



# Your Benefits At-a-Glance

**At Lifepoint, we're proud to offer a competitive benefits package.** The following pages will provide you with a high-level overview of the main benefits Lifepoint offers to you and your family.



2023

# Medical

Your medical benefits will be based on the facility and provider network you use:

## Tier 1

### Facility charges only:

Covered at an enhanced savings rate when services take place at a Lifepoint facility.

## Tier 2

### Facility and provider charges:

Covered at the standard rate when any BCBS in-network facility is used, only if the required service is not available at your Lifepoint facility, or if any BCBS in-network provider is used.

## Tier 3

### Facility charges only:

Covered when a BCBS in-network facility is used instead of your Lifepoint facility when the required service is available at your facility.

## Tier 4

### Facility and provider charges:

Covered out-of-network for emergency services only.

|   | HDHP PLAN*  | HRA PLAN   | PPO PLAN   |
|---|---|--|--|
| <b>LIFEPOINT EMPLOYER CONTRIBUTION<sup>1</sup></b>  |   |  |  |
| Individual  | \$250   | \$500  | N/A  |
| Individual + Spouse <sup>2</sup>  | \$500   | \$650  | N/A  |
| Individual + Child(ren) <sup>2</sup>  | \$500   | \$800  | N/A  |
| Family <sup>2</sup>   | \$500   | \$1,000  | N/A  |
| Your HRA funds pay first and then you pay your share of the annual deductible.  |   |  |  |
| <b>ANNUAL DEDUCTIBLE</b>  |   |  |  |
| Tier 1: Individual / Family   | \$1,500 / \$3,000   | \$600 / \$1,800  | \$150 / \$450  |
| Tier 2: Individual / Family   | \$2,600 / \$5,200   | \$3,000 / \$9,000  | \$1,500 / \$4,500  |
| Tier 3: Individual / Family   | \$3,600 / \$7,200   | \$6,350 / \$12,700   | \$6,350 / \$12,700   |
| Tier 4: Individual / Family   | \$2,600 / \$5,200   | \$3,000 / \$9,000  | \$1,500 / \$4,500  |
| <b>OUT-OF-POCKET MAXIMUM</b>  |   |  |  |
| Tier 1: Individual / Family   | \$4,000 / \$8,000   | \$2,500 / \$5,000  | \$2,500 / \$5,000  |
| Tier 2: Individual / Family   | \$6,000 / \$12,000  | \$7,900 / \$15,800   | \$7,900 / \$15,800   |
| Tier 3: Individual / Family   | \$6,000 / \$12,000  | \$7,900 / \$15,800   | \$7,900 / \$15,800   |
| Tier 4: Individual / Family   | \$6,000 / \$12,000  | \$7,900 / \$15,800   | \$7,900 / \$15,800   |
| Overall in-network out-of-pocket maximum: Individual / Family   | \$6,000 / \$12,000  | \$7,900 / \$15,800   | \$7,900 / \$15,800   |
| Once you meet the overall in-network out-of-pocket maximum, Lifepoint pays 100% of your remaining in-network medical and prescription drug expenses for the rest of the year. |   |  |  |
| <b>COVERED SERVICES</b>   |   | <b>YOU PAY</b>   |  |
| Primary care physician / specialist office visits   | 20% after deductible  | 20% after deductible   | \$40 copay / \$60 copay  |
| Telemedicine (Teladoc Health)   | 20% after deductible  | 20% after deductible   | \$20 copay   |
| Hospitalization (facility charges only)   | Tier 1: 10% after deductible<br>Tier 2: 20% after deductible<br>Tier 3: 50% after deductible<br>Tier 4: Not covered | Tier 1: 10% after deductible<br>Tier 2: 20% after deductible<br>Tier 3: 50% after \$3,000 copay<br>Tier 4: Not covered | Tier 1: 10% after deductible<br>Tier 2: 20% after deductible<br>Tier 3: 50% after \$3,000 copay<br>Tier 4: Not covered |
| Preventive care coverage  | Covered at 100% subject to federal guidelines   |  |  |
| Emergency services  | Facility and provider charges: 20% after deductible   | Facility and provider charges: 20% after deductible  | Facility charges: \$200 copay (waived if admitted)<br>Provider charges: 20% after deductible                           |

\* Through the HDHP Plan, you have access to a Health Savings Account to save for future healthcare expenses.

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

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

## Prescription

| PRESCRIPTION DEDUCTIBLES   |  |  |
|--|--|--|
| On the HDHP plan, you must first meet a \$2,600 individual / \$5,200 family deductible before the copays apply, except for medications on the HDHP Preventive Drug List or no-cost drug list. If you obtain medications on the HDHP Preventive Drug List or no-cost drug list, the deductible is waived. |  |  |
| ANNUAL DEDUCTIBLE (HRA AND PPO MEDICAL PLANS ONLY)   |  |  |
| <b>Individual</b>  | \$75                                       |  |
| <b>Family</b>  | \$300                                      |  |
| COVERED SERVICES   | YOU PAY                                    |  |
|  | RETAIL PHARMACY<br>(UP TO A 30-DAY SUPPLY) | OPTUMRX HOME DELIVERY PROGRAM OR CVS RETAIL PHARMACY <sup>3</sup><br>(UP TO A 90-DAY SUPPLY) |
| <b>Tier 1:</b> (lower-cost generics and some brand name)   | \$10 copay after deductible                | \$25 copay after deductible  |
| <b>Generic drugs for the treatment of asthma, cholesterol, cardiovascular disease and diabetes. Brand-name drug classes for the treatment of diabetes, including insulin and other diabetic supplies.</b>  | N/A  | \$0 (plan pays 100%)   |
| <b>Tier 2:</b> (mid-range preferred brand name)  | \$55 copay after deductible                | \$137.50 copay after deductible  |
| <b>Tier 3:</b> (highest-cost non-preferred brand name)   | \$80 copay after deductible                | \$200 copay after deductible   |
| <b>Specialty<sup>4</sup></b>   | \$150 copay after deductible               | \$375 copay after deductible   |

<sup>3</sup> Must be filled through CVS90 Saver Plus (the mail order program or a Local CVS Retail Pharmacy).

<sup>4</sup> **Specialty medications:** you'll need to fill these with The Optum Specialty Pharmacy.

## Dental

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

## Vision

|                                     | BASIC  | PREMIER                                   |
|-------------------------------------|--|---|
| COVERED SERVICES                    | YOU PAY  |   |
| Eye exams                           | \$15 copay every calendar year                       |   |
| Lenses                              | \$20 copay every calendar year                       |   |
|                                     | (Additional copays may apply for lens enhancements.) |   |
| Frames                              | \$80–\$150 allowance every other calendar year       | \$120–\$220 allowance every calendar year |
| Contact lenses (instead of glasses) | \$150 allowance every calendar year                  | \$200 allowance every calendar year       |

## Flexible Spending Accounts (FSAs)

|                                 | HEALTH CARE FSA  | LIMITED PURPOSE FSA <sup>5</sup>   | DEPENDENT CARE FSA <sup>6</sup>   |
|---------------------------------|--|--|---|
| How much can I contribute?      | \$2,850 max pre-tax each year (You may roll over up to \$570 in unused contributions to the following year.)   | \$2,850 max pre-tax each year (You may roll over up to \$570 in unused contributions to the following year.)   | \$5,000 max pre-tax each year (or \$2,500 per year if filing separately from spouse, per IRS rules.)  |
| What can the money be used for? | Reimburse yourself for expenses such as deductibles, copays and co-insurance, prescription drugs, medical supplies, dental work, contact lenses, eyeglasses, certain over-the-counter medications and menstrual care products. | Reimburse yourself for deductibles, copays and co-insurance for <b>dental</b> and <b>vision</b> expenses only. | Reimburse yourself for expenses such as nursery schools, licensed day care centers (including adult day care facilities for disabled dependents), in-home day care providers, before- and after-school care (if not already included in tuition) and summer day camp, but not overnight camp. |

<sup>5</sup> The Limited Purpose FSA is compatible with the HSA medical option.

<sup>6</sup> If you participate in the Dependent Care FSA, you cannot apply for the Dependent Care tax credit.

## Life and AD&D

|            | BASIC                                | OPTIONAL  |
|------------|--------------------------------------|---|
| Employee   | 1x annual salary; Up to \$1M maximum | <b>Life:</b> 1x-5x annual salary; Up to \$1.5M maximum<br><b>AD&amp;D:</b> 1x-10x annual salary; Up to \$2M maximum           |
| Spouse     | N/A                                  | <b>Life:</b> Up to \$250,000 (in \$25,000 increments)<br><b>AD&amp;D:</b> 50% of employee AD&D benefit, up to \$1M maximum    |
| Child(ren) | N/A                                  | <b>Life:</b> Up to \$20,000 (in \$2,000 increments)<br><b>AD&amp;D:</b> 20% of employee AD&D benefit, up to \$300,000 maximum |

## Disability

|   | OPTION 1  | OPTION 2  |
|---|---|---|
| <b>SHORT-TERM DISABILITY (STD)<sup>7</sup></b>  |   |   |
| <b>Begins</b>                                   | After 14 days of disability   | After 60 days of disability                                     |
| <b>Replaces</b>                                 | 60% of your pay up to \$1,500 per week <sup>8</sup>   |   |
| <b>Continues</b>                                | Up to 150 days (including waiting period)   |   |
| <b>LONG-TERM DISABILITY (LTD)<sup>7,9</sup></b> |   |   |
| <b>Begins</b>                                   | After 150 days of disability  |   |
| <b>Replaces</b>                                 | 60% of pre-disability pay up to \$10,000 per month <sup>8</sup>   | 50% of pre-disability pay up to \$10,000 per month <sup>8</sup> |
| <b>Continues</b>                                | Until your disability ends or you reach the maximum period of payment based on your age at disability, whichever comes first <sup>8</sup> |   |

<sup>7</sup> You must be actively at work on your coverage effective date.

<sup>8</sup> Limits apply.

<sup>9</sup> Subject to pre-existing condition limits.

## Commuter Benefits

Commuter benefits allow you to defer up to \$3,600 tax free each calendar year to pay for eligible transit expenses such as; train, subway, bus and ferry.

## 401(k)

**Lifepoint Health offers a 401(k) retirement plan.** The Lifepoint 401(k) plan allows for salary deferrals of both traditional pre-tax contributions and Roth contributions. Additionally, Lifepoint will match a portion of your 401(k) contributions.

## Accident Insurance

The Lifepoint Group Accident Insurance **pays you a fixed lump sum** amount to help with out-of-pocket treatment and costs in the event of an accident. It covers a range of incidents, from common to severe injuries that occur both on and off the job.

## Critical Illness Insurance

Lifepoint's Critical Illness Insurance **pays you a fixed lump sum** payment to help offset the impact of out-of-pocket expenses such as child care, travel, high deductibles and copays when you or your family members are diagnosed with a covered critical illness.

## Hospital Indemnity Insurance

Lifepoint's Hospital Indemnity Insurance plans **pay you a fixed lump sum** to help with the costs associated with a hospital stay. It can also provide funds for the out-of-pocket expenses your medical plan may not cover, such as co-insurance, copays and deductibles.

## ID Watchdog

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ID Watchdog offers an easy and affordable way to help better protect and monitor the identities of you and your family. You'll be alerted to potentially suspicious activity and enjoy the peace of mind that comes with the support of dedicated identity resolution specialists.

## EAP

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Free, confidential advice for you and your family - 24/7. Daily challenges make life tough. That's why we offer an EAP-administered by Resources for Living (RFL) - to provide confidential support and guidance to you and your family, 24/7. So, whatever the weather, you know we're here for you. It's free of charge, easy to access, and available whenever (and wherever) you need it.

## LegalEASE

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LegalEASE offers valuable benefits to shield your family and savings from unexpected personal legal issues as well as safeguard you during unpredictable economic uncertainty. With LegalEASE you have access to a national network of attorneys, in- and out-of-network coverage and Concierge services to navigate family legal issues.

**We hope this at-a-glance guide helps to outline the benefits available to you and your family, should you join the Lifepoint team.**

The information on this document provides a summary of the benefits offered by Lifepoint Health. The company reserves the right to change (including the amount of employee contributions), amend, modify, suspend or terminate all or any portion of the plans, at any time and for any reason. If there are any discrepancies or ambiguities between this communication and any plan provisions, the terms of the Plan Document, Summary Plan Description and, if applicable, insurance policy, contracts and other documents forming the Plan, as interpreted by the Plan Administrator, will apply rather than this document.