guide. You may also find additional information on our website (www.mybensite.com/lexmed). We are dedicated to ensuring your questions are answered. Please feel free to call or come by Human Resources to speak with the benefits specialists Monday – Friday between 7:30 a.m. and 5:00 p.m. or call our Benefit Hotline at (800)-370-2474.

The following benefits are available to you in 2018 as an employee of Lexington Medical Center:

- Medical and Prescription Drug
- Dental
- Vision
- Flexible Spending Accounts (Medical Spending and Dependent Care)
- Life and Accidental Death & Dismemberment Insurance
- Disability Insurance
- Critical Illness
- Accident
- SC State Retirement
- SC Deferred Compensation

A snapshot of additional benefits can be found on pages 4 and 5 of this guide.

**Most importantly, you must complete your online enrollment within 31 days of employment. Our plan year is January 1 – December 31.**

We look forward to you being on the Lexington Medical Center team and wish you every success in your new position. We're glad you are here!

Sincerely,

Cecile S. King
Benefits Manager

Call the Employee Benefit Hotline
(803) 370-2474

If you have any questions, please contact your Employee Benefit Hotline at (803) 370-2474, Monday–Friday from 8:00 a.m. to 6:00 p.m.

We're glad you are here!

Benefits Website: www.mybensite.com/lexmed
All full-time or part-time employees regularly scheduled to work at least 16 hours or more per week are eligible to enroll for benefits described in this guide.

Benefits for all newly hired employees begin on your date of hire for medical, dental, vision, life, AD&D, flexible spending accounts and retirement plans. Other benefits become effective on the 91st day of employment or the 91st day following a change in status to a benefits eligible position.

---

A dependent is your:

- Legal spouse as recognized by South Carolina, or common-law spouse with a signed affidavit
- Natural born child or stepchild
- Legally adopted child or your legal foster child

Dependent children are eligible for medical, dental, vision coverage and dependent life regardless of their student, marital or IRS dependent status. They do not need to live with you or depend on you for financial support. You may cover a dependent child on the medical, dental, vision and dependent life insurance plans through the last day of the month in which the child reaches age 26.

*A dependent child who is either mentally or physically handicapped or incapable of self-support may continue to be covered regardless of age if the condition exists and coverage is in effect when the child reaches age 26. Certification must be provided.

Federal regulations require you to provide each dependent’s Social Security Number to complete the enrollment process.

Initial Enrollment

You have 31 days from your date of hire in which to enroll in benefits. If you don’t enroll by this time you may not enroll until the next annual Open Enrollment period unless you experience a qualifying event.

Open Enrollment

Open Enrollment is your once-a-year opportunity to make changes to your benefit elections, and choose the plans and coverage levels that are right for you and your family. During this period, you can change plans as well as add or drop coverage provided to you and/or your dependent(s) that meet the eligibility requirements. Generally, Open Enrollment occurs in the last quarter of the calendar year. All eligible employees are required to re-enroll for medical, dental and vision coverage during the open enrollment period.
Eligibility and Enrollment (continued)

Qualifying Life Events
For most benefits, you may only make changes to your elections during the year if you experience a qualifying life event. Qualifying life events include:

- Marriage or divorce;
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage, or reaching the dependent child age limit;
- Changes in your spouse’s employment affecting benefit eligibility;
- Changes in your spouse’s benefit coverage with another employer that affects benefit eligibility;
- Certain changes in employee work status.

The change to your benefit elections must be consistent with the qualifying life event. You have 31 days from the date of the event to submit an enrollment change form and documentation of the event to Human Resources, otherwise you must wait until the next open enrollment. A completed Family Status Change form (available online at www.mybensite.com/lexmed) with required documentation should be submitted to Human Resources, Benefits.

Preparing to Enroll
We encourage you to carefully read this guide to learn about your Lexington Medical Center benefits and choose coverage that’s right for you. As a newly eligible employee you should be able to login to the self-serve enrollment site by the afternoon of your date of hire. All elections must be finalized within 31 days of hire.

Follow these easy steps to complete your enrollment:

1. Read this guide to gain understanding of the benefits that are offered.
2. Visit www.mybensite.com/lexmed to explore additional information that may be helpful with your decision.
3. Talk with your spouse, financial planner, dependents or others about the benefits offered to ensure you select the plans that are best for you.
4. Gather the dependents/beneficiaries documentation you will need to enroll:
   - Full Legal Name
   - Social Security Number
   - Birthdate
   - Beneficiaries only – Address

Federal regulations require you to provide each dependent’s Social Security Number to complete the enrollment process. To add dependents not on file, email this information to enrollment@lexingtonhealth.org. You will be notified when they have been added.

5. Log into eConnect/Benefits Enrollment to make your selections.
6. Finalize your selections and print the confirmation for your records. Make sure that the confirmation displays for printing, as this lets you know your enrollment is complete.

Remember:
You are required to provide each dependent’s Social Security Number to complete benefits enrollment.
Benefits at a Glance

Medical & Pharmacy
- Preventative services, as defined by ACA, covered at 100%
- Prescription drug coverage, provided through ExpressScripts, automatically included with medical coverage
- Mental health, chemical dependency and autism services are included in the medical coverage
- PPO 750 and EPO plans administered by Blue Cross Blue Shield of South Carolina

Flexible Spending Accounts
- FSAs allow you to pay for certain health and dependent care using pre-tax dollars
- Health Care FSA annual contribution maximum $2,600
- Dependent daycare annual maximum $5,000
- Administered by Stanley Hunt Dupree and Rhine (SHDR)

Dental
- Diagnostic/Preventative services covered at 100%
- Basic services covered at 80%
- Major services covered at 50%
- Orthodontia services covered at 50% (includes adult orthodontia)
- Administered by Delta Dental of SC

Vision
- Comprehensive eye exam every 12 months
- Material allowance every 12 months
- Offered through Physicians EyeCare Plan

Critical Illness
- Guaranteed issue $30,000
- Offered through Colonial Life

Accident
- Offered through Colonial Life

Life and AD&D Insurance
- Basic life of 1X salary (up to $1M) provided by LMC at no cost to employees
- Supplemental life available for employee, spouse and children
- Accidental Death and Dismemberment pays benefits if you die or are dismembered as a result of an accident
- Offered through The Hartford

Eligibility
for benefits and provisions may differ by employee category (FT, PT, Flex employees, Lex Plan employees, etc.). Full-time for medical plan eligibility is someone who averages 30 hours of service per week or 130 hours per month.

DISCLAIMER: Details are contained in the official plan documents, insurance contracts or Human Resources policies. In the event of any conflict between this Benefits 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.
Benefits at a Glance (continued)

Short-term Disability
- Replaces a percentage of income should you become disabled
- Benefits continue for up to 180 days for approved disabilities
- LMC provides coverage at no cost to full-time employees
- Part-time employees may elect to purchase coverage
- Offered through The Hartford

Long-term Disability
- Replaces percentage of income should you become disabled
- Benefit begins after 180 days for approved disabilities
- LMC provides coverage at no cost to full-time employees
- Offered through The Hartford

Retirement
- State Defined Benefit Plan - PEBA
- 8 year vesting for Class III employees (enrolled after July 1, 2012)
- Participation is required for some positions

SC Deferred Compensation
- 401k and 457b plans available
- Roth and traditional offerings
- $18,000 per plan with catchup allowed where applicable
- Offered through Empower

EAP
- Confidential assistance 24 hours a day, every day
- Up to 6 free confidential counseling sessions per year
- Provided at no cost to LMC employees
- Offered through First Sun EAP

College Plans
- 529 College Savings
- Offered through Future Scholar

Educational Assistance and Opportunities
- Tuition reimbursement
- Scholarships
- On-the-job opportunities

Annual Leave (employee has worked/paid hours per pay period)
- Equal to or greater than 78 hours - accrues 6.5 hours
- Less than 78 hours and equal to or greater than 62 hours - accrues 5.2 hours
- Less than 62 hours and equal or greater than 46 hours - accrues 3.9 hours
- Less than 46 hours and equal to or greater than 30 hours - accrues 2.6 hours

And More
- Adoption benefits
- Health Directions
- Bereavement leave
- Cafeteria savings
- Child Development Center
- Employee Health Program
- Jury duty
- Military leave/reserve duty
- Notary services
- Staff training and education
- Workers’ compensation
- Employee discount program
### Employee Price Sheet

#### Bi-weekly Payroll Deduction Amounts

<table>
<thead>
<tr>
<th>OPTION 1 — BLUECROSS/BLUESHIELD — PREFERRED PROVIDER ORGANIZATION (PPO)</th>
<th>FULL TIME 30 hours or more</th>
<th>LMC CONTRIBUTION COST</th>
<th>PART TIME 16–29 Hours</th>
<th>LMC CONTRIBUTION COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$50.00</td>
<td>$293.00</td>
<td>$112.50</td>
<td>$230.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$86.50</td>
<td>$548.00</td>
<td>$188.00</td>
<td>$446.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$150.50</td>
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<td>$294.00</td>
<td>$632.00</td>
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<table>
<thead>
<tr>
<th>OPTION 2 — BLUECROSS/BLUESHIELD — EXCLUSIVE PROVIDER ORGANIZATION (EPO)</th>
<th>FULL TIME 30 hours or more</th>
<th>LMC CONTRIBUTION COST</th>
<th>PART TIME 16–29 Hours</th>
<th>LMC CONTRIBUTION COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$80.50</td>
<td>$358.00</td>
<td>$165.00</td>
<td>$274.00</td>
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<tr>
<td>Employee + Child(ren)</td>
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<td>$551.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$243.00</td>
<td>$942.00</td>
<td>$407.50</td>
<td>$777.00</td>
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</table>

<table>
<thead>
<tr>
<th>DENTAL</th>
<th>FULL TIME 30 hours or more</th>
<th>LMC CONTRIBUTION COST</th>
<th>PART TIME 16–29 Hours</th>
<th>LMC CONTRIBUTION COST</th>
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</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$17.50</td>
<td>$17.50</td>
<td>$17.50</td>
<td>$17.50</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$46.00</td>
<td>$46.00</td>
<td>$46.00</td>
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* LMC contribution costs are rounded to the nearest dollar and displayed for information purposes only.

<table>
<thead>
<tr>
<th>VISION</th>
<th>FULL TIME 30 hours or more</th>
<th>LMC CONTRIBUTION COST</th>
<th>PART TIME 16–29 Hours</th>
<th>LMC CONTRIBUTION COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$5.13</td>
<td>$5.13</td>
<td>$5.13</td>
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<tr>
<td>Employee + 1</td>
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<td>$10.35</td>
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<tr>
<td>Employee + 2 or more</td>
<td>$17.12</td>
<td>$17.12</td>
<td>$17.12</td>
<td>$17.12</td>
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</table>

<table>
<thead>
<tr>
<th>MONTHLY SUPPLEMENTAL LIFE/AD&amp;D — PER $1,000 OF COVERAGE</th>
<th>FULL TIME 30 hours or more</th>
<th>LMC CONTRIBUTION COST</th>
<th>PART TIME 16–29 Hours</th>
<th>LMC CONTRIBUTION COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &lt; 25</td>
<td>$0.050</td>
<td>$0.050</td>
<td>$0.050</td>
<td>$0.050</td>
</tr>
<tr>
<td>Age 25 – 29</td>
<td>$0.049</td>
<td>$0.049</td>
<td>$0.049</td>
<td>$0.049</td>
</tr>
<tr>
<td>Age 30 – 34</td>
<td>$0.057</td>
<td>$0.057</td>
<td>$0.057</td>
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</tr>
<tr>
<td>Age 35 – 39</td>
<td>$0.074</td>
<td>$0.074</td>
<td>$0.074</td>
<td>$0.074</td>
</tr>
<tr>
<td>Age 40 – 44</td>
<td>$0.102</td>
<td>$0.102</td>
<td>$0.102</td>
<td>$0.102</td>
</tr>
<tr>
<td>Age 45 – 49</td>
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<td>$0.152</td>
<td>$0.152</td>
<td>$0.152</td>
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<tr>
<td>Age 50 – 54</td>
<td>$0.237</td>
<td>$0.237</td>
<td>$0.237</td>
<td>$0.237</td>
</tr>
<tr>
<td>Age 55 – 59</td>
<td>$0.359</td>
<td>$0.359</td>
<td>$0.359</td>
<td>$0.359</td>
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<tr>
<td>Age 60 – 64</td>
<td>$0.471</td>
<td>$0.471</td>
<td>$0.471</td>
<td>$0.471</td>
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<tr>
<td>Age 65 – 69</td>
<td>$0.740</td>
<td>$0.740</td>
<td>$0.740</td>
<td>$0.740</td>
</tr>
<tr>
<td>Age 70 – 74</td>
<td>$1.283</td>
<td>$1.283</td>
<td>$1.283</td>
<td>$1.283</td>
</tr>
<tr>
<td>Age &gt; 75</td>
<td>$2.080</td>
<td>$2.080</td>
<td>$2.080</td>
<td>$2.080</td>
</tr>
</tbody>
</table>
Summary of Benefits and Coverage (SBC)  
Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available online at www.mybensite.com/lexmed. A paper copy is also available, free of charge, by contacting Human Resources.

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 page 35.
As a full-time or part-time employee, you have the opportunity to enroll in either of the medical plans offered by Lexington Medical Center. Both plans are self-insured plans that are administered by Blue Cross Blue Shield of South Carolina.

Covered members, under both plans, will receive the best value by using a Lexington Medical provider, when possible.

Both plans cover preventative services, as defined by Affordable Care Act (ACA), at 100%.

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

Members of the PPO 750 plan will need to satisfy the deductible prior to the co-insurance being applied. For employee only coverage the deductible is $750 per calendar year. Family coverage has an annual overall deductible of $2,250. For those employees with family coverage, each family member (up to 3) need only reach the $750 amount before co-insurance will begin for their individual expenses. If there are only two individuals covered, then the deductible is satisfied once both members have reached $750. There are no co-payments associated with this plan.

Pharmacy purchases are applied towards the deductible until the deductible is met, and then paid at 90% for generic drugs and 80% for brand drugs. The deductible does not apply to prescriptions filled through the mail order program. Members are encouraged to use the mail order option to help reduce their out of pocket cost on drugs.

**Option 2: BlueCross/BlueShield EPO**

Members of the EPO plan will pay a co-pay of $20/$30/$50 when visiting your primary care physician or Urgent Care. There is a deductible amount that the member must meet when using doctors other than your primary care doctor and for other services, including but not limited to, outpatient surgery, emergency room services and hospital stays. For employee only coverage the calendar year deductible is $750. Family coverage has an annual overall deductible of $2,250. For those employees with family coverage, each family member (up to 3) need only reach the $750 amount before co-insurance will begin for their individual expenses. If there are only two individuals covered, then the deductible is satisfied once both members have reached $2,250.

Members are not required by the medical plan to obtain a referral to see a specialist. Pharmacy purchases, with the exception of Specialty Injectable/Infusible drugs, are purchased at a set copay amount and are not applied to the deductible.

**Go Mobile!**

Download the app by first logging into the BlueCross BlueShield of South Carolina mobile website: www.southcarolinablues.com. Once the app is downloaded, you can use it to:

- Find Urgent Care, Doctor or Hospital
- Access/request a Member ID card
- Check status of claims

To receive the maximum coverage, you need to have medical services provided through an LMC provider.
Pharmacy Plan Management

Express Scripts administers Lexington Medical Center’s pharmacy plan. Prescription drug coverage is automatically included with medical plan coverage. Pharmacy benefits vary based on the medical plan you enroll in. Express Scripts provides you with access to the largest retail pharmacy network, with more than 60,000 retail pharmacies participating in its network. Accredo (which is owned by Express Scripts) is the specialty pharmacy.

If you have any questions about your pharmacy benefits, you can contact Express Scripts directly at (844) 581-4860 (customer service) or www.Express-Scripts.com.

**Smart 90 Walgreens Program**

With the Smart 90 Walgreens Program, you have two ways to get up to a 90 day supply of your long term maintenance medications (those drugs you take regularly for ongoing conditions). You must fill those prescriptions either through home delivery from the Express Scripts Pharmacy or at any Walgreens pharmacy. By getting up to a 90 day supply, you will make fewer trips to the pharmacy and you will only need to make one payment every three months.

**Go Mobile!**

Search "Express Scripts Mobile App". Once downloaded, you can use the app to:

- Access your Member ID card
- View alerts about your medicine
- Look up lower cost Rx options
- Find the nearest in-network pharmacy
## 2018 Medical Plan Details

<table>
<thead>
<tr>
<th>PPO 750</th>
<th><strong>At LMC (LMC Owned Providers)</strong></th>
<th><strong>In-Network (Other BCBS Providers)</strong></th>
<th><strong>Out-of-Network (Non-Participating Providers)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual</td>
<td></td>
<td>$750</td>
<td>$750</td>
</tr>
<tr>
<td>• Family</td>
<td></td>
<td>$2,250</td>
<td>$2,250</td>
</tr>
<tr>
<td><strong>Annual Coinsurance Limit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual</td>
<td></td>
<td>$1,250</td>
<td>$1,250</td>
</tr>
<tr>
<td>• Family</td>
<td></td>
<td>$3,750</td>
<td>$3,750</td>
</tr>
<tr>
<td><strong>Total Maximum Out-of-Pocket</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual</td>
<td></td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>• Family</td>
<td></td>
<td>$6,000</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Inpatient Coverage</strong></td>
<td>LMC pays 90% You pay 10%</td>
<td>LMC pays 70% You pay 30% (20% if service cannot be provided at LMC)</td>
<td>50%/50%</td>
</tr>
<tr>
<td><strong>Additional Inpatient Copay (per admission)</strong></td>
<td>N/A</td>
<td>$500 (waived if service cannot be provided at LMC)</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Coverage</strong></td>
<td>LMC pays 90% You pay 10%</td>
<td>LMC pays 70% You pay 30% (20% if cannot be provided at LMC)</td>
<td>50%/50%</td>
</tr>
<tr>
<td><strong>Physicians/Office Visit</strong> (including lab/x-ray in physician office)</td>
<td>LMC pays 90% You pay 10%</td>
<td>LMC pays 80% You pay 20%</td>
<td>50%/50%</td>
</tr>
<tr>
<td><strong>Preventative Care</strong> (As defined by ACA)</td>
<td>LMC pays 100% You pay 0%</td>
<td>LMC pays 100% You pay 0%</td>
<td>50%/50%</td>
</tr>
<tr>
<td><strong>Emergency/Urgent Care</strong></td>
<td>LMC pays 90% You pay 10%</td>
<td>LMC pays 70% You pay 30%</td>
<td>30%/70%</td>
</tr>
<tr>
<td></td>
<td>LMC pays 90% You pay 10%</td>
<td>LMC pays 80% You pay 20%</td>
<td>50%/50%</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong> (pre-authorization required)</td>
<td>LMC pays 80% You pay 20%</td>
<td>50%/50%</td>
<td></td>
</tr>
<tr>
<td><strong>Home Health/Hospice</strong> (pre-authorization required)</td>
<td>LMC pays 80% You pay 20%</td>
<td>50%/50%</td>
<td></td>
</tr>
<tr>
<td><strong>Skilled Nursing</strong> (limit of 120 days)</td>
<td>LMC pays 90% You pay 10%</td>
<td>LMC pays 70% You pay 30%</td>
<td>50%/50%</td>
</tr>
<tr>
<td><strong>Routine Eye Care</strong></td>
<td>Not covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td>Not covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Therapy</strong> Physical/Occupational/Speech</td>
<td>LMC pays 90% You pay 10%</td>
<td>70%/30% (20% if service cannot be provided at LMC)</td>
<td>50%/50%</td>
</tr>
<tr>
<td><strong>Express Scripts</strong></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td></td>
</tr>
<tr>
<td><strong>Pharmacy</strong> Retail (31 day)</td>
<td>Generic: 90%/10% (after $750 deductible) Brand: 80%/20% (after $750 deductible)</td>
<td>Generic: 90%/10% (after $750 deductible) Brand: 80%/20% (after $750 deductible)</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Smart 90 Retail Pharmacy or Mail Order (90 day)</td>
<td>Generic: 90%/10% (no deductible) Brand: 80%/20% (no deductible)</td>
<td></td>
</tr>
</tbody>
</table>

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

### Online Services
Check eligibility, deductible, out-of-pocket limits, authorizations, claims, online provider directory; request new ID cards; complete other health insurance questionnaires or contact customer service online at: www.southcarolinablues.com
### 2018 Medical Plan Details (Continued)

<table>
<thead>
<tr>
<th>EPO</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></td>
<td></td>
</tr>
<tr>
<td>• Family</td>
<td>$2,250</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Coinsurance Limit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual</td>
<td>$2,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family</td>
<td>$4,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Maximum Out-of-Pocket</strong></td>
<td>INCLUDES DEDUCTIBLE, COINSURANCE AND COPAYMENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual</td>
<td>$7,100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family</td>
<td>$14,200</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Inpatient Coverage</strong></th>
<th>LMC pays 90%</th>
<th>LMC pays 70%</th>
<th>Not Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You pay 10%</td>
<td>You pay 30%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(20% if service cannot be provided at LMC)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Additional Inpatient Copay (per admission)</strong></th>
<th>N/A</th>
<th>$500</th>
</tr>
</thead>
<tbody>
<tr>
<td>(waived if service cannot be provided at LMC)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Outpatient Coverage</strong></th>
<th>LMC pays 90%</th>
<th>LMC pays 70%</th>
<th>Not Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You pay 10%</td>
<td>You pay 30%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(20% if service cannot be provided at LMC)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Physician PCP Office Visit</strong></th>
<th>LMC pays 90%</th>
<th>LMC pays 80%</th>
<th>Not Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You pay 10%</td>
<td>You pay 20%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$20 Copay</td>
<td>$30 Copay</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Preventative Care</strong> (As defined by ACA)</th>
<th>LMC pays 100%</th>
<th>LMC pays 100%</th>
<th>Not Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You pay 0%</td>
<td>You pay 0%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Emergency</strong></th>
<th>LMC pays 90%</th>
<th>LMC pays 70%</th>
<th>Emergency Room Out-of-Network coverage only available if true emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room</td>
<td>You pay 10%</td>
<td>You pay 30%</td>
<td></td>
</tr>
<tr>
<td>LMC pays 90%</td>
<td>You pay 10%</td>
<td>You pay 20%</td>
<td></td>
</tr>
<tr>
<td>LMC pays 90%</td>
<td>You pay 10%</td>
<td>You pay 20%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Urgent Care</strong></th>
<th>$20 Copay</th>
<th>LMC pays 70%</th>
<th>Urgent Care Out-of-Network coverage only available if outside local area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>You Pay 30% after $50 Copay</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Routine Eye Care</strong></th>
<th>Not Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable Medical Equipment</td>
<td>LMC pays 80%/You pay 20%</td>
</tr>
<tr>
<td>Home Health/Hospice</td>
<td>LMC pays 80%/You pay 20%</td>
</tr>
<tr>
<td>Skilled Nursing (limit of 120 days)</td>
<td>LMC pays 90%</td>
</tr>
<tr>
<td>Therapy Physical/ Occupational/Speech</td>
<td>LMC pays 90%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Express Scripts</strong></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy</td>
<td>Generic: $10 Copay</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Retail (31 day)</td>
<td>Brand (Preferred): $30 Copay</td>
<td></td>
</tr>
<tr>
<td>Smart 90 Retail Pharmacy or Mail Order (90 day)</td>
<td>Brand (Non-Preferred): $40 Copay</td>
<td></td>
</tr>
<tr>
<td>Specialty (Orals): $40 Copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic: $20 Copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brand (Preferred): $60 Copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brand (Non-Preferred): $80 Copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty (Injectibles/Infusables): 20% or 30% after Deductible</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** All coinsurance amounts are AFTER deductible, unless otherwise noted.
Lexington Medical Center gives you the option to select dental coverage for you and your family.

The Delta Difference - You have the freedom to choose. This plan covers dentists in both the Delta Dental PPO and the Delta Dental Premier networks.

Delta Dental offers an extensive network in South Carolina. You can find participating dentists in your area by visiting www.DeltaDentalSC.com. Go to "Looking for a Dentist?" and select "Click here to find your program". This will bring up the Dentist Directory. Be sure to select the Delta Dental PPO or Premier plan and follow the prompts. New members will be mailed a membership card.

<table>
<thead>
<tr>
<th>PROGRAM DEDUCTIBLE AND MAXIMUMS</th>
<th>PPO NETWORK</th>
<th>PREMIER NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>offer deep discounts from standard charges with no balance billing</td>
<td>offer lesser discounts than PPO, but offers the assurance of no balance billing</td>
<td>claims will process up to reasonable and customary with balance billing possible over that level</td>
</tr>
<tr>
<td>Annual deductible</td>
<td>$25 per person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual maximum</td>
<td>$1,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BENEFIT CATEGORY</th>
<th>PPO NETWORK</th>
<th>PREMIER NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic/Preventive Services</td>
<td>LMC pays 100%</td>
<td>LMC pays 100%</td>
<td>LMC pays 100%</td>
</tr>
<tr>
<td>Exams (2x per benefit period), cleanings &amp; fluoride treatments, X-rays (as required), sealants, palliative treatment (emergency), space maintainers (up to age 19)</td>
<td>You pay 0%</td>
<td>You pay 0%</td>
<td>You pay 0%</td>
</tr>
<tr>
<td>Basic services</td>
<td>LMC pays 80%</td>
<td>LMC pays 80%</td>
<td>LMC pays 80%</td>
</tr>
<tr>
<td>Bridge and crown repairs and re-cement, denture repairs and adjustments, endodontics, fillings, general anesthesia, non-surgical periodontics, oral surgery periodontal maintenance; twice in any benefit period, simple extractions, surgical extractions and surgical periodontics</td>
<td>you pay 20%</td>
<td>you pay 20%</td>
<td>you pay 20%</td>
</tr>
<tr>
<td>Major services</td>
<td>LMC pays 50%</td>
<td>LMC pays 50%</td>
<td>LMC pays 50%</td>
</tr>
<tr>
<td>Inlays, onlays, crowns, prosthetics, implants (bridges, dentures; once in 10 years)</td>
<td>you pay 50%</td>
<td>you pay 50%</td>
<td>you pay 50%</td>
</tr>
<tr>
<td>Orthodontia services</td>
<td>LMC pays 50%</td>
<td>LMC pays 50%</td>
<td>LMC pays 50%</td>
</tr>
<tr>
<td></td>
<td>you pay 50% up to $2,000, lifetime max, no additional deductible</td>
<td>you pay 50% up to $2,000, lifetime max, no additional deductible</td>
<td>you pay 50% up to $2,000, lifetime max, no additional deductible</td>
</tr>
</tbody>
</table>

Go Mobile!
Search "Delta Dental" in your app store.

Features include:
- Coverage and Claims Information
- Dental Care Cost Estimator
- Mobile ID Card
- Dentist Search Tool
Lexington Medical Center is pleased to offer you the option to select vision coverage for you and your family through Physicians EyeCare Plan (PEP)

**Benefits**

- Comprehensive eye exam every 12 months with a $15 copay.
- $200 material allowance every 12 months towards glasses and/or contact lens.
- After your material allowance has been used, receive a 20% discount on glasses and a 15% discount on contact lens at most in-network providers.
- Discounts of 10%-20% on refractive surgery including LASIK at participating providers.
- $49 standard contact lens fitting fee or 15% discount off the usual customary fitting for non-standard contact lens at most in-network providers.
- No claims or paperwork to file when you see an in-network provider.
- Find an in-network provider by going to www.physicianseyecareplan.com.
- If you choose to see an out of network provider, please submit a claim (available online) along with your itemized receipts to: Physicians Eyecare Plan, 40 Courtenay Dr., Charleston, SC 29403.
IMPORTANT POINTS!

You have until March 31, 2019 to submit claims for expenses incurred in 2018.

- If your spouse has a health savings account (HSA) through his or her employer, you cannot participate in the health care flexible spending account (FSA).
- Maximum joint contribution (you, and your spouse) for your dependent day care flexible spending account is $5,000.
- Up to $500 in unused health care FSA contributions will carry over to the following plan year. Per IRS regulation, amounts above $500 are still subject to the "Use it or lose it" rule.

Flexible Spending Accounts

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, coinsurance and copays), as well as expenses not covered by the medical, dental or vision plans.

Health Care FSA Debit Card

The health care FSA debit card works like a bank debit card and gives you immediate, electronic access to funds stored in your health care account. You may use this debit card at your doctor’s office, pharmacy, retail stores or any store that can identify FSA-eligible expenses at checkout. The debit card will eliminate the need for filing most claims forms and there is no wait for reimbursement. Be sure to keep itemized receipts on hand to substantiate purchases.

Annual Contribution Limits ➤ Minimum $100 ➤ Maximum $2,600

Carry Over Limit ➤ $500

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. It is necessary to retain a copy of your physician’s prescription as you may be required to provide it. This does not apply to reimbursements for the cost of insulin, which is permitted for reimbursement even if purchased without a prescription.

To view a list of OTC medications that do or do not require a physician-prescription visit or health care contribution limit, visit SHDR.com. If you have additional questions, contact our FSA administrator at (800) 768-4873 or (800) 930-2441.

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.
Life, Supplemental Life and AD&D Insurance

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 $1,000 increments of 1x times, 2x times or 3x times your BAE. You must designate a beneficiary, even if you do not purchase supplemental coverage.

You do not need to answer medical questions 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 open enrollment).

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

If you exceed the limit, contact Human Resources for a personal health assessment form. Remember: this application is subject to approval.

How to Calculate Your Premium

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

The life insurance premiums that apply to you are shown in the 2018 Price Sheet on page 6 of this guide. 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 2018 Price Sheet Page 6.

F. Multiply D times E. This is your monthly premium amount.

---

**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.
Dependent life insurance provides protection to you and your loved ones.

In the event of the death of your spouse or children, 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 until the end of the month when they turn 26 years of age, regardless of whether they live with you or depend on you for financial support.

### Spouse Options

<table>
<thead>
<tr>
<th>Option</th>
<th>Semi-Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1:</td>
<td>$5,000</td>
</tr>
<tr>
<td>Option 2:</td>
<td>$10,000</td>
</tr>
<tr>
<td>Option 3:</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

### Dependent Child(ren) Options

<table>
<thead>
<tr>
<th>Option</th>
<th>Semi-Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1:</td>
<td>$5,000</td>
</tr>
<tr>
<td>Option 2:</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

**IMPUTED INCOME**

According to IRS regulations, dependent life insurance plans offered by employers may be subject to imputed income.

For more information, please visit IRS.gov or contact your tax adviser.
Disability coverage continues a portion of your salary if you are unable to work due to a non-occupational illness or injury.

Short-term Disability Insurance
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 Plan employees), LMC provides short-term disability coverage on the 91st day of eligible employment, and benefits are payable day 1 for an accident and day 6 from treatment for a sickness.

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 benefits begin after 30 days of approved disability.

Coverage Terms:
- Coverage is paid at 66 2/3% of weekly earnings up to six (6) months of disability.

Long-term Disability Insurance
If you are eligible for full-time benefits (standard hours of 30 or more per week or 24 standard hours for Flex and Lex Plan), LMC provides long-term disability coverage on the 91st day of eligible employment, and benefits begin on the 181st day of approved disability.

Coverage Terms:
- Coverage is paid at 60% of monthly earnings after six (6) months of disability. Part-time employees are not eligible for LTD.

The total benefits payable to you on a monthly basis (including all benefits provided under the plan) will not exceed 100% of your monthly earnings. Your long-term disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Disability coverage applies to your income only (not available for dependents).
CRITICAL ILLNESS INSURANCE

Are you prepared for the cost of an illness? If you were to suffer a heart attack, stroke or other critical illness, would you have the money to cover:

- Deductibles and coinsurance
- Home health care needs
- Travel and lodging
- Lost income
- Rehabilitation
- Child care

Even those of us who plan for the unexpected with life, disability and health insurance may discover that some critical illness expenses can still remain unpaid. Without adequate protection, you could have to pull from savings or rely on other financial sources in your time of need.

Critical Illness insurance from Colonial Life & Accident Insurance Company helps preserve your lifestyle in the event of a specified critical illness. It provides benefits that you can use however you like.

Features of Colonial Life’s Critical Illness Insurance:

- Pays a benefit if you are diagnosed with a covered specified critical illness.
- Coverage is available for you and your covered dependents.

With most Colonial Life insurance products:

- Benefits are paid directly to you, unless you specify otherwise.
- You can continue coverage with no increase in premium when you retire or change jobs.
- You’re paid regardless of any other insurance you may have with other insurance companies.
- Coverage is available for your spouse and dependent children.

Coverage is subject to policy exclusions and limitations that may affect benefits payable. See your Colonial Life benefits counselor for complete details.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
©2017 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.
In the charts below are the Bi-Weekly rates for the Critical Illness coverage for the $10,000, $20,000 and $30,000 coverage amounts.

### BI-WEEKLY PREMIUMS FOR $10,000 COVERAGE

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Employee</th>
<th>Employee + Spouse</th>
<th>Employee + Child</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-29</td>
<td>$5.35</td>
<td>$9.29</td>
<td>$5.75</td>
<td>$9.60</td>
</tr>
<tr>
<td>30-39</td>
<td>$7.25</td>
<td>$11.99</td>
<td>$7.55</td>
<td>$12.30</td>
</tr>
<tr>
<td>40-49</td>
<td>$11.45</td>
<td>$18.29</td>
<td>$11.85</td>
<td>$18.60</td>
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<tr>
<td>50-59</td>
<td>$18.25</td>
<td>$29.09</td>
<td>$18.65</td>
<td>$29.40</td>
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<tr>
<td>60-74</td>
<td>$27.85</td>
<td>$43.59</td>
<td>$28.15</td>
<td>$43.90</td>
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</tbody>
</table>

### BI-WEEKLY PREMIUMS FOR $20,000 COVERAGE

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Employee</th>
<th>Employee + Spouse</th>
<th>Employee + Child</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-29</td>
<td>$7.15</td>
<td>$12.09</td>
<td>$7.85</td>
<td>$12.60</td>
</tr>
<tr>
<td>30-39</td>
<td>$10.95</td>
<td>$17.49</td>
<td>$11.45</td>
<td>$18.00</td>
</tr>
<tr>
<td>40-49</td>
<td>$19.35</td>
<td>$30.09</td>
<td>$20.05</td>
<td>$30.60</td>
</tr>
<tr>
<td>50-59</td>
<td>$32.95</td>
<td>$51.69</td>
<td>$33.65</td>
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<tr>
<td>60-74</td>
<td>$52.15</td>
<td>$80.69</td>
<td>$52.65</td>
<td>$81.20</td>
</tr>
</tbody>
</table>

### BI-WEEKLY PREMIUMS FOR $30,000 COVERAGE

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Employee</th>
<th>Employee + Spouse</th>
<th>Employee + Child</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-29</td>
<td>$8.95</td>
<td>$14.89</td>
<td>$9.95</td>
<td>$15.60</td>
</tr>
<tr>
<td>30-39</td>
<td>$14.65</td>
<td>$22.99</td>
<td>$15.35</td>
<td>$23.70</td>
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<tr>
<td>40-49</td>
<td>$27.25</td>
<td>$41.89</td>
<td>$28.25</td>
<td>$42.60</td>
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<tr>
<td>50-59</td>
<td>$47.65</td>
<td>$74.29</td>
<td>$48.65</td>
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</tr>
<tr>
<td>60-74</td>
<td>$76.45</td>
<td>$117.79</td>
<td>$77.15</td>
<td>$118.50</td>
</tr>
</tbody>
</table>
ACCIDENT INSURANCE

Accidents can happen anytime, anywhere. Accidents are usually followed by a series of bills. Even if you have good insurance, you may still have to cover out-of-pocket costs, such as:

- Doctor bills
- Ambulance fees
- Hospital expenses

Accident insurance from Colonial Life & Accident Insurance Company can help protect you, your spouse and your dependent children from the unexpected expenses of an accident. An annual wellness benefit is also included.

Features of Colonial Life’s Accident Insurance:

- You are paid benefits to help you with the care and treatment of a covered accidental injury.
- Your benefits are paid directly to you (unless you specify otherwise).
- You are paid benefits regardless of any other insurance you may have with other insurance companies.
- You can take your coverage with you if you change jobs or retire.

The chart below shows the Accident Coverage Bi-Weekly rates.

<table>
<thead>
<tr>
<th>ACCIDENT RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Employee</td>
</tr>
<tr>
<td>$6.47</td>
</tr>
</tbody>
</table>
South Carolina Retirement System (SCRS)

Established by South Carolina statute in 1945, SCRS is a traditional defined benefit retirement plan that provides members with a fixed monthly annuity at retirement. Lexington Medical Center is a participating employer in the retirement system, which means LMC employees are required to join SCRS with a few limited exceptions. Please note that even if your current position at LMC is one in which participation is optional, if you have ever been a member of SCRS and have not withdrawn your account funds, you are still required to participate in SCRS.

**Participating employees have an eight-year vesting schedule.**

- LMC contributes SCRS 13.41% of employees’ gross earnings into the retirement plan’s general fund plus 0.15% for an incidental death benefit for a total contribution of 13.56%.¹
- PORS 15.84% of employees’ gross earnings into the retirement plan’s general fund plus 0.15% for an incidental death benefit for a total contribution of 16.24% ¹
- Employees contribute SCRS 9% of their pre-tax gross earnings.¹
  PORS 9.75% of their pre-tax gross earnings.¹
- After 1 year of membership, employees are eligible for an incidental death benefit equal to 1X annual salary (capped at $275,000).
- Employees’ retirement accounts earn 4% interest (compounded annually).

¹ Contribution rates are subject to change as governed by the South Carolina Public Employee Benefit Authority (PEBA).

South Carolina Deferred Compensation Plans

[https://SouthCarolinaDCP.gov.com](https://SouthCarolinaDCP.gov.com)

South Carolina Deferred Compensation is another powerful tool to help you reach your retirement dreams.

As a supplement to other retirement benefits or savings, this voluntary program allows you to save and invest extra money for retirement through pre-tax or after-tax contributions. For 2018, employees may contribute up to $18,500. Employees age 50 and older may contribute an additional $6,000. LMC does not match these contributions.

- Traditional 401(k) Plan – pre-tax
- Traditional 457(b) Plan – pre-tax
- Roth 401(k) Plan – after-tax
- Roth 457(b) Plan – after-tax
Lexington Medical Center is committed to the professional and personal development of our employees by offering educational assistance to help employees achieve their goals.

**Tuition Reimbursement**

With Director pre-approval, employees who work 20 hours or more per week and have at least one year of continuous service may be eligible for tuition reimbursement.

Tuition reimbursement is awarded based upon an employee’s work status while enrolled in the course(s). Employees with scheduled work hours of 32 or more are eligible to receive a 100% reimbursement. Employees working at least 20 but less than 32 hours are eligible to receive a 60% reimbursement.

Generally, to be eligible for reimbursement, classes must be related to an employee’s current job. Employees may receive up to a $7,500 lifetime reimbursement amount.

*A copy of the policy and application are available on LexLoop.*

**BSN/MSN Scholarship Program**

Employees in good standing who have at least one year of service and who work a minimum of 24 hours per week may be eligible to receive a BSN/MSN scholarship.

This program is designed to increase the number and quality of individuals trained in the nursing field by awarding deserving employees with financial support to further their education.

An employee desiring to study under the provisions of this program must demonstrate acceptance into a nationally accredited RN to BSN or MSN program and submit a BSN/MSN Scholarship Application prior to beginning classes.

*Detailed instructions and application forms can be found on LexLoop.*

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**ADDITIONAL ASSISTANCE**

- Scholarship opportunities for employees pursuing nursing degrees are available through the LMC Foundation.
- LMC has an on-site Med Tech program through our Clinical Laboratory. To be eligible for this program, employees must hold a bachelor’s degree in biology, chemistry, etc.
Lexington Medical Center is committed to the health and wellness of our workforce. One way we encourage healthier lifestyles is through our Wellness Path.

Designed to improve your health, nutrition and fitness, this program creates a work environment that promotes healthy lifestyles through awareness and education. Whether you want to stop smoking, lose weight or start exercising, you will find a program within Wellness Path to meet your goals.

Health Directions

Employees and family members receive a discounted membership at Health Directions. We are a full-service wellness center featuring cardio and weight equipment as well as a wide variety of group fitness classes and personal training. Health Directions is located at 3239 Sunset Blvd. in West Columbia. Membership fees are $375 per year ($31.25 monthly). Those fees can be payroll deducted at $15.63 per pay period.

- Reimbursement Plan
  Health Directions will reimburse an employee’s membership fees (up to $375) if you visit the Wellness Center at least 10 times per month for 12 consecutive months.

Weight Watchers at Work

The traditional Weight Watchers program is offered with the convenience of meeting right here at LMC.

Annual PATH Health Screening

- All employees, employee spouses/partners, chaplains and volunteers are eligible for a free and confidential health screening during their birthday month
- Participants receive a comprehensive lab assessment, valued at $300 and accepted by LMC physicians, that includes lipid (cholesterol) profile, fasting blood sugar, complete blood cell count, thyroid stimulating hormone, and PSA (males over 40).
- Yearly mammogram for women over 40 years old. Please contact Women’s Imaging at (803) 791-2486.
- You can also choose to participate in the complete screening that measures your body composition and blood pressure.

Smoking Cessation Clinic

Go to www.lmcwellnesspath.org to schedule appointments and register for programs!
Employee Health Clinic
Lexington Medical Center’s Employee Health Clinic plays a central role in the health and well-being of our employees across the Lexington County Health Services District.

AVAILABLE SERVICES

- Pre-placement health assessments of candidates and volunteers to ensure proper job placement
- TB screening and annual assessments for those infected with latent TB (previously positive reactors)
- Annual TB screening for those in identified core groups
- Health assessments
- Immunization for specific disease protection
- Substance abuse screening
- Sick visits
- Medical clearance, training and fit testing for employees in the LMC Respiratory Protection Program
- Screenings for employees returning to work from a non-work-related illness/injury
- Medical management for employees exposed to blood and body fluids or communicable diseases
- Screening of employees with communicable diseases and determination of work restrictions as needed
- Medical management for work-related injuries and illnesses
- Assistance with accommodation issues associated with work or non work-related illnesses and injuries
- Workers’ Compensation claims management services
- Employee safety services including accident investigation, respiratory protection, environmental health, ergonomics assistance, workplace hazard assessments, etc.
- Voluntary screening for bloodborne diseases

The Employee Health Clinic is open Monday – Friday from 7:30 a.m. to 4:00 p.m.

The Child Development Center is open Monday – Friday 6:00 a.m. to 7:30 p.m.

For more information, please call (803) 791-2199.

Child Development Center
Lexington Medical Center offers a unique benefit exclusively to employees through our on-site Child Development Center.

The goal is to provide quality care and educational opportunities in a safe and loving environment. The Child Development Center staff strive to partner with families as they meet the needs of parents and their careers. You are encouraged to come by and visit. If you have any questions, call (803) 791-2339.
Employee Assistance Program

Through First Sun EAP, Lexington Medical Center offers employees and their families a program to help deal with professional and personal challenges as well as improve their emotional well-being.

Counseling, education and support are available on a variety of topics including stress management, workplace concerns, substance abuse, financial matters and parenting. Legal services are also available through this program. For more information, visit FirstSunEAP.com or call (800) 968-8143.

Emergency Care Fund

Employees may be eligible for assistance following a life altering event that is impactful and outside of the normal events that affect employees. The four qualified types of events considered for assistance are:

- Significant damages to primary dwelling – including, but not limited to, a house fire or damages resulting from a natural disaster.
- Domestic violence and victim of a crime – a police report is required to document the event.
- Travel expenses for family funeral – excessive funeral travel expenses that would otherwise prevent attendance for family member’s funeral service. (Family member as defined in the LMC Bereavement Policy. Death/funeral arrangement and documentation of family relationship to employee is required.)
- Ancillary non-medical and household expenses related to financial impact of an urgent and/or life threatening medical condition – Includes conditions for the employee, spouse and legal dependents. Documentation of the medical condition is required.

Additional information can be found on the home page of LexLoop under the “Human Resources/Events & Programs” or by contacting the Foundation at (803) 791-2540.

Employee Discounts

LMC has partnered with local businesses to offer a multitude of discounts and special offers. From automobile repairs and beauty salons to recreation and tax preparation, LMC employees have access to discounted prices by presenting their employee ID badge. For a complete listing of participating businesses, visit LexMedEmployeeDiscounts.com.
Your life insurance coverage comes with value-added services to help with challenges that come before and after a claim.

- **FUNERAL PLANNING AND CONCIERGE SERVICES**
  A suite of online tools guides you through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers—often resulting in significant financial savings. Call (866) 854-5429 or visit EverestFuneral.com/Hartford (code: HFEVLC).

- **ESTATE GUIDANCE® WILL SERVICES**
  Protect your family’s future by creating a will online—backed by online support from licensed attorneys. Your will is customized and legally binding. Visit EstateGuidance.com/Wills (code: WILLHLF).

- **BENEFICIARY ASSIST® COUNSELING SERVICES**
  Compassionate expertise helps you or your beneficiaries (those you name in your policy) cope with emotional, financial and legal issues that arise after a loss. Services include unlimited phone contact with a counselor, attorney or financial planner for up to a year and five face-to-face sessions. Call (800) 411-7239.

- **TRAVEL ASSISTANCE SERVICES WITH ID THEFT PROTECTION**
  Pre-trip information helps you feel more secure while traveling. It can also help you access medical assistance when traveling 100+ miles away from home for 90 days or less. ID theft services are available to you and your family at home and when you travel.

  For more information on Travel Assistance Services or ID Theft Services, call (800) 243-6108 or (202) 828-5885 (collect from other locations). Send emails to idtheft@europassistance-usa.com.

  Provide your employer’s name, a phone number where you can be reached, nature of the problem, Travel Assistance Identification Number (GLD-09012), and your company policy number (398395). If you have a serious medical emergency, please seek emergency medical services first, then contact Europ Assistance USA for follow-up.
CALL THE EMPLOYEE BENEFIT HELP LINE (800) 370-2474
MONDAY - FRIDAY
FROM 8:00 AM TO 6:00 PM

MEDICAL
- EPO and PPO 750
  BlueCross/BlueShield of SC
  (800) 760-9290
  SouthCarolinaBlues.com

PRESCRIPTIONS
- Express Scripts
  (844) 581-4860
  Express-Scripts.com

DENTAL
- Delta Dental of South Carolina
  (800) 335-8266
deltadentalSC.com

VISION
- Physicians Eyecare Plan
  (800) 368-9609
  physicianseyecareplan.com

LIFE INSURANCE AND AD&D
(Basic/Supplemental/Dependent)
- The Hartford
  (800) 523-2233
  HartfordLife.com

SOUTH CAROLINA RETIREMENT SYSTEM
- PBEA
  (803) 737-6800
  Retirement.SC.gov

401(k) AND 457 PLANS
- Empower
  (877) 457-6263
  SouthCarolinaDCP.com

FLEXIBLE SPENDING ACCOUNTS
(Health Care/Dependent Care)
- Stanley Hunt Dupree & Rhine
  (800) 930-2441 or
  (800) 768-4873
  SHDR.com

SHORT-TERM DISABILITY/LONG-TERM DISABILITY AND FMLA
- The Hartford
  (877) 822-3183
  Policy # 398395
  TheHartfordAtWork.com

EMPLOYEE ASSISTANCE PROGRAM
- First Sun EAP
  (800) 968-8143
  FirstSunEAP.com

COBRA
- CONEXIS COBRA Services
  (888) 678-4881
  mybenefits.wageworks.com
Checklist

☐ Have you read this Benefits Guide?

☐ Did you provide your dependents’ Social Security Numbers?

☐ Have you assigned your beneficiaries?

☐ Have you completed your Benefits Enrollment online?

☐ Have you reviewed your confirmation for accuracy?

Congratulations!

If you answered “yes” to these questions, you have successfully completed the Lexington Medical Center benefits enrollment process.
Enrolling Online. It’s easy!

Access to the eBenefits website will be available the afternoon of the first day of active employment.

**STEP 1**

**ACCESSING ECONNECT 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 are having trouble logging in to eConnect, please call the IS Help Desk at (803) 791-2022 for assistance.

**STEP 3**

**NAVIGATING TO eBENEFITS:**

1. Click on Main Menu.
2. Click on Self Service.
3. Click on Benefits.
4. Click on Benefits Enrollment.
**Employee Notices**

**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.

**Potential Financial Responsibility When Using Out-of-Network Providers**

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier’s master policy is the controlling document, and this benefit highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.
**Employee Notices (Continued)**

**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 (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.askebسا.dol.gov or call (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. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility.

<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>ALABAMA</td>
<td><a href="http://myalhipp.com/">http://myalhipp.com/</a></td>
<td>(855) 692-5447</td>
</tr>
<tr>
<td>ALASKA</td>
<td>The AK Health Insurance Premium Payment Program</td>
<td>(866) 251-4861</td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a></td>
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<tr>
<td></td>
<td>Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/">http://dhss.alaska.gov/dpa/Pages/</a></td>
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<tr>
<td></td>
<td>medicaid/default.aspx</td>
<td></td>
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<tr>
<td>ARKANSAS</td>
<td>Medicaid</td>
<td>(855)-MyARHIPP ((855) 692-7447)</td>
</tr>
<tr>
<td>COLORADO</td>
<td>Medicaid</td>
<td>(800) 221-3943/State Relay 711</td>
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<tr>
<td></td>
<td>Medicaid Website: <a href="http://www.healthfirstcolorado.com/">http://www.healthfirstcolorado.com/</a></td>
<td></td>
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<tr>
<td></td>
<td>Medicaid Customer Contact Center: (800) 221-3943/State Relay 711</td>
<td></td>
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<tr>
<td>FLORIDA</td>
<td>Medicaid</td>
<td>(877) 357-3268</td>
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<td></td>
<td>Website: <a href="http://film%C3%A9dicaidptprecovery.com/">http://filmédicaidptprecovery.com/</a></td>
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<tr>
<td></td>
<td>hippoc/Phone: (877) 357-3268</td>
<td></td>
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<tr>
<td>GEORGIA</td>
<td>Medicaid</td>
<td>(404) 656-4507</td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a></td>
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<tr>
<td></td>
<td>- Click on Health Insurance Premium Payment (HIPPP)</td>
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<tr>
<td>INDIANA</td>
<td>Medicaid</td>
<td>(877) 438-4479</td>
</tr>
<tr>
<td></td>
<td>Healthy Indiana Plan for low-income adults 19-64</td>
<td>(800) 403-0864</td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a></td>
<td></td>
</tr>
<tr>
<td>IOWA</td>
<td>Medicaid</td>
<td>(800) 635-2570</td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></td>
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<tr>
<td>KENTUCKY</td>
<td>Medicaid</td>
<td>(888) 346-9562</td>
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<tr>
<td></td>
<td>Website: <a href="http://www.chfs.ky.gov/dms/default.htm">http://www.chfs.ky.gov/dms/default.htm</a></td>
<td>(800) 635-2570</td>
</tr>
<tr>
<td>KANSAS</td>
<td>Medicaid</td>
<td>(785) 296-3512</td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://www.kdhks.gov/hcf/">http://www.kdhks.gov/hcf/</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: (785) 296-3512</td>
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Employee Notices (Continued)

**LOUISIANA – Medicaid**  
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331  
Phone: (888) 695-2447

**MAINE – Medicaid**  
Website: http://www.maine.gov/dhhs/ofi/publicassistance/index.html  
Phone: (800) 442-6003  
TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**  
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/  
Phone: (800) 862-4840

**MINNESOTA – Medicaid**  
Website: http://mn.gov/dhs/people-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp  
Phone: (800) 657-3739

**MISSOURI – Medicaid**  
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm  
Phone: (573) 751-2005

**MONTANA – Medicaid**  
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP  
Phone: (800) 694-3084

**NEBRASKA – Medicaid**  
Website: http://www.ACCESSNebraska.ne.gov  
Phone: (855) 632-7633  
Lincoln: (402) 473-7000  
Omaha: (402) 595-1178

**NEVADA – Medicaid**  
Medicaid Website: http://dwss.nv.gov/Medicaid  
Phone: (800) 992-0900

**NEW HAMPSHIRE – Medicaid**  
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf  
Phone: (603) 271-5218

**NEW JERSEY – Medicaid and CHIP**  
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/  
Medicaid Phone: (609) 631-2392  
CHIP Website: http://www.njfamilycare.org/  
CHIP Phone: (800) 701-0710

**NEW YORK – Medicaid**  
Website: http://www.health.ny.gov/health_care/medicaid/  
Phone: (800) 541-2831

**NORTH CAROLINA – Medicaid**  
Website: http://www.dma.ncdhhs.gov/  
Phone: (919) 855-4100

**NORTH DAKOTA – Medicaid**  
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/  
Phone: (844) 854-4825

**OKLAHOMA – Medicaid and CHIP**  
Website: http://www.insureoklahoma.org  
Phone: (888) 365-3742

**OREGON – Medicaid**  
Website: http://healthcare.oregon.gov/Pages/index.aspx  
http://www.oregonhealthcare.gov/indexes.html  
Phone: (800) 699-9075

**PENNSYLVANIA – Medicaid**  
Website: http://www.dhs.pa.gov/provider/medicalassistance/althinsurancepremiumpaymenthippprogram/index.htm  
Phone: (800) 692-7462

**RHODE ISLAND – Medicaid**  
Website: http://www.eohhs.ri.gov/  
Phone: (855) 697-4347

**SOUTH CAROLINA – Medicaid**  
Website: http://www.scdhhs.gov  
Phone: (888) 549-0820

**SOUTH DAKOTA – Medicaid**  
Website: http://dss.sd.gov  
Phone: (888) 828-0059

**TEXAS – Medicaid**  
Website: http://gethipptexas.com/  
Phone: (800) 440-0493

**UTAH – Medicaid and CHIP**  
Medicaid Website: http://medicaid.utah.gov/  
CHIP Website: http://health.utah.gov/chip  
Phone: (877) 543-7669
VERMONT – Medicaid
Website: http://www.greenmountaincare.org/
Phone: (800) 250-8427

VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.coverva.org/
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: (855) 242-8282

WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/free-or-low-cost-healthcare/program-administration/premium-payment-program
Phone: (800) 562-3022 ext. 15473

WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/
Toll-free phone: (855)-MyWVHIPP ((855) 699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: (800) 362-3002

WYOMING – Medicaid
Website: https://wyequalitycare.acs-inc.com/
Phone: (307) 777-7531

To see if any other states have added a Premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
(866) 444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323, Menu Option 4, Ext. 61565

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 your or your dependent’s 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” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

• Visit www.medicare.gov
• Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare 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: January 2018
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.