Lexington Health Network wants you and your family to be happy, healthy and secure. That’s why we offer a benefits program that is designed to help you achieve your well-being potential. We are committed to providing you with tools and resources to help you maximize your benefits. Please review this Benefits Guide carefully for highlights of our benefits and discuss your options with your family.
YOUR COMPLETE BENEFITS PROGRAM

Your Lexington Health Network benefits program provides a wide array of benefits to help you achieve your well-being potential. Here is a high-level overview of the benefits available to you:

**Health**

**MEDICAL**
- 500 Plan
- 2000 Plan
- 3500 Plan
- Health Savings Account (HSA) (3500 Plan members only)
- Additional benefits available to medical plan members:
  - Secure Member Website
  - myCigna App
  - Cigna One Guide®
  - 24-Hour Health Information Line
  - Telehealth
  - Health Assessment
  - Cigna Lifestyle Management Programs
  - Cigna Healthy Rewards®
  - Cigna Healthy Pregnancies, Healthy Babies® Program
  - Chronic Health Condition Support
  - Cigna Cancer Support Program

**VOLUNTARY DENTAL**
- High PPO Plan
- Low PPO Plan
- DHMO Plan

**VOLUNTARY VISION**
- VSP Plan

**Wealth**

- 401(k) Plan
- Voluntary Life and Accidental Death and Dismemberment (AD&D)
- Voluntary Short-Term Disability (STD)
- Voluntary Accident
- Voluntary Critical Illness
- Flexible Spending Accounts (FSAs)
  - Health Care FSA (500 and 2000 Plan members only)

**Extras**

- Employee Assistance Program (EAP)
- Verizon Wireless Discounts
- BenefitHUB Discount Program NEW!
- Homeowners Club of America
- Corporate America Family Credit Union

GET MORE INFORMATION ONLINE

Check out our customized, online benefits portal that gives you access to important benefit information 24/7/365. Visit [http://bit.ly/2faW1cH](http://bit.ly/2faW1cH) (our username is “RoyalBenefits” and our password is “Password16”).
Eligibility

Full-time employees of Lexington Health Network are eligible to enroll themselves and their eligible dependents in the benefits described in this Guide. Eligibility for medical insurance is defined as working an average of 30 or more hours per week. The status of full time, as defined by your specific work location, is required to access the voluntary benefits outlined in this Guide.

Enrollment

You must enroll within 30 calendar days from your start date. Benefits go into effect on the first day of the month following 60 calendar days of employment. Elections you make when first becoming eligible or during Open Enrollment will remain in effect until our next Open Enrollment period. In addition, if you decline coverage for yourself and/or your dependent(s) when first becoming eligible, you must wait until the next Open Enrollment period to enroll. However, if you experience a qualified life event (see right) during the year, you may make changes to your elections at that time.

HOW TO ENROLL

• Log into the Employee Self-Service (ESS) program in one of five ways:
  1. Click on the Applications folder on the desktop and select the Employee Self-Service link (only available on clinical computers).
  2. Open the Intranet and click on the Employee Self-Service link.
  3. Click on the Employee Self-Service icon on your desktop (not available on all computers).
  4. Go to your Favorites folder on the internet and select Employee Self-Service.
  5. Open your browser and type "ESS."
• Click on Benefits and select Benefit Enrollment
• Follow the on-screen instructions to make your selections.
• Print a copy of your selections for your records.

Our Benefits Portal

Our customized, online benefits portal is your go-to resource for coverage information, carrier contact information, including phone numbers and links to member websites, and important documents. You can even find wellness information, financial calculators for retirement, insurance and budgeting and resources on qualified life events and how to prepare for them as it relates to your insurance. From the Lexington Intranet, click on the eBenefits360 link or log into http://bit.ly/zfaW1cH (our username is "RoyalBenefits" and our password is "Password16").

QUALIFIED LIFE EVENTS

If you experience a qualified life event during the year, such as marriage, divorce or the birth or adoption of a child, you may make changes to your elections at that time.

It is your responsibility to make changes to your benefit elections by contacting your local Human Resources Representative within 30 calendar days of the event. You must also provide adequate documentation as proof of the event. If you fail to do so, you will not be able to enroll or make changes until the next Open Enrollment period.

Visit bit.ly/lexhealth to view a short animated video about qualified life events and what to do when you have one.
Medical Coverage: Cigna

We’re proud to offer medical coverage that not only provides coverage for illness and injury, but also enables you and your family to focus on staying well. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the benefits contracts.

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>500 Plan</th>
<th>2000 Plan</th>
<th>3500 Plan (with HSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK</td>
<td>IN-NETWORK</td>
</tr>
<tr>
<td>Biweekly Employee Contribution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$161.54</td>
<td>$58.15</td>
<td>$39.23</td>
</tr>
<tr>
<td>Employee • Spouse</td>
<td>$422.31</td>
<td>$162.46</td>
<td>$123.23</td>
</tr>
<tr>
<td>Employee • Child(ren)</td>
<td>$392.31</td>
<td>$134.77</td>
<td>$117.23</td>
</tr>
<tr>
<td>Family</td>
<td>$692.31</td>
<td>$279.23</td>
<td>$187.38</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$500</td>
<td>$1,500</td>
<td>$2,000</td>
</tr>
<tr>
<td>Family</td>
<td>$1,500</td>
<td>$4,500</td>
<td>$6,000</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum (includes deductible)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$4,000</td>
<td>$12,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Family</td>
<td>$8,000</td>
<td>$24,000</td>
<td>$8,000</td>
</tr>
<tr>
<td>Medical Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100%, no deductible</td>
<td>Not covered</td>
<td>100%, no deductible</td>
</tr>
<tr>
<td>Physician/Specialist Office Visit</td>
<td>$20/$40 copay</td>
<td>Deductible, then 50%</td>
<td>$20/$40 copay</td>
</tr>
<tr>
<td>Convenience Care Clinics (Walgreens &amp; CVS)</td>
<td>$20 copay</td>
<td>Deductible, then 50%</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>$150 copay</td>
<td>Deductible, then 80%</td>
<td>$150 copay</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>$300 copay*</td>
<td>Deductible, then 80%</td>
<td>$300 copay*</td>
</tr>
<tr>
<td>Inpatient Hospital Deductible (per admission)</td>
<td>N/A</td>
<td>$1,000</td>
<td>N/A</td>
</tr>
<tr>
<td>Inpatient Hospital Services”*</td>
<td>Deductible, then 90%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 80%</td>
</tr>
</tbody>
</table>

*Waived if admitted to the hospital. No ER copay will apply.

**Precertification is required before all out-of-network inpatient procedures and selected outpatient procedures/diagnostic testing. You will need to contact Cigna at 800.CIGNA24 (800.244.6224) to precertify. Without precertification, there may be a penalty of $750 in addition to the cost of the procedure, or your claim may be denied.

From deductibles to out-of-pocket maximums, benefit terminology can be confusing. Visit bit.ly/lexhealth to watch a short animated video that provides easy-to-understand explanations of common benefit terms.
## HEALTH

### Medical Coverage continued

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>500 Plan</th>
<th>2000 Plan</th>
<th>3500 Plan (with HSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Services &amp; Surgery</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-Rays/Lab Diagnostics/Other Services</td>
<td>Deductible, then 90%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 80%</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>Deductible, then 90%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 80%</td>
</tr>
</tbody>
</table>

### Prescription Drugs

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copay (generic/formulary/non-formulary/specialty)</td>
<td>$15/$45/$75/$150</td>
<td>Deductible, then 80%</td>
<td>Deductible, then 50%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Order (up to a 90-day supply)</td>
<td>2x retail copay</td>
<td>2x retail copay</td>
<td>Deductible, then 80%</td>
<td>Deductible, then 50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Network Pharmacies</td>
<td>Copay + 125% of approved cost</td>
<td>Copay + 125% of approved cost</td>
<td>Deductible, then 80%</td>
<td>Deductible, then 50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Out-of-Pocket Maximum</td>
<td>$2,100</td>
<td>$4,200</td>
<td>$2,100</td>
<td>$4,200</td>
<td>Medical and prescription drug expenses apply to combined out-of-pocket maximum</td>
<td></td>
</tr>
</tbody>
</table>

*Precertification is required before all out-of-network inpatient procedures and selected outpatient procedures/diagnostic testing. You will need to contact Cigna at 800.CIGNA24 (800.244.6224) to precertify. Without precertification, there may be a penalty of $750 in addition to the cost of the procedure, or your claim may be denied.

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Your pharmacy benefits are provided by Express Scripts and are administered by RxBenefits. RxBenefits has expertise in helping participants navigate through issues related to purchasing prescription drugs. If you have any questions about your prescription drug benefits, please contact RxBenefits at 800.334.8134, Monday through Friday, 7 a.m. to 6 p.m. CT and a representative will be happy to help you.
Health Savings Account (HSA): Bank of America

The 3500 Plan offers comprehensive health care coverage at a lower premium and higher deductible than traditional health care plans. The plan is also coupled with a health savings account (HSA) that enables you to pay for current, qualified health care expenses and save for future expenses on a tax-free basis. You have the opportunity to set aside tax-deductible funds in your HSA through direct deposit (see “How Your HSA Is Funded”).

How The 3500 Plan Works

The 3500 Plan, along with your HSA, puts health care spending in your hands. With lower premiums to pay for coverage, you choose how to spend your health care dollars. You can either pay for eligible services by using funds in your HSA, or you can pay for them out of your own pocket. Note: You can only use HSA funds as they are deposited in your account. You can always reimburse yourself later once you have accumulated funds in your account.

How Your HSA Is Funded

YOUR CONTRIBUTIONS

There are several ways to contribute money to your HSA:

• **After-tax cash contributions** through direct deposit that are deductible when you file your taxes
• **Catch-up contributions** up to $1,000 per year if you are over age 55 (until you enroll in Medicare)

Please contact your local Human Resources representative for an HSA enrollment form.

Total Annual Contribution Limit

It is important to note that your contributions may not exceed the IRS annual maximum of $3,500 for individual coverage and $7,000 for family coverage in 2019. Note: Individuals 55 and older may make additional “catch-up” contributions up to $1,000 each year until they enroll in Medicare.

Qualified Health Care Expenses

HSAs enable you to pay for the following qualified health care expenses on a tax-free basis:

• COBRA premiums
• Qualified long-term care insurance and expenses
• Health insurance premiums when receiving unemployment compensation
• Medicare and retiree health insurance premiums (excluding Medicare Supplement and Medigap insurance premiums)

Visit [bit.ly/lexhealth](http://bit.ly/lexhealth) to view a short animated video to learn more about how HSAs work and their many advantages.
Health Savings Accounts (HSAs) continued

Advantages of an HSA

**Triple-Tax Advantage**
- Your HSA contributions are tax deductible. This, in turn, reduces the amount of taxable income, so you end up paying less taxes.
- Funds grow tax-free, and unused funds roll over from year to year.
- You can withdraw funds tax-free to pay for qualified health care expenses now and in the future—even in retirement.

**Control**
You own and control the money in your HSA. You decide how or if you want to spend it. You can use it to pay for doctor’s visits, prescriptions, braces, glasses—even laser vision correction surgery.

**Investment Opportunities**
Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax-free.

**Savings Potential**
There is no “use it or lose it” rule. Your account grows over time as you continue to roll over unused dollars from year to year.

**Portability**
Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans, retire or leave the company.

*You must be enrolled in a qualified high-deductible health plan, such as the 3500 Plan, to contribute to an HSA.
Medical Plan Tools & Resources

Our medical plans not only offer comprehensive care—they connect you with tools and resources to help you meet your well-being goals. From 24/7 access to board-certified doctors by phone or online video chat to exclusive member discounts on health products and programs, your plan offers support. Following are highlights of just a few of the many programs available.

SECURE MEMBER WEBSITE

As a Cigna medical plan member, you have access to the myCigna® website and the many resources it offers. Log into www.mycigna.com to:

• Find in-network doctors, hospitals and medical services
• Manage and track claims
• See cost estimates for medical procedures
• Compare quality of care information for in-network doctors and hospitals in your area
• Participate in a variety of online health coaching programs on a range of topics, including eating better, exercise, conquering stress, managing a chronic condition and more
• Get information on a wide variety of medical topics and treatments
• Organize your health records in one place
• Connect with fun activities online or via mobile app to get help improving your health with the core programs of resilience, fitness and nutrition

CIGNA ONE GUIDE®

Whether you are a current Cigna plan member or considering Cigna for the first time, the Cigna One Guide is available to you. During pre-enrollment, your personal guide can help you:

• Easily understand the basics of health coverage
• Identify the types of health plans available to you that best meet your needs
• Check if your doctors are in-network
• Get answers on any other questions you may have about the plans or provider networks available to you

After you’ve enrolled, you have access to personalized assistance to help you:

• Resolve health care issues
• Save time and money
• Find the right providers
• Get cost estimates
• Understand your bills

You can access the Cigna One Guide via the MyCigna app, www.mycigna.com or by calling at 800-Cigna24 (800-244-6224).

MYCIGNA APP

Get all the features of www.mycigna.com on the go with Cigna’s free, personalized mobile app. All information is presented in real time, so you can be sure you’re receiving accurate, up-to-the-minute information. You may download the app via the App Store or Google Play.

24-OUR HEALTH INFORMATION LINE

The Health Information Line gives you 24/7 access to a nurse who is ready to provide information and help answer your health questions. This toll-free number is printed on the back of your Cigna ID card. Call the Health Information Line to:

• Get information to help you decide where and when you should get treatment
• Get general health information or information related to a specific health concern
• Listen to hundreds of podcasts to help you stay informed about your health

TELEHEALTH

See a doctor 24/7/365 with Cigna Telehealth Connection through Amwell and MDLIVE. So, whether you’re at home, at work or on vacation and you can’t see your doctor, a board-certified telehealth doctor will treat you by phone or online video chat for minor, non-emergency conditions like cold and flu symptoms, nausea and vomiting, sore throat, earache or sinus pain. The doctor can even prescribe medications if appropriate.

To take advantage of telehealth:

• Set up and create an account with one or both Amwell and MDLIVE at www.amwellforcigna.com or www.MDLIVEforcigna.com, respectively.
• Complete a medical history using their “virtual clipboard.”
• Download the Amwell and/or MDLIVE apps to your mobile device.
• Call 855.667.9722 (Amwell) or 888.726.3171 (MDLIVE).
Medical Plan Tools & Resources (continued)

**HEALTH ASSESSMENT**
Taking a health assessment is a quick and easy way to gain a snapshot of your current health, and to figure out how you can improve your health in the future. After completing the health assessment via [www.mycigna.com](http://www.mycigna.com), you’ll get a report that includes your wellness score, along with recommended programs. Share it with your doctor and use it as a guide to help you set and achieve healthy goals.

**CIGNA LIFESTYLE MANAGEMENT PROGRAMS**
If weight, tobacco or stress is affecting your health or your ability to live an active life, it may be time to make some changes. A health coach can provide you with personalized support online or via phone to help you:
- Learn to manage your weight using a long-term approach that addresses your nutrition and fitness
- Develop a personal quit plan to become and remain tobacco free
- Understand the sources of your stress and learn to use coping techniques to better manage stress both in and outside of work

**CIGNA HEALTHY REWARDS®**
Use your Cigna ID card to get discounts on a variety of health products and programs you use every day for:
- Weight management and nutrition
- Fitness
- Mind/body
- Vision and hearing care
- Alternative medicine
- Healthy lifestyle

**CIGNA HEALTHY PREGNANCIES, HEALTHY BABIES® PROGRAM**
Expecting a baby brings many changes to your life. Enrolling in the Cigna Healthy Pregnancies, Healthy Babies program gives you additional support both during and after your pregnancy at no cost to you, including:
- Pregnancy coaches with nursing experience, available 24/7 to help you with questions from morning sickness to maternity benefits
- Materials on pregnancy and babies, including a kit to chart your health throughout your pregnancy
- The Cigna Healthy Pregnancy app, available via Google Play or the App Store, to help you easily track your pregnancy, learn about pregnancy topics and engage in the Cigna Healthy Pregnancies, Healthy Babies program

To learn more, call 800.615.2906.

**CHRONIC HEALTH CONDITION SUPPORT**
Get confidential support from reliable health care professionals, including coaches, nutritionists and clinicians who can help:
- Anticipate your symptoms and manage them better
- Reduce the risk of complications
- Understand treatment options
- Focus on stress, weight management or smoking cessation
- Provide support before and after hospital stays

**CIGNA CANCER SUPPORT PROGRAM**
Cancer doesn’t discriminate—anyone can develop it. No matter the type, a cancer diagnosis is life-changing. The Cigna Cancer Support Program offers information, assistance and one-on-one support every step of the way, from understanding your diagnosis to discussing your treatment options to celebrating remission.
HEALTH

Dental Coverage: Cigna

Regular dental checkups can do more than keep your smile attractive—they can also tell dentists a lot about your overall health, including whether or not you may be at risk for chronic diseases. Following is a high-level overview of your dental coverage options. For complete coverage details, please refer to the benefits contracts.

Note: Employees do not receive benefit cards for the dental plan. However, if you are enrolled in the health plan, your group and ID number are the same. Visit www.mycigna.com for more information.

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>High PPO Plan</th>
<th>Low PPO Plan</th>
<th>DHMO*</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK</td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK</td>
</tr>
<tr>
<td>Biweekly Employee Contribution</td>
<td>Employee Only: $6.35</td>
<td>Employee Only: $9.74</td>
<td>Employee Only: $6.21</td>
</tr>
<tr>
<td>Individual Annual Deductible (family is 3x)</td>
<td>$50</td>
<td>$50</td>
<td>None</td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>$1,000</td>
<td>$1,000</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Preventive</td>
<td>100%</td>
<td>Deductible, then 80%</td>
<td>80%, no deductible</td>
</tr>
<tr>
<td>Basic</td>
<td>Deductible, then 80%</td>
<td>Deductible, then 50%</td>
<td>Copay schedule</td>
</tr>
<tr>
<td>Major</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Copay schedule</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Copay schedule</td>
</tr>
<tr>
<td>Orthodontia Lifetime Maximum</td>
<td>$1,000</td>
<td>$1,000</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Vision Coverage: VSP

Not only can yearly eye exams protect your eyes, they can help detect signs of serious health conditions like diabetes, brain tumors, high blood pressure and high cholesterol. Following is a high-level overview of your vision coverage. For complete coverage details, please refer to the benefits contracts.

Note: Employees do not receive benefit cards for the vision plan. Once enrolled, log into www.vsp.com for plan information.

<table>
<thead>
<tr>
<th>PLAN FEATURE</th>
<th>FREQUENCY</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biweekly Employee Contribution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination</td>
<td>Every 12 months</td>
<td>$10 copay</td>
<td>$45 maximum allowance</td>
</tr>
<tr>
<td>Materials</td>
<td>Every 12 months</td>
<td>$25 copay</td>
<td>Allowance varies</td>
</tr>
<tr>
<td>Frames</td>
<td>Every 24 months</td>
<td>$150 allowance</td>
<td>$70 maximum allowance</td>
</tr>
<tr>
<td>Elective Contacts</td>
<td>Every 12 months*</td>
<td>$150 allowance</td>
<td>$105 maximum allowance</td>
</tr>
</tbody>
</table>

*The contact lens benefit is available every 12 months; however, you may not use the contact lens benefit in addition to lenses for frames within the same 12 months.

The DHMO Plan is not available in the following states: Alaska, Connecticut, Louisiana, Maine, Mississippi, Montana, New Hampshire, North Carolina, North Dakota, Oklahoma, South Dakota, Vermont and Wyoming.
WEALTH

401(k): Voya Financial

To help you save for the retirement of your dreams, we offer a 401(k) plan. A 401(k) plan helps you save for retirement on a tax-deferred basis. You choose how much to deposit each pay period and how your money is invested. Even better—your contributions are made via convenient, pre-tax payroll deductions, and your funds are tax-deferred until you withdraw them in retirement. Please note: You must be at least 21 years old and complete 90 days of employment to be eligible for salary deferral.

There are several important advantages to our 401(k) plan:

- **Your contributions:** You may contribute an amount of your pre-tax pay up to the IRS annual contribution limit ($19,000 in 2019). Participants 50 years or older are allowed to make an additional catch-up contribution of up to $6,000 per calendar year. (Roth deferrals are not allowed.)
- **Matching contributions:** Lexington Health Network may make a discretionary match that is proportionate to the amount of your elective contributions. You are eligible for the match after one year of employment, provided you work 1,000 hours during the plan year. Current match history has been 50 percent of an employee’s deferral up to three percent of compensation. Make sure you maximize your contributions with the company match—it’s easy money!
- **Discretionary profit sharing:** Lexington Health Network may make a discretionary profit sharing contribution to the plan. You are eligible for it if you work 1,000 hours during the plan year and are employed at the end of the plan year.
- **Deferred taxes:** Contributions are made before you pay income taxes. Taxes are deferred on your savings and any earnings until you begin making withdrawals.
- **Compounded growth potential:** Earnings on your savings are automatically invested, where they will continue to grow. As many retirement savers have discovered, the effects of long-term compounding can be remarkable.
- **Investment choices:** A variety of investment options are available, ranging from conservative to aggressive, so you can choose the investments that best match your goals and time frame.
- **Rollovers:** Rollovers into the plan are permitted, even if you are not yet a participant.

Please note: You are always 100-percent vested on the money you contribute to the plan. Contributions made by the company are subject to a five-year vesting schedule. You will become 20-percent vested on company contributions after one year of service, 40 percent after two years of service, 60 percent after three years of service, etc.

To enroll, visit voyaretirementplans.com/enrollmentcenter. The plan number is 876504 and the verification number is 87650499. Your initial PIN is the four-digit number for your birth month and year (mmyy).

For more information and helpful financial tools, visit http://voyacom.
**WEALTH**

**Voluntary Life and Accidental Death and Dismemberment (AD&D) Insurance: OneAmerica**

You have the opportunity to purchase voluntary life and AD&D coverage for yourself and your dependents at group rates to help augment your financial security. The chart below shows the coverage available. Note: Spouse and child coverage is only available when you elect voluntary coverage for yourself.

<table>
<thead>
<tr>
<th>Employee</th>
<th>$10,000 increments with a minimum of $20,000 and a maximum of the lesser of 5 times pay or $250,000</th>
<th>The lesser of $180,000 and 5 times pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>$5,000 increments with a minimum of $10,000 and a maximum of $125,000, not to exceed 100% of employee’s optional life benefit</td>
<td>$50,000</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$2,500 increments to a maximum of $10,000 (limiting age 19, 25 if full-time student)</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

Employees and dependents who elect coverage when first eligible can elect up to the Guaranteed Issue amounts without being required to submit Evidence of Insurability (EOI). If you wish for more than the Guaranteed Issue amount or choose to waive coverage now and elect at a later date, you will be required to submit EOI.

**Voluntary Critical Illness Insurance: MetLife**

You have the option of purchasing voluntary critical illness insurance for yourself and your eligible family members. It is designed to complement existing medical coverage and help fill financial gaps. Critical illness insurance provides a lump-sum payment upon diagnosis of certain covered conditions, such as heart attack, stroke, major organ transplant, cancer and Alzheimer's disease. You can use these funds any way you want to help cover out-of-pocket expenses such as mortgage payments, child care, college tuition, hiring household help or treatment not covered by your medical plan. Pre-existing condition exclusions may apply. Please see the full benefit contract for details.

**Voluntary Accident Insurance: MetLife**

You have the option of purchasing voluntary accident insurance for yourself, your spouse and/or your dependent children. It is designed to complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as deductibles, copays and non-covered medical services. The plan pays you money based on the injury and the treatment you receive, whether it’s a simple sprain or something more serious, like an injury from a car accident. Your plan can pay you a benefit for an emergency room treatment, stitches, crutches, injury-related surgery and certain other accident-related expenses. There are more than 150 different covered events, and benefits are paid directly to you to spend as you choose.

<table>
<thead>
<tr>
<th>Voluntary Accident Coverage Features</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Accident Hospitalization</td>
<td>$500</td>
</tr>
<tr>
<td>Intensive Care Confinement</td>
<td>$200 per day; 31 days per covered person</td>
</tr>
<tr>
<td>Accident Emergency Treatment</td>
<td>$60 for emergency room; $25 for urgent care</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$200 for ground; $750 for air</td>
</tr>
</tbody>
</table>

**Voluntary Short-Term Disability (STD) Insurance: OneAmerica**

You have the opportunity to purchase voluntary STD coverage to help manage your financial needs should you need to take a leave from work due to a serious illness or non-work-related injury. The chart below shows the coverage available.

<table>
<thead>
<tr>
<th>Voluntary STD Coverage Features</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Replacement</td>
<td>60% of before-tax weekly earnings</td>
</tr>
<tr>
<td>Weekly Maximum Benefit</td>
<td>$1,000</td>
</tr>
<tr>
<td>When Benefit Begins</td>
<td>After 14 days of injury or illness (beginning on day 16)</td>
</tr>
<tr>
<td>Maximum Benefit Period</td>
<td>52 weeks</td>
</tr>
</tbody>
</table>
Flexible Spending Account: Basic

Flexible spending accounts (FSAs) allow you to pay for eligible health care expenses on a pre-tax basis, meaning your FSA contributions are deducted from your pay before your federal and Social Security taxes are calculated. The result is that your taxable income is reduced and you get to keep a greater portion of your paycheck.

### Health Care FSA (for 500 and 2000 Plan participants only)

<table>
<thead>
<tr>
<th>Eligible Expenses</th>
<th>Qualified medical, dental and vision expenses not covered by insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Annual Contribution</td>
<td>$2,700</td>
</tr>
</tbody>
</table>

**MORE ON FSAs**

- You are required to enroll in the FSA each year to participate.
- The IRS requires that any unused funds you have set aside for eligible expenses that are still in your account at the end of the plan year be claimed by submitting your eligible expenses no later than March 31, 2020. All claims submitted must be from 2019. Any unused funds will be forfeited.
Employee Assistance Program (EAP): OneAmerica with ComPsych
All full- and part-time employees have access to an EAP at no cost to you. We understand that it can be difficult to manage family, work-related and personal issues. That’s why we offer an EAP to help guide you through difficult situations or simply assist you with day-to-day tasks.

You are eligible for up to three telephonic or face-to-face sessions per issue with a licensed counselor. The program is completely confidential and can help you work through issues related (but not limited) to:
- Emotional well-being
- Family life
- Healthy living
- Legal/financial matters

Call 855.387.9727 to reach a counselor or visit www.guidanceresources.com. Register with the organization WebID: ONEAMERICA3.

Wireless Discounts: Verizon
Register your Verizon line for a 22-percent employee discount through Lexington Health Network by visiting www.verizonwireless.com/discounts.

Discount Program: BenefitHUB
Access exclusive deals on movie tickets, restaurants, electronics, theme parks, hotels and much more through Lexington Health Care’s partnership with BenefitHub. To make purchases, visit www.lexingtonhealth.benefithub.com and log in to your personalized account.

Homeowners Club of America
Visit www.hcaperks.com to find discounts for local businesses, event tickets, travel, car rentals, online shopping and more—all available through the Homeowners Club of America.

Corporate America Family Credit Union
The Corporate America Family Credit Union is a full-service financial institution available to all Lexington Health Network employees. Learn more by calling 800.359.1939 or visiting www.cafcu.org
# BENEFITS CONTACT DIRECTORY

<table>
<thead>
<tr>
<th>Topic</th>
<th>Contact</th>
<th>Phone</th>
<th>Website &amp; Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Benefits Portal</td>
<td>N/A</td>
<td>N/A</td>
<td>Click on eBenefits360 on the Lexington Intranet or <a href="http://bit.ly/2faWIcH">http://bit.ly/2faWIcH</a> Username: RoyalBenefits Password: Password16</td>
</tr>
<tr>
<td>Medical</td>
<td>Cigna</td>
<td>800.CIGNA24 (800.244.6224)</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a> Group #3338807</td>
</tr>
<tr>
<td>Telehealth (Cigna medical plan members only)</td>
<td>Amwell</td>
<td>855.667.9722</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MDLIVE</td>
<td>888.726.3171</td>
<td><a href="http://www.amwellforCigna.com">www.amwellforCigna.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="http://www.MDLIVEforCigna.com">www.MDLIVEforCigna.com</a></td>
</tr>
<tr>
<td>Health Savings Accounts (HSAs)</td>
<td>Bank of America</td>
<td>866.791.0250</td>
<td><a href="http://www.bankofamerica.com">www.bankofamerica.com</a></td>
</tr>
<tr>
<td>Voluntary Dental</td>
<td>Cigna</td>
<td>800.244.6224</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a> Group #: 3338807</td>
</tr>
<tr>
<td>Voluntary Vision</td>
<td>VSP</td>
<td>800.877.7195</td>
<td><a href="http://www.vsp.com">www.vsp.com</a> Group #: 30056799</td>
</tr>
</tbody>
</table>
## BENEFITS CONTACT DIRECTORY CONTINUED

<table>
<thead>
<tr>
<th>Topic</th>
<th>Contact</th>
<th>Phone</th>
<th>Website &amp; Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>401(k)</td>
<td>Voya</td>
<td>800.262.3862</td>
<td><a href="http://www.voyaretirementplans.com">www.voyaretirementplans.com</a> <em>If you are a first-time enrollee, refer to page 12 for instructions.</em></td>
</tr>
<tr>
<td>Voluntary Life and Accidental Death and Dismemberment (AD&amp;D) and Short-Term Disability (STD)</td>
<td>OneAmerica</td>
<td>General: 800.553.5318</td>
<td><a href="http://www.employeebenefits.aul.com">http://www.employeebenefits.aul.com</a></td>
</tr>
<tr>
<td>Voluntary Life and Accidental Death and Dismemberment (AD&amp;D) and Short-Term Disability (STD)</td>
<td>OneAmerica</td>
<td>Disability: 855.517.6365</td>
<td></td>
</tr>
<tr>
<td>Critical Illness and Accident Insurance</td>
<td>MetLife</td>
<td>800.GET.MET8 (800.438.6388)</td>
<td><a href="http://www.metlife.com">www.metlife.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts (FSAs)</td>
<td>Basic</td>
<td>800.444.1922, ext. 1</td>
<td><a href="https://basic.l1ondemand.com/Login">https://basic.l1ondemand.com/Login</a></td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>OneAmerica</td>
<td>855.387.9727</td>
<td><a href="http://www.guidanceresources.com">www.guidanceresources.com</a></td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>OneAmerica</td>
<td></td>
<td><strong>Web ID:</strong> ONEAMERICA3</td>
</tr>
<tr>
<td>Wireless Discounts</td>
<td>Verizon</td>
<td>N/A</td>
<td><a href="http://www.verizonwireless.com/discounts">www.verizonwireless.com/discounts</a></td>
</tr>
<tr>
<td>Employee Perks Benefit Program</td>
<td>BenefitHUB</td>
<td>N/A</td>
<td><a href="http://www.lexingtonhealth.benefithub.com">www.lexingtonhealth.benefithub.com</a></td>
</tr>
<tr>
<td>Homeowners Club of America (HCA)</td>
<td>HCA</td>
<td>N/A</td>
<td><a href="http://www.hcaperks.com">www.hcaperks.com</a></td>
</tr>
<tr>
<td>Corporate America Family Credit Union (CAFCU)</td>
<td>CAFCU</td>
<td>800.359.1939</td>
<td><a href="http://www.cafcu.org">www.cafcu.org</a></td>
</tr>
</tbody>
</table>
**Mental Health Parity Act**

Per the Mental Health Parity Act, benefits for mental health and substance-use disorder must be treated like benefits for regular medical and surgical care. For example, if there is no limitation on the number of days for inpatient and number of visits for outpatient medical care, then there can be no limitation for mental health and substance-use disorder treatments. As always, treatments must be medically necessary to qualify for coverage. Plan participants should review their plan’s certificate of coverage or benefit document for specific information about coverage, limitations and exclusions for mental health care and substance-use disorder treatments.

**Women’s Health and Cancer Rights Act**

On January 1, 1999, a federal law, the Women’s Health and Cancer Rights Act of 1998, became effective, which affects our company plan options. This law requires group health plans that provide coverage for mastectomies (ours does) to also provide coverage for reconstructive surgery and prostheses following mastectomies. As required under the law, we have included this notice to inform you about it.

The law mandates that a participant or eligible beneficiary who is receiving benefits, on or after the law’s effective date (January 1, 1999, for our Plan), for a covered mastectomy and who elects breast reconstruction in connection with the mastectomy, will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the patient and the patient’s attending physician and will be subject to the same annual deductible, coinsurance and/or copayment provisions otherwise applicable under the Plan.

If you have any questions about coverage for mastectomies and post-operative reconstructive surgery, contact your local Human Resources Representative.

**Summaries of Benefits and Coverage (SBCs)**

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. To help you make an informed choice, the company makes available a Summaries of Benefits and Coverage (SBCs), which summarize important information about our health coverage in a standard format, to help you compare across options.

The SBCs also include a Glossary of Health Coverage and Medical Terms to help you better understand health care terms used in the SBCs. You can obtain a copy of the SBCs at no cost to you by contacting your local Human Resources Representative.

Please note: This guide is intended to provide you with highlights of our benefits program. It is not intended to address all details. Actual benefit coverage is specified in the benefits contracts issued by the insurance carriers. In the event of any differences between this guide and the benefits contracts, the benefits contracts will govern.