

# Your Benefits Choices Guide

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**Let's build great health together.** This guide is designed to provide helpful information to assist you in making the right choices about your health and insurance benefits. It's intended to be used by employees completing their initial enrollment choices or by current employees making qualified status changes throughout the calendar year.

## Choosing Your Benefits

Look inside for key facts and helpful checklists for each benefit option to help you make the right choices.

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# Eligibility

Lowe's offers competitive benefits for your health, well-being and financial protection.

## Coverage for You

At most Lowe's locations regular part-time employees are eligible to participate in:	You are eligible:
<ul style="list-style-type: none"> <li>• Medical, including Prescription Drugs</li> <li>• Dental</li> <li>• Vision</li> <li>• Life Insurance</li> <li>• Short Term Disability</li> </ul>	Within your initial 31 days of becoming part-time
Employee Stock Purchase Plan	June 1 or December 1 on or after your first year service anniversary
401(k) Plan, including Lowe's matching contributions	Automatic after 180 days of service

## Coverage for Your Family

You may enroll eligible family members for:

### Group medical, dental, vision and dependent life insurance

Eligible family members include:

- Your legal spouse or domestic partner
- Your unmarried children and/or domestic partner's children under age 19, including birth children, legally adopted children, stepchildren and/or any other children related to you by blood or marriage
- Your unmarried children between the ages of 19 and 25 attending a licensed or accredited school full-time
- You must enroll in a medical plan option if you want to enroll in the Short Term Disability option

# Initial Enrollments (New or Rehired Employees)

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Initial enrollment elections for the group benefit plan options must be made **within 31 days of your date of hire or re-hire** with coverage effective on the date the enrollment is completed. Elections made after the 31st day will not be accepted.

To enroll in the medical, dental, vision, life or short term disability plans, click on the “Ready to Enroll” box located on the Benefits Choices Guide homepage.

# Making Changes During the Year

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Based on IRS rules, you can generally make changes during the plan year only if you have a qualified change in your family or employment status.

## Approved qualified changes include:

- Marriage, divorce, death of spouse, legal separation and annulment
- Birth, death, adoption and placement for adoption
- Change in employment status for you, your spouse or your dependent
- Beginning or returning from an unpaid leave
- Moving from full-time to part-time status or other work schedule change affecting benefit eligibility
- Change in your residence for your spouse or your dependent that affects your eligibility for coverage
- A judgment, decree or order, including a qualified medical child support order (QMCSO)
- Change in dependent eligibility as defined by the plan
- Eligibility or loss of eligibility for Medicare or Medicaid
- Loss of eligibility for Medicaid/CHIP or gaining eligibility for State Premium Assistance

All qualified changes must be consistent with the eligible life event. You must make qualified status changes **within 31 days** of the event except for loss of eligibility for Medicaid/CHIP or gaining eligibility for State Premium Assistance. Enrollment changes for this qualifying event must be made within 60 days of the event. If you do not, you must wait until the next annual enrollment to make changes to your benefits.

Part-time employees may cancel their Medical (except Enhanced Medical), Dental, Life and Short Term Disability at any time.

To view a complete list of qualified status changes, go to [myloweslife.com](https://myloweslife.com).

# Part-Time Medical Plan

## Most locations offer three medical plan options:

- Low Plan
- High Plan
- Enhanced Plan (for regular part-time employees with at least one year of service).

## All options provide coverage for:

- Wellness/preventive care
- Doctor office visits
- Hospital care, including maternity
- Outpatient care
- Emergency room care
- Prescription Drugs

## Coverage Options Available:

- Employee only
- Employee plus one dependent
- Employee plus two or more dependents

## Your Insurance Provider is Allstate Workplace Division (AWD)

Allstate Workplace Division (AWD) is the marketing name for American Heritage Life Insurance Company (AHL), which insures the Part-Time Medical Plan, Dental, Group Voluntary Term Life and Group Voluntary Short Term Disability Options. AHL certifies that, subject to the terms and conditions of the group policy issued to Lowe's by AHL, coverage is provided for each employee who has satisfied the eligibility and enrollment provisions of the Part-Time Medical Plan, Dental, Term Life and Short Term Disability Options described in the following sections.

## Why Use Network Providers?

Choosing a medical provider is a personal choice. Just keep in mind when you use in-network providers, you receive a higher level of benefit and generally pay less for care.

If you enroll in a medical option, your provider network is called a Preferred Provider Organization or PPO. Allstate Workplace Division works closely with MultiPlan, Inc. to bring you the PHCS Network. MultiPlan has negotiated reimbursement arrangements with providers who participate in the PPO network..

## Need help finding a provider?

- PHCS, [www.multiplan.com](http://www.multiplan.com)

## Compare the Medical Options

	Low Plan	High Plan	Enhanced Plan
<b>Coverage Year Maximum Benefit</b>	<b>\$2,500</b> (all categories combined)	<b>\$5,000</b> (all categories combined)	<b>\$50,000</b> (all categories combined)
<b>Medical Expense Insurance</b>	\$2,500	\$5,000	\$25,000
<b>Annual Outpatient Maximum</b>	\$1,000	\$1,000	\$5,000
	(For all covered services including Doctor's Office Visits and Outpatient Expenses and Prescription Drug Categories)		
<b>Doctor's Office Visit</b>	<b>\$20 Co-Pay</b> (In Network) <b>\$30 Co-Pay</b> (Out of PPO)	<b>\$20 Co-Pay</b> (In Network) <b>\$30 Co-Pay</b> (Out of PPO)	<b>\$20 Co-Pay</b> (In Network) <b>\$30 Co-Pay</b> (Out of PPO)
	Pays all incurred expenses, less the co-pay, per insured. Charges are subject to the Outpatient Maximum per Coverage Year, Reasonable and Customary.		
<b>Outpatient Expenses &amp; Prescription Drugs</b>	Pays (per insured) <b>80% of covered medical expenses</b> after meeting a \$300 Coverage Year Deductible per person (\$600 per Family) when using a preferred provider. Pays <b>70% when using a non-preferred provider</b> . All charges are subject to the Outpatient Maximum Per Coverage year, Reasonable and Customary.		
<b>Hospital Room &amp; Board Charges</b>	Pays (per insured) Room and Board covered expenses of <b>\$150 per day</b> for accommodations other than an Intensive Care Unit (ICU). <b>ICU covered expense is \$300 per day</b> . Covered expenses are subject to the \$300 Coverage Year Deductible (\$600 for Family) and payable at <b>80% when using a preferred provider</b> . Pays <b>70% when using a non-preferred provider</b> .		
<b>Hospital Inpatient Expenses</b> (other than Room & Board)	These represent hospital charges other than Room & Board. Payable at <b>80% when using a preferred provider</b> after the \$300 Coverage Year Deductible (\$600 Family). The coinsurance is <b>payable at 70% when using a non-preferred provider</b> . Subject to coverage year maximum.		
<b>Hospital Indemnity</b> (Inpatient Daily Benefit)	None	None	<b>\$25,000</b> (\$500 per day, up to 50 days)

(All plans include a ScriptSave Discount Prescription drug program.)

## Learn 6 Key Facts

- 1 All medical options provide flexibility to use in-network and out-of-network providers for care – but when you use in-network providers, you save money! The benefit level you receive for coverage is higher and your out-of-pocket costs are lower.
- 2 Options provide in-network and out-of-network coverage for wellness/preventive care, including annual physical exams, well-child care and well-woman care; some in-network care is covered in full, and you pay a copayment, or flat dollar amount, for other services.
- 3 You cannot make benefit changes after annual enrollment unless you have a qualified change in employment or family status.
- 4 Premiums for the Enhanced Plan are paid with pre-tax dollars. Premiums for the High and Low Plans are paid with after-tax dollars.
- 5 All medical options include prescription drug coverage.
- 6 The Enhanced Plan is only available to regular part-time employees with at least one year of service.

## Important Information About Your Medical Coverage

### Pre-Existing Conditions

A pre-existing condition is any injury, medical condition or illness for which medical advice, diagnosis, care or treatment was recommended or received within the six month period prior to the date you enrolled in a Lowe's medical plan.

No benefits will be payable under the Part-time Medical Plan Option for a Preexisting Condition for the following period of time after the insured's enrollment date: (1) 18 months for a late enrollee; or (2) 12 months if not a late enrollee. This exclusion will not apply to an employee's newborn child, foster child, or adopted child under the age of 18 years, if the child has not had a Significant Break in Coverage since his/her date of birth or placement. If the insured was covered by Creditable Coverage and did not have a Significant Break in Coverage, they will receive credit for that period of Creditable Coverage. If you become covered by a Lowe's medical plan, your prior medical coverage can be used to reduce the 12-month exclusion of coverage for pre-existing medical conditions. You will need to send your certificate of prior health coverage to Allstate Workplace Division.

### Coordination of Benefits

If you are covered by another plan, your benefits under this Part-time Medical Plan Option will be coordinated with those of any other plan so that no more than 100% of the Allowable Expenses will be reimbursed under all plans combined.

### Mothers' and Newborns' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse, midwife, or physician's assistant), after consultation with the mother, discharges the mother or newborn earlier. Also, under

federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other healthcare provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact AWD at 1-800-937-7039 or the Lowe's Group Benefits Department at 1-800-400-4104.

### **Women's Health and Cancer Rights Act**

The Part-time Medical Plan Option complies with the Women's Health and Cancer Rights Act of 1998, providing benefits for mastectomy-related services including Reconstructive Breast Surgery, prosthesis, and complications resulting from a mastectomy.

### **Want More Information?**

- Check out the Foundations for Success Handbook on [myloweslife.com](http://myloweslife.com).
- Call Allstate Workplace Division at 1-800-937-7039.

## **Your Decision Checklist**

### **As you consider your medical plan decision:**

- Compare your medical plan options, including benefits and costs.
- Think about whether you need to add or drop a spouse/domestic partner and/or child from your coverage because they have other coverage, or are no longer eligible.
- Consider the health services you expect to use – and the types of services. For example, will you need mostly doctor office visits or will you or an enrolled family member need care that requires a hospital stay?
- Check to be sure your current provider participates in your medical plan's provider network – or locate new in-network providers to help you save on out of pocket costs.
- Evaluate other coverage that may be available to you, such as your spouse's employer's plan, so you're informed about all your options.



# Prescription Drugs

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When you enroll in a limited medical benefit plan option, you automatically have prescription drug benefits. Prescription drugs are covered under the Outpatient Expenses portion of your limited medical benefit plan, and are subject to co-insurance and Outpatient Maximums per your elected plan.

You will also be automatically enrolled in the ScriptSave Prescription Drug Discount Program. ScriptSave provides discounts on prescriptions filled at participating Pharmacies.

## Learn 5 Key Facts

- 1** You automatically have prescription drug coverage when you enroll in a limited benefit medical plan as well as access to a Prescription Drug Discount Program.
- 2** ScriptSave administers the prescription drug discount program and offers a broad network of participating retail pharmacies that include both national chains and independent retailers. Visit ScriptSave's website, [www.scriptsave.com](http://www.scriptsave.com), to locate a pharmacy near you.
- 3** The ScriptSave program provides discount pricing for both generic and brand name drugs and medications, even after your annual medical plan limits have been reached.
- 4** ScriptSave also provides free health and wellness information and valuable discounts and coupons on both prescription and over the counter medications.
- 5** If you enroll in the Part-time Limited Benefit Medical plan you will receive material about ScriptSave with your medical ID card. You may present your medical ID card which includes ScriptSave information at any participating pharmacy and automatically receive your discount at check out.

## Want More Information?

- Check out the Foundations for Success Handbook on [myloweslife.com](http://myloweslife.com).
- Call ScriptSave at 1-800-700-3957.

# Dental

Good dental health is important to your overall health and well-being. The dental plan provides coverage for preventive, basic and major dental care.

Allstate Workplace Division (AWD) is the marketing name for American Heritage Life Insurance Company (AHL), who insures the Part-time Dental Plan Option. AHL certifies that, subject to the terms and conditions of the group policy issued to Lowe's by AHL, coverage is provided for each employee who has satisfied the eligibility and enrollment provisions of the Part-time Dental Plan Option.

## Outline of Dental Plan Benefits

	Year 1	Year 2	Year 3
<p><b>Wellness Benefit</b> The Plan pays the amount shown in the Schedule of Dental Procedures (pages 14–24), less the co-payment. This benefit is payable two times during a Coverage Year, with at least 150 days between the two visits. Each visit by you or your insured dependent is subject to a co-payment</p>	<p><b>No Deductible.</b> Pays the Schedule amount minus the co-payment.</p>	<p><b>No Deductible.</b> Pays the Schedule amount minus the co-payment.</p>	<p><b>No Deductible.</b> Pays the Schedule amount minus the co-payment.</p>
<p><b>Co-Payment</b> Amount you pay out-of-pocket for each dental office visit for wellness services.</p>	<p><b>\$15/Visit</b></p>	<p><b>\$15/Visit</b></p>	<p><b>\$15/Visit</b></p>
<p><b>Deductible</b> The deductible amount must be satisfied each year you are covered under the plan. The deductible applies to all services except those covered under the Wellness Services. (The co-payment may not be used to satisfy either your or your dependent's deductible).</p>			
<p><b>Insured Person</b></p>	<p>\$50/year</p>	<p>\$50/year</p>	<p>\$50/year</p>
<p><b>Insured Family</b></p>	<p>\$100/year</p>	<p>\$100/year</p>	<p>\$100/year</p>

## Outline of Dental Plan Benefits (continued)

	Year 1	Year 2	Year 3
<b>Insured Percent</b> The plan pays the amount shown in the Schedule of Dental Procedures (pages 14–24), times the percent shown. If the charge for the procedure is greater than the amount shown, you pay the difference between the amount shown and the cost of the procedure.			
<b>Category 1</b> Wellness Benefit	100%	100%	100%
<b>Category 1</b> Other Preventive Services (subject to deductible)	100%*	100%	100%
<b>Category 2</b> General Services (subject to deductible)	50%*	60%	80%
<b>Category 3</b> Special Services (subject to deductible)	25%*	35%	50%
<b>Category 4</b> Orthodontic/Braces Services (subject to deductible — limited to dependent children under age 19)	25%*	35%	50%

\* No Benefit is available for these services during the first 6 months of the first coverage year. Refer to the Elimination period below.

<b>Elimination Period</b> The period of time you must be insured before benefits are paid. AWD will not pay for services performed during this period, except for those covered under the Dental Wellness Benefits.			
<b>Category 1</b> Wellness Benefit	none	none	none
<b>Category 1</b> Other Preventive Services	6 mos.	none	none
<b>Category 2</b> General Services	6 mos.	none	none
<b>Category 3</b> Special Services (subject to deductible)	6 mos.	none	none
<b>Category 4</b> Orthodontic/Braces Services	6 mos.	none	none

<b>Annual Plan Maximum</b> The maximum amount the plan will pay for dental treatment for each covered person in a Coverage Year.			
<b>Category 1, 2 and 3 Services</b>	\$500/year	\$750/year	\$1,000/year
<b>Category 4</b> Orthodontic/Braces Services (available to dependent children under age 19)	\$500/year	\$500/year	\$500/year
<b>Lifetime Maximum for Category 4</b> Orthodontic/Braces Services	\$1,500	\$1,500	\$1,500

## Learn 3 Key Facts

- 1 You cannot make benefit changes after annual enrollment unless you have a qualified change in employment or family status.
- 2 After you enroll, you will be given a Certificate of Insurance that will show your name, effective date and whether you have dependent coverage. It will also include the complete Schedule of Dental Procedures. Coverage years for you and your dependents begin on your effective date.
- 3 Dental benefits are paid according to a schedule of benefits. See the Outline of Dental Plan Benefits included in this Decision Guide. It takes three full years of being enrolled in the dental plan to maximize your dental benefit coverage.

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## Your Decision Checklist

### As you consider your dental coverage decision:

- Think about what kind of dental services you expect to use.
- Think about what kind of dental services your dependents might need.
- Compare what your overall cost is likely to be by adding up your likely dental expenses and the coverage cost for the year.

## Want More Information?

- Check out the Foundations for Success Handbook on [myloweslife.com](http://myloweslife.com).
- Call Allstate Workplace Division at 1-800-535-8086.

## Schedule of Dental Procedures

That part of a charge that exceeds the amount shown under Covered Dental Amount is not covered.

<u>ADA Code</u>	<u>Description</u>	<u>Covered Dental Amount</u>
<b>CATEGORY I - WELLNESS SERVICES</b>		
D0120	Periodic Oral Evaluation	\$25.00
D0150	Comprehensive Oral Evaluation – New Or Estab Pt	\$40.00
D0270	Bitewing-Single Film	\$15.00
D0272	Bitewings – Two Films	\$23.00
D0274	Bitewings – Four Films	\$30.00
D0277	Vertical Bitewings-7-8 Films	\$40.00
D0330	Panoramic Film	\$65.00
D1110	Prophylaxis – Adult	\$50.00
D1120	Prophylaxis – Child	\$38.00
D1201	Topical Application Of Fluoride (Including Prophylaxis) – Child	\$57.00
D1203	Topical Application Of Fluoride (Prophylaxis Not Included) – Child	\$22.00
D1204	Topical Application Of Fluoride (Prophylaxis Not Included) – Adult	\$22.00
D1205	Topical Application Of Fluoride (Including Prophylaxis) – Adult	\$59.00
D1351	Sealant – Per Tooth	\$35.00
<b>CATEGORY I – OTHER PREVENTIVE SERVICES</b>		
D0210	Intraoral – Complete Series (Including Bitewings)	\$71.00
D0220	Intraoral – Periapical – First Film	\$15.00
D0230	Intraoral – Periapical – Each Additional Film	\$12.00
D0460	Pulp Vitality Tests	\$27.00
D0470	Diagnostic Casts	\$59.00
D0472	Accessn Tiss-Gross Exam-Prep Report	\$40.00
D0473	Accessn Tiss-Gross-Micro Exam-Rept	\$45.00
D0474	Accessn Tiss-Exam-Surg Margins-Rept	\$48.00
D0480	Process-Interpt Cyto Smear-Prep Rpt	\$45.00
D0999	Unspecified Diagnostic Proc Br	\$50.00

## Schedule of Dental Procedures (continued)

<u>ADA Code</u>	<u>Description</u>	<u>Covered Dental Amount</u>
<b>CATEGORY II – ADJUNCTIVE GENERAL SERVICES</b>		
D9110	Palliative (Emergency) Treatment Of Dental Pain – Minor Procedure	\$42.25
D9210	Local Anes Not W/Oper/Surg Proc	\$16.25
D9211	Regional Block Anes	\$6.50
D9212	Trigeminal Divis Block Anes	\$11.70
D9215	Local Anes	\$16.25
D9220	Deep Sedation/General Anesthesia – First 30 Min	\$195.00
D9221	Deep Sedation/General Anesthesia – Each Additional 15 Min	\$65.00
D9230	Analgesia-Anxiolysis-Inhal Nitrous	\$26.65
D9241	IV Conscious Sedation/Analgesia First 30 Min	\$191.10
D9242	IV Conscious Sedation/Analgesia – Each Add 15 Min	\$24.05
D9248	Non-IV Conscious Sedation	\$48.75
D9310	Cons (Diag Serv By Non Treat Pract)	\$39.00
D9410	House/Exten Care Facility Call	\$39.00
D9420	Hosp Call	\$91.00
D9430	Off Vst-Obsrv (Reg Hrs)-No Oth Serv	\$29.25
D9440	Offic Visit-After Reg Scheduled Hrs	\$42.90
D9610	Therap Drug Inj Br	\$34.45
D9630	Oth Drugs &/Or Meds Br	\$19.50
D9910	Applic Desensitizing Meds	\$19.50
D9911	Appl Desen Res-Cerv &/Or Root/Tooth	\$7.15
D9920	Behavior Mgmt Br	\$29.25
D9930	Tx Compl (Pst-Surg)-Unusual Circ Br	\$32.50
D9940	Occlu Guard Br	\$276.25
D9941	Fabrication Athletic Mouthguard	\$50.05
D9950	Occlu Analy-Mounted Case	\$162.50
D9951	Occlu Adjustment-Ltd	\$48.75
D9952	Occlu Adjustment-Complt	\$267.80
D9970	Enamel Microabrasion	\$97.50
<b>CATEGORY II - DIAGNOSTIC</b>		
D0140	Ltd Oral Eval-Problem Focused	\$32.50
D0160	Detailed & Exten Oral Eval Br	\$65.00
D0170	Re-Eval-Ltd Prob Focused (Estab Pt)	\$128.70
D0180	Comprehensive Periodontal Eval – New Or Estab Pt	\$35.80
D0240	Intraoral-Occlusal Film	\$23.40
D0250	Extraoral-First Film	\$48.75
D0260	Extraoral-Ea Add Film	\$32.50
D0290	Pa/Lat Skull & Facial Bne Surv Film	\$48.75
D0320	Tmj Arthrogram Incl Inj	\$81.90
D0321	Oth Tmj Films Br	\$97.50
D0322	Tomographic Survey	\$130.00
D0340	Cephalometric Film	\$40.30
D0350	Oral/Facial Images-Intra/Extraoral	\$23.40
D0415	Bact Studies-Determ Path Agents	\$13.00
D0425	Caries Susceptibility Tests	\$9.75

## Schedule of Dental Procedures (continued)

<u>ADA Code</u>	<u>Description</u>	<u>Covered Dental Amount</u>
<b>CATEGORY II - ENDODONTICS</b>		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$26.00
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$20.80
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$84.50
D3221	Pulpal Debrid-Prim & Perm Tth	\$32.50
D3230	Pulpal Therap(Resorb)-Ant Prim Tth	\$113.75
D3240	Pulpal Therap(Resorb)-Post Prim Tth	\$120.90
D3310	Root Canal Therapy - Anterior (Excluding Final Restoration)	\$292.50
D3320	Root Canal Therapy - Bicuspid (Excluding Final Restoration)	\$325.00
D3330	Root Canal Therapy - Molar (Excluding Final Restoration)	\$403.00
D3331	Tx Root Canal Obstruc-Non-Surg Acc	\$260.00
D3332	Incomp Endodon Therap-Inoper/Fx Tth	\$487.50
D3333	Int Root Repr-Perforation Defec	\$195.00
D3346	Retx Prev Root Canal Therap-Ant	\$399.75
D3347	Retx Prev Root Canal Therap-Bicusp	\$429.00
D3348	Retx Prev Root Canal Therap-Molar	\$536.25
D3351	Apexificatn/Recalcificatn-Init Vst	\$169.00
D3352	Apexif/Recalcif-Interim Meds Replac	\$48.75
D3353	Apexification/Recalcificatn-Fnl Vst	\$48.75
D3410	Apicoectomy/Periradicular Surgery – Anterior	\$367.25
D3421	Apicoect/Perirad Surg-Bicusp-1 Root	\$373.75
D3425	Apicoect/Perirad Surg-Molar(1 Root)	\$347.75
D3426	Apicoect/Perirad Surg (Ea Add Root)	\$156.00
D3430	Retrograde Filling-Per Root	\$65.00
D3450	Root Amputat-Per Root	\$325.00
D3470	Intentional Replant (Incl Splint)	\$113.75
D3910	Surg Proc-Isolation Tooth W/Rub Dam	\$32.50
D3920	Hemisectn(Incl Root Rem)Wo Root Cnl	\$471.25
D3950	Canal Prep & Fit-Preformd Dowl/Post	\$21.45
D3999	Unspecified Endodontic Proc Br	\$104.00
<b>CATEGORY II – ORAL SURGERY</b>		
D7111	Coronal Remnants – Deciduous Tooth	\$65.00
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	\$78.00
D7210	Surgical Removal Of Erupted Tooth Requiring Elevation Of Mucoperiosteal Flap And Removal Of Bone And/Or Section Of Tooth	\$97.50
D7220	Removal of Impacted Tooth – Soft Tissue	\$115.05
D7230	Removal Of Impacted Tooth – Partially Bony	\$143.00
D7240	Removal Of Impacted Tooth – Completely Bony	\$180.05
D7241	Remov Impact Tth-Complt Bony W/Comp	\$243.75
D7250	Surg Remov Residual Tooth Roots	\$113.75

## Schedule of Dental Procedures (continued)

<u>ADA Code</u>	<u>Description</u>	<u>Covered Dental Amount</u>
<b>CATEGORY II – ORAL SURGERY (Continued)</b>		
D7260	Oroantral Fistula Clos	\$455.00
D7261	Primary Closure Of A Sinus Perforation	\$97.50
D7270	Tth Reimplnt/Stabl Accidently-Evulsd Displ Tth	\$390.00
D7280	Surgical Access Of An Unerupted Tooth	\$227.50
D7281	Surg Expos Impctd/Unerupt-Aid Erupt	\$211.25
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	\$188.50
D7285	Bx Oral Tiss-Hard (Bone/Tooth)	\$162.50
D7286	Biopsy Of Oral Tissue – Soft (All Others)	\$113.75
D7287	Cytology Sample Collection	\$26.00
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	\$117.00
D7310	Alveoloplasty In Conjunction With Extractions - Per Quadrant	\$104.00
D7320	Alveoloplasty Not In Conjunction With Extractions – Per Quadrant	\$136.50
D7410	Exc Ben-Les Diam Up To 1.25 Cm	\$422.50
D7411	Exc Of Benign Les Greater Than 1.25 Cm	\$351.00
D7412	Exc Of Benign Les, Complicated	\$650.00
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	\$113.75
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	\$261.30
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$81.25
D7520	I&D Absc-Extraoral Soft Tiss	\$48.75
D7530	Remov Fb Mucosa Skin/Subq Alveolar Tiss	\$44.20
D7670	Alveolus – Closed Reduction, May Include Stabilization Of Teeth	\$185.25
D7880	Occlu Orthotic Device Br	\$412.10
D7899	Unspecified Tmd Therap Br	\$22.75
D7910	Sut Recent Sm Wounds Up To 5 Cm	\$55.25
D7911	Complic Sut Up To 5 Cm	\$16.25
D7950	Gft Mandib/Facl Bnes Autogen/Non Br	\$422.50
D7955	Repr-Maxillofaci Sft-Hrd Tiss Defec	\$487.50
D7960	Frenulectomy (Frenectomy Or Frenotomy) – Separate Procedure	\$175.50
D7970	Exc Hyperplastic Tiss-Per Arch	\$97.50
D7971	Exc Pericoronal Gingiva	\$94.25
D7995	Synthetic Gft-Mandib/Facial Bnes Br	\$130.00
<b>CATEGORY II - PERIODONTICS</b>		
D4210	Gingivectomy or Gingivoplasty – Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	\$113.75
D4211	Gingivectomy/Gingivoplasty- One To Three Teeth, Per Quadrant	\$76.70
D4240	Ging Flap Proc Incl Root Plng- Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	\$284.70
D4241	Ging Flap Proc, Incl Root Plng- One To Three Teeth, Per Quadrant	\$325.00
D4245	Apically Posit Flap	\$243.75
D4249	Clin Crown Lengthening-Hard Tiss	\$422.50
D4260	Osseous Surgery (Including Flap Entry And Closure) – Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	\$520.00
D4261	Osseous surgery (Including Flap Entry And Closure) – One To Three Teeth, Per Quadrant	\$455.00
D4263	Bone Replac Gft-First Site In Quad	\$159.25
D4264	Bone Replac Gft-Ea Add Site In Quad	\$292.50
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regen	\$149.50



## Schedule of Dental Procedures (continued)

<u>ADA Code</u>	<u>Description</u>	<u>Covered Dental Amount</u>
<b>CATEGORY II – PERIODONTICS (Continued)</b>		
D4266	Guid Tiss Regen-Resorb Barrier/Site	\$211.25
D4267	Guid Tiss Regen-Nonresorb Barrier	\$243.75
D4268	Surg Revis Proc Per Tooth	\$276.25
D4270	Pedicle Soft Tiss Gft Proc	\$435.50
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$422.50
D4273	Subepithelial Connective Tiss Gft Procedures	\$471.25
D4274	Dist/Prox Wedge (No Proc Same Area)	\$321.75
D4275	Soft Tissue Allograft	\$390.00
D4276	Combined Connective Tissue And Double Pedicle Graft	\$390.00
D4320	Provisional Splinting-Intracoronal	\$58.50
D4321	Provisional Splinting-Extracoronal	\$95.55
D4341	Periodontal Scaling And Root Planing - Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	\$97.50
D4342	Periodontal Scaling And Root Planing – One To Three Teeth, Per Quadrant	\$117.00
D4355	Full Mouth Debrid To Enable Comprehensive Evaluation And Diagnosis	\$63.05
D4381	Local Del Chemo-Crevic Tiss/Tth Br	\$55.25
D4910	Periodontal Maintenance	\$25.00
D4920	Unsched Dsg Chng (Not By Trtg Dent)	\$29.25
D4999	Unspecified Periodontal Proc Br	\$121.55
<b>CATEGORY II - PREVENTIVE</b>		
D1310	Nutrition Counsel-Contrl Dent Dis	\$26.00
D1320	Tobacco Counsl-Contrl/Prev Oral Dis	\$18.85
D1330	Oral Hygiene Instruc	\$19.50
D1510	Space Maintainer - Fixed – Unilateral	\$117.00
D1515	Space Maintainer - Fixed – Bilateral	\$281.45
D1520	Space Maintainer-Remov-Unilat	\$211.25
D1525	Space Maintainer-Remov-Bilat	\$552.50
D1550	Recementation Space Maintainer	\$29.25
<b>CATEGORY II - RESTORATIVE</b>		
D2140	Amalgam - One Surface, Primary Or Permanent	\$45.50
D2150	Amalgam - Two Surfaces, Primary Or Permanent	\$55.25
D2160	Amalgam - Three Surfaces, Primary Or Permanent	\$66.95
D2161	Amalgam-4 Or More Surfaces, Primary Or Permanent	\$84.50
D2330	Resin - One Surface, Anterior	\$54.60
D2331	Resin - Two Surfaces, Anterior	\$65.00
D2332	Resin - Three Surfaces, Anterior	\$85.80
D2335	Res-Basd Comp-4/More Surf-Incis Ang	\$113.75
D2390	Resin – Based Composite Crown, Anterior	\$57.00
D2391	Resin – Based Composite – One Surface, Posterior	\$57.00
D2392	Resin – Based Composite – Two Surfaces, Posterior	\$63.40
D2393	Resin – Based Composite – Three Surfaces, Posterior	\$78.20
D2394	Resin – Based Composite – Four Or More Surfaces, Posterior	\$91.30
D2940	Sedative Filling	\$40.30

## Schedule of Dental Procedures (continued)

<u>ADA Code</u>	<u>Description</u>	<u>Covered Dental Amount</u>
<b>CATEGORY III - IMPLANT SERVICES</b>		
D6010	Surg Plcmt-Implnt Body-Endostl Impl	\$1,072.50
D6020	Abutment Plcmt/Sub-Endosteal Implnt	\$780.00
D6040	Surg Plcmt-Eposteal Implnt	\$926.25
D6053	Implant/Abutment Supported Removable Denture For Completely Edentulous Arch	\$702.00
D6054	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch	\$702.00
D6055	Dent Implnt Support Connecting Bar	\$520.00
D6056	Prefab Abutment	\$568.75
D6057	Custom Abutment	\$682.50
D6058	Abutmnt Supportd Porcl/Ceramic Crwn	\$451.75
D6059	Abut Supprt Porc Metl Crwn (Hi Nbl)	\$451.75
D6060	Abut Supprt Porc Met Crwn (Bse Met)	\$451.75
D6061	Abut Suprt Porc Met Crwn (Nobl Met)	\$451.75
D6062	Abut Suprt Cast Met Crwn (Hi Noble)	\$451.75
D6063	Abut Suprt Cast Met Crwn (Base Met)	\$451.75
D6064	Abut Suprt Cast Met Crwn (Nobl Met)	\$451.75
D6065	Implnt Supprtd Porcl/Ceramic Crown	\$451.75
D6066	Implnt Supprtd Porcl Fused Met Crwn	\$451.75
D6067	Implnt Supported Metal Crown	\$451.75
D6068	Abut Supprt Retainr-Porc/Ceramic Fpd	\$227.50
D6069	Abut Suprtd Retnr-Porc Fused Met Fpd	\$227.50
D6070	Abut Suprtd Retnr-Porc Fused Met Fpd	\$227.50
D6071	Abut Suprtd Retnr-Porc Fused Met Fpd	\$227.50
D6072	Abut Suprtd Retnr-Cast Met Fpd (Hi)	\$227.50
D6073	Abut Suprtd Retn-Cast Met Fpd (Bse)	\$227.50
D6074	Abut Suprtd Retn-Cast Met Fpd (Nbl)	\$227.50
D6075	Implnt Supprtd Retainer-Ceramic Fpd	\$130.00
D6076	Implnt Suprt Retn-Porc Fused Met Fpd	\$130.00
D6077	Implnt Supprtd Retainr-Cast Met Fpd	\$130.00
D6078	Implnt/Abut Fixd Dent-Comp End Arch	\$130.00
D6079	Implnt/Abut Fixd Dent-Part End Arch	\$130.00
D6080	Implnt Maintenance Proc	\$61.75
D6095	Repr Implnt Abutment Br	\$451.75
D6199	Unspecified Implnt Proc Br	\$849.55
<b>CATEGORY III - MAXILLOFACIAL PROSTHETICS</b>		
D5982	Surg Stent	\$250.25
D5986	Fluoride Gel Carrier	\$260.00

## Schedule of Dental Procedures (continued)

<u>ADA Code</u>	<u>Description</u>	<u>Covered Dental Amount</u>
<b>CATEGORY III - ORAL SURGERY</b>		
D7272	Tth Transpl (Reimplnt-Splnt-Stablz)	\$162.50
D7290	Surg Repositioning Teeth	\$227.50
D7413	Exc Of Malig Les Up To 1.25 Cm	\$536.30
D7414	Exc Of Malig Les Greater Than 1.25 Cm	\$910.00
D7415	Exc Of Malig Les, Complicated	\$1,365.00
D7440	Exc Malig Tumor-Les Diam To 1.25 Cm	\$52.00
D7441	Exc Malig Tumor-Les Diam >1.25 Cm	\$487.50
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	\$162.50
D7472	Removal Of Torus Palatinus	\$536.30
D7473	Removal Of Torus Mandibularis	\$406.30
D7485	Surgical Reduction Of Osseous Tuberosity	\$406.30
D7490	Rad Resect Mandib W/Bone Gft	\$227.50
D7540	Remov Reaction-Producing Fb-Ms Syst	\$146.25
D7560	Maxil Sinusotomy-Remov Tth Frag/Fb	\$585.00
D7610	Maxil-Op Reduc (Tth Immobil) (Smpl)	\$58.50
D7620	Maxil-Clo Reduc (Tth Immobil)(Smpl)	\$585.00
D7630	Mandib-Op Reduc (Tth Immobil)(Smpl)	\$45.50
D7640	Mandib-Clo Reduc(Tth Immobil)(Smpl)	\$61.75
D7650	Malar &/Or Zygo Arch-Op Recuc(Smpl)	\$585.00
D7660	Malar &/Or Zygo Arch-Clo Reduc-Smpl	\$406.25
D7671	Alveolus – Op Reduc, May Include Stabilization Of Teeth	\$1,137.50
D7710	Maxil-Op Reduc (Compound Fx)	\$585.00
D7720	Maxil-Clo Reduc (Compound Fx)	\$585.00
D7730	Mandib-Op Reduc (Compound Fx)	\$58.50
D7740	Mandib-Clo Reduc (Compound Fx)	\$58.50
D7750	Malar &/Or Zygo Arch-Op Reduc(Cmpd)	\$260.00
D7760	Malar &/Or Zygo Arch-Clo Reduc-Cmpd	\$260.00
D7771	Alveolus, Closed Reduc Stabilization Of Teeth	\$650.00
D7972	Surgical Reduc Of Fibrous Tuberosity	\$260.00
<b>CATEGORY III - PROSTHODONTICS, FIXED</b>		
D6210	Pontic - Cast High Noble Metal	\$447.20
D6211	Pontic-Cast Predominantly Base Metl	\$429.00
D6212	Pontic-Cast Noble Metal	\$390.00
D6240	Pontic - Porcelain Fused To High Noble Metal	\$425.75
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	\$386.75
D6242	Pontic - Porcelain Fused To Noble Metal	\$406.25
D6245	Pontic-Porcelain/Ceramic	\$451.75
D6250	Pontic-Resin W/Hi Noble Metal	\$520.00
D6251	Pontic-Resin W/Predominant Base Mtl	\$423.15
D6252	Pontic-Resin W/Noble Metal	\$357.50
D6253	Provisional Pontic	\$53.60
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	\$260.00

## Schedule of Dental Procedures (continued)

<u>ADA Code</u>	<u>Description</u>	<u>Covered Dental Amount</u>
<b>CATEGORY III - PROSTHODONTICS, FIXED (Continued)</b>		
D6600	Inlay – Porcelain/Ceramic, Two Surfaces	\$409.50
D6601	Inlay – Porcelain/Ceramic, Three Or More Surfaces	\$409.50
D6602	Inlay – Cast High Noble Metal, Two Surfaces	\$409.50
D6603	Inlay – Cast High Noble Metal, Three Or More Surfaces	\$409.50
D6604	Inlay – Cast Predom Base Metal, Two Surfaces	\$409.50
D6605	Inlay – Cast Predom Base Metal Three Or More Surfaces	\$409.50
D6606	Inlay – Cast Noble Metal, Two Surfaces	\$409.50
D6607	Inlay – Cast Noble Metal, Three Or More Surfaces	\$409.50
D6608	Onlay – Porcelain/Ceramic, Two Surfaces	\$409.50
D6609	Onlay – Porcelain/Ceramic, Three Or More Surfaces	\$409.50
D6610	Onlay – Cast High Noble Metal, Two Surfaces	\$409.50
D6611	Onlay – Cast High Noble Metal, Three Or More Surfaces	\$409.50
D6612	Onlay – Cast Predom Base Metal, Two Surfaces	\$409.50
D6613	Onlay – Cast Predom Base Metal, Three Or More Surfaces	\$409.50
D6614	Onlay – Cast Noble Metal, Two Surfaces	\$409.50
D6615	Onlay – Cast Noble Metal, Three Or More Surfaces	\$409.50
D6720	Crown-Resin W/Hi Noble Metal	\$469.30
D6721	Crown-Resin W/Predominant Base Metl	\$360.75
D6722	Crown-Resin W/Noble Metal	\$520.00
D6740	Crown-Porcelain/Ceramic	\$678.60
D6750	Crown - Porcelain Fused To High Noble Metal	\$438.10
D6751	Crown - Porcelain Fused To Predominantly Base Metal	\$406.25
D6752	Crown - Porcelain Fused To Noble Metal	\$406.25
D6780	Crown-3/4 Cast Hi Noble Metal	\$376.35
D6781	Crown-3/4 Cast Predom Based Metal	\$260.00
D6782	Crown-3/4 Cast Noble Metal	\$260.00
D6783	Crown-3/4 Porcelain/Ceramic	\$276.25
D6790	Crown - Full Cast High Noble Metal	\$410.15
D6791	Crown-Full Cast Predom Base Metal	\$357.50
D6792	Crown-Full Cast Noble Metal	\$438.75
D6793	Provisional Retainer Crown	\$53.60
D6920	Connector Bar	\$162.50
D6930	Recement Fixed Partial Denture	\$54.60
D6940	Stress Breaker	\$178.10
D6950	Precision Attachment	\$0.00
D6970	Cast Post & Core-Add To Part Retain	\$250.25
D6972	Prefab Post & Core-Add To Part Retn	\$146.25
D6973	Core Build Up-Retainer Incl Pins	\$126.75
D6975	Coping-Metal	\$260.00
D6976	Ea Add Cast Post-Same Tooth	\$65.00
D6977	Ea Add Prefab Post-Same Tooth	\$65.00
D6980	Fix Part Denture Repr Br	\$111.15
D6985	Pediatric Partial Denture, Fixed	\$40.60

## Schedule of Dental Procedures (continued)

<u>ADA Code</u>	<u>Description</u>	<u>Covered Dental Amount</u>
<b>CATEGORY III - PROSTHODONTICS, REMOVABLE</b>		
D5110	Complete Denture - Maxillary	\$650.00
D5120	Complete Denture - Mandibular	\$578.50
D5130	Immediate Denture - Maxillary	\$507.00
D5140	Immediate Denture - Mandibular	\$507.00
D5211	Maxil Part Denture-Resin Base	\$455.00
D5212	Mandib Part Denture-Resin Base	\$357.50
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	\$552.50
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	\$562.25
D5281	Remov Unilat Part Dent-1 Piece Metl	\$520.00
D5410	Adjust Complt Denture-Maxil	\$31.85
D5411	Adjust Complt Denture-Mandib	\$40.30
D5421	Adjust Part Denture-Maxil	\$32.50
D5422	Adjust Partial Denture - Mandibular	\$26.00
D5510	Repr Broken Complt Denture Base	\$61.75
D5520	Repl Miss/Brkn Tth-Comp Dent-Ea Tth	\$60.45
D5610	Repair Resin Denture Base	\$58.50
D5620	Repr Cast Framework	\$81.25
D5630	Repr/Replace Broken Clasp	\$81.25
D5640	Replace Broken Teeth - Per Tooth	\$58.50
D5650	Add Tooth To Existing Partial Denture	\$65.00
D5660	Add Clasp To Existing Partial Denture	\$136.50
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	\$702.00
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	\$702.00
D5710	Rebase Complt Maxil Denture	\$260.00
D5711	Rebase Complt Mandib Denture	\$243.75
D5720	Rebase Maxil Part Denture	\$260.00
D5721	Rebase Mandib Part Denture	\$308.75
D5730	Reline Complete Maxillary Denture (Chairside)	\$113.75
D5731	Reline Complt Mandib Dent (Chrside)	\$70.20
D5740	Reline Maxil Part Dent (Chairside)	\$156.65
D5741	Reline Mandib Part Dent (Chairside)	\$130.00
D5750	Reline Complete Maxillary Denture (Laboratory)	\$162.50
D5751	Reline Complete Mandibular Denture (Laboratory)	\$170.30
D5760	Reline Maxil Part Denture (Lab)	\$123.50
D5761	Reline Mandibular Partial Denture (Laboratory)	\$148.85
D5810	Interim Complt Denture (Maxil)	\$256.75
D5811	Interim Complt Denture (Mandib)	\$172.25
D5820	Interim Partial Denture (Maxillary)	\$211.90
D5821	Interim Part Denture (Mandib)	\$214.50
D5850	Tissue Conditioning, Maxillary	\$48.75
D5851	Tiss Conditioning Mandib	\$84.50
D5860	Overdenture-Complt Br	\$643.50
D5861	Overdenture-Part Br	\$568.75
D5862	Precision Attachment Br	\$292.50
D5867	Replac Part Semi-Precision/Attchmnt	\$130.00
D5875	Mod Remov Prosth Follow Implnt Surg	\$113.75
D5899	Unspec Remov Prosthodontic Proc Br	\$136.50

## Schedule of Dental Procedures (continued)

<u>ADA Code</u>	<u>Description</u>	<u>Covered Dental Amount</u>
<b>CATEGORY III - RESTORATIVE</b>		
D2420	Gold Foil-2 Surfaces	\$188.50
D2430	Gold Foil-3 Surfaces	\$162.50
D2510	Inlay-Metallic-1 Surface	\$274.95
D2520	Inlay-Metallic-2 Surfaces	\$416.65
D2530	Inlay - Metallic - Three Or More Surfaces	\$535.60
D2542	Onlay-Metallic-2 Surfaces	\$403.00
D2543	Onlay-Metallic-3 Surfaces	\$477.75
D2544	Onlay-Metallic-4/More Surfaces	\$475.80
D2610	Inlay-Porcelain/Ceramic-1 Surface	\$390.00
D2620	Inlay-Porcelain/Ceramic-2 Surfaces	\$448.50
D2630	Inlay-Porcelain/Ceramic-3/More Surf	\$419.25
D2642	Onlay-Porcelain/Ceramic-2 Surfaces	\$455.65
D2643	Onlay-Porcelain/Ceramic-3 Surfaces	\$422.50
D2644	Onlay-Porcelain/Ceramic-4/More Surf	\$484.25
D2651	Inlay-Res-Basd Comp Comp/Res-2 Surf	\$445.25
D2652	Inlay-Res Comp Comp/Res-3/More Surf	\$445.25
D2662	Onlay-Res-Basd Comp Comp/Res-2 Surf	\$227.50
D2663	Onlay-Res-Basd Comp Comp/Res-3 Surf	\$390.00
D2664	Onlay-Res Comp Comp/Res-3/More Surf	\$448.50
D2710	Crown-Resin – (Indirect)	\$162.50
D2720	Crown-Resin W/Hi Noble Metal	\$292.50
D2721	Crown-Resin W/Predominant Base Metl	\$162.50
D2740	Crown - Porcelain/Ceramic Substrate	\$468.00
D2750	Crown - Porcelain Fused To High Noble Metal	\$425.75
D2751	Crown - Porcelain Fused To Predominantly Base Metal	\$386.75
D2752	Crown - Porcelain Fused To Noble Metal	\$401.70
D2780	Crown-3/4 Cast Hi Noble Metal	\$442.00
D2781	Crown-3/4 Cast Predominat Base Metl	\$422.50
D2782	Crown-3/4 Cast Noble Metal	\$390.00
D2783	Crown-3/4 Porcelain/Ceramic	\$406.25
D2790	Crown - Full Cast High Noble Metal	\$429.00
D2791	Crwn-Full Cast Predominant Base Mtl	\$416.00
D2792	Crown-Full Cast Noble Metal	\$442.65
D2799	Provisional Crown	\$429.00
D2910	Recement Inlay	\$42.25
D2920	Recement Crown	\$36.40
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$112.45
D2931	Prefab Stainless Steel Crown-Perm	\$140.40
D2932	Prefab Resin Crown	\$148.85
D2933	Prefab Stainless Steel Crwn W/Resin	\$119.60
D2950	Core Buildup Including Any Pins	\$109.20
D2951	Pin Retn-Per Tooth In Add To Restor	\$23.40
D2952	Cast Post & Core In Add To Crown	\$162.50
D2953	Ea Add Cast Post-Same Tooth	\$43.55

## Schedule of Dental Procedures (continued)

<u>ADA Code</u>	<u>Description</u>	<u>Covered Dental Amount</u>
<b>CATEGORY III – RESTORATIVE(Continued)</b>		
D2954	Prefab Post & Core In Add To Crown	\$130.65
D2955	Post Remov (Not W/Endodontic Therp)	\$110.50
D2957	Ea Add Prefab Post-Same Tooth	\$39.00
D2960	Labial Veneer (Res Laminate)-Chrsde	\$260.00
D2961	Labial Veneer (Resin Laminate)-Lab	\$448.50
D2962	Labial Veneer (Porcel Laminate)-Lab	\$422.50
D2970	Temporary Crown (Fx Tooth)	\$113.75
D2980	Crown Repr Br	\$117.00
D2999	Unspecified Restorative Proc Br	\$100.75



# Vision

To keep you seeing your best, the vision plan provides coverage for eye exams, frames, lenses and contact lenses. OptumHealth Vision administers the vision plan. You have flexibility in your choice of provider, but you receive the highest level of benefits when you use OptumHealth Vision providers.

	In-Network		Out-of-Network
	Option 1	Option 2	You will be reimbursed up to:
<b>Exam</b> every 12 months	100% after \$15 copay		\$40
<b>Lenses*</b> every 12 months	100% after \$15 copay	100% after \$15 copay (Includes tints, UV, anti-reflective coating, photochromatic, polycarbonate, transitions, edge coating and progressive lenses)	\$40 single vision \$60 lined bifocal \$80 lined trifocal \$80 lenticular
<b>Frames</b> every 24 months	Provides up to \$50 for selected frames at private practice providers and \$130 at retail chains		\$45
<b>Contact lenses**</b> every 12 months	100% after \$15 copay for selected lenses and medically necessary contact lenses.		\$150 elective \$210 medically necessary

\* One pair of standard single-lined bifocal or multi-focal lenses; standard scratch-resistant coating also covered.

\*\* In lieu of lenses and frames. Medically necessary contact lenses are covered for certain conditions and must be prescribed by a participating provider. Check with your provider for details.

## Thinking About Laser Vision Correction?

Lowe's offers discounts on Lasik through QualSight. You'll have access to a network of quality ophthalmologists and get services at half the national average cost. And, you don't have to enroll in the Vision Plan to participate. Call 1-877-507-4448 for details or to set up an appointment — your first consultation is free.

### Enrolled in the Vision Plan?

Compare the OptumHealth and QualSight Lasik discount programs to see which is best for you.

### Locate an OptumHealth Vision Provider

With OptumHealth Vision, you have access to an extensive nationwide network of doctors who provide quality eyecare. To find an OptumHealth Vision provider, go to OptumHealth Vision's web site at [www.optumhealth.com](http://www.optumhealth.com), or call 1-800-638-3120.



## Learn 4 Key Facts

- 1 Deductions for vision coverage are made on a pre-tax basis.
- 2 Both vision plan options provide coverage for exams, lenses, frames and contact lenses. Option 2 also provides coverage for lens additions, such as coating, tints, UV, anti-reflective coating, transitions, edge coating, and basic and high-end progressive lenses.
- 3 You save when you use network providers. You pay just \$15 for an office visit for an exam or to get fitted for lenses, including contact lenses. When you go to an out-of-network provider, you must pay the entire cost of the service up-front, and then submit a claim for reimbursement.
- 4 Discounts on Laser Eye Surgery (PRK and Lasik) are offered at many OptumHealth Vision locations. Compare the QualSight Lasik discount program with the OptumHealth discount program to determine which program is right for you.

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## Your Decision Checklist

### As you consider your vision coverage decision:

- Review your coverage options for the right fit for you and your family.
- Consider your eyecare needs and what kind of vision services you expect to use.
- Decide based on your anticipated expenses whether it's worth making per pay period contributions for vision coverage – or if paying for vision care out of your pocket is a better choice.
- Locate your nearest OptumHealth Vision provider so you'll save on out-of-pocket costs through the vision plan.

## Want More Information?

- Check out the Foundations for Success Handbook on [myloweslife.com](http://myloweslife.com).
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-658-3535.

# Life Insurance

This program provides Group Voluntary Term Life Insurance for you, your spouse or domestic partner, your dependent child(ren), or your domestic partner's dependent child(ren). It allows you to select the amount of coverage that meets your needs.

You must make an active enrollment election to be covered, and you are not automatically enrolled in the Group Voluntary Term Life Insurance Option.

## Learn 3 Key Facts

- 1 If you elect this option, you will be provided with \$20,000 term life insurance coverage. In addition, you may also elect to cover your spouse or domestic partner in the amount of \$10,000 and your dependent child(ren) or your domestic partner's child(ren) over the age of 6 months, also in the amount of \$10,000 term life insurance. You may not elect term life insurance coverage for your dependents unless you first elect coverage for yourself.
- 2 If you don't enroll in coverage when first eligible, you must provide evidence of insurability to have coverage.
- 3 You do not have to be enrolled in any other coverage options to enroll in the term life insurance option. However, you must elect for coverage. You will not be automatically enrolled.

## Want More Information?

- Check out the Foundations for Success Handbook on [myloweslife.com](http://myloweslife.com).
- Call Allstate Workplace Division at 1-800-535-8086.

## Your Decision Checklist

**As you consider your life insurance coverage decision:**

- Think about how much of your current paycheck is used for day-to-day living expenses for your household.
- Consider any financial obligations, like a home mortgage.
- Think about how many people depend on you for financial support.
- Consider other coverage you have – including individual coverage, coverage through your spouse's employer and other insurance that provides a death benefit, like mortgage insurance – to help you determine your life insurance needs.
- Assess the savings and investments you currently have.

# Short Term Disability Plan

This option provides replacement income if you become totally disabled. You are totally disabled when, because of sickness or off-the-job injury, you can not perform the material and substantial duties of your regular occupation and you are not working in any occupation.

The maximum benefit is \$650 per month, prorated to a daily amount of \$21.66, less other income benefits.

Group Voluntary Short Term Disability benefits are payable up to 3 months.

You will begin receiving Short Term disability benefits after you have satisfied the Elimination Period, which is seven (7) days. The elimination period is the consecutive days of total disability that must pass before benefits start; this period can not be met if you're only partially disabled.

## Learn 6 Key Facts

- 1 Disability plan provides coverage for non-work related personal illnesses or injuries only.
- 2 Because benefits under the STD plan coordinate with the state disability plans (California, Hawaii, New Jersey, New York and Rhode Island), benefits will be reduced by any payments you receive through a state plan.
- 3 You must be enrolled in the Part-time Employee Limited Medical Benefit Plan in order to purchase this coverage. Once enrolled in the Medical Benefit Plan, you must choose the Short Term Disability Coverage. It will not be automatically selected.
- 4 Disability coverage does not cover a pre-existing condition that begins in the first 12 months immediately after your coverage begins. A pre-existing condition is any condition resulting from an injury or illness for which you received a diagnosis or treatment within three months before your eligibility for coverage begins.
- 5 Disability benefits received under the plan may be reduced by any benefits you receive from other sources, such as Workers' Compensation, state-mandated disability benefits, Social Security, unemployment and other employer wages.
- 6 For any disability period, you may collect a partial disability benefit or a total disability benefit, but not both. If you are disabled from the same or related cause within 14 days of recovery, it is considered to be the same disability and you will not be required to satisfy a new elimination period.

## Want More Information?

- Check out the Foundations for Success Handbook on [myloweslife.com](http://myloweslife.com).
- Call Allstate Workplace Division at 1-800-456-6198.

## Your Decision Checklist

**As you consider your optional STD coverage decision:**

- Think about how many people depend on you for financial support.
- Think about how much of your current paycheck is used for day-to-day living expenses for your household.
- Consider how long you would be able to pay household expenses from savings if you couldn't work.

# Employee Stock Purchase Plan

You have the opportunity to increase your ownership interest in Lowe's through the Employee Stock Purchase Plan (ESPP). You can purchase Lowe's common stock at a discounted price through the ESPP.

Participation is entirely voluntary. Eligible employees must enroll to participate. Part-time employees are eligible to participate after one year of service. You must be eligible on the first day of the offering period to participate in that offering period.

## How Much You Can Contribute

- You can contribute from 1% to 20% of base pay on an after-tax basis
- You also can contribute a flat-dollar amount
- Your contributions are made on an after-tax basis using convenient payroll deduction — no lump sum purchases are allowed
- Contributions can be made up to \$10,625 per purchase period

## Purchasing Shares

The plan has two six-month offering periods each year, beginning on June 1 and December 1. Contributions made during the six-month offering period purchase stock at a 15% discount off the closing price of Lowe's stock on the last day of the offering period.

## Selling Shares

All shares purchased through the plan will be placed into a personal E\*TRADE Employee Stock Option Plans Services account. After completing the required activation process, you may access your account. You can:

- Leave your stock in your E\*TRADE account
- Request that your stock certificates be sent directly to you
- Ask E\*TRADE to sell your acquired shares at current market prices.

If you sell shares, you are responsible for the broker transaction fee.

You can sell shares you've acquired by calling E\*TRADE at 1-800-838-0908 or by going online at [myloweslife.com](https://myloweslife.com). You can call E\*TRADE for an account activation form or activate your account online.

## Changing Your Contribution Percentage

You can increase or decrease the amount you contribute via payroll deduction during the two-week enrollment period prior to the first day of the offering period. Changes will not be effective until the beginning of the next offering period either December 1 or June 1.

### When to Enroll:

When the next enrollment window opens (November 16 to November 30 or May 16 to May 31), go to [myloweslife.com](https://myloweslife.com) to enroll or change your ESPP participation.

## Withdrawing from the Plan

You may stop your payroll deductions and withdraw from the plan during an offering period. Go to [myloweslife.com](https://myloweslife.com)>My Work Life>HR DIY>Payroll Home>Employee Stock Purchase Plan. Your contributions will be refunded to you. Refunds are made on the next available paycheck. If you stop your payroll deductions, you cannot participate in the plan until the following offering period. At that time you must re-enroll. Whole shares will be purchased each purchase period, and any remaining cash will be refunded to you on your next available paycheck after the purchase period closes.

### Want More Information?

- Check out the Foundations for Success Handbook on [myloweslife.com](https://myloweslife.com).
- Call Lowe's Group Benefits Department at 1-800-400-4104.

## Learn 8 Key Facts

- 1 E\*TRADE is the broker/administrator of the Employee Stock Purchase Plan (ESPP).
- 2 You can enroll in the ESPP only during an open enrollment window. The open enrollment windows are November 16 to November 30, and May 16 to May 31. Participation starts at the beginning of the next offering period.
- 3 All shares purchased through the plan will be placed in your E\*TRADE Employee Stock Option Plans Services account, and you can sell them at anytime.
- 4 Your contributions are deducted from your paycheck on an after-tax basis.
- 5 You may stop your payroll deductions and withdraw from the plan by going to [myloweslife.com](https://myloweslife.com) and withdrawing from the Plan.
- 6 If you receive a hardship distribution from the Lowe's 401(k) Plan, Lowe's is required to suspend your contributions to the ESPP for six months. You may participate in the ESPP after the six-month period by re-enrolling during the two-week period prior to the start of an offering period.
- 7 The tax effect of your participation in the ESPP depends on your personal situation. You should consult your tax advisor for advice about specific tax consequences of selling shares that may apply to you.
- 8 All enrollments and withdrawals are completed through [myloweslife.com](https://myloweslife.com). This makes it easier for you to enroll, change a deduction amount or stop participation and get a refund of deductions taken during a purchase period.

## Your Decision Checklist

**As you consider whether to participate in the Employee Stock Purchase Plan (ESPP):**

- Think about how the ESPP might fit into your overall investment strategy.
- Talk to a certified financial planner, tax accountant or other investment professional before making an investment or retirement decision.

# 401(k) Plan

The 401(k) Plan helps you plan and invest for your future. You're eligible to participate after your first 180 days of employment.

How Much You Can Contribute	How Much Lowe's Contributes
<ul style="list-style-type: none"> <li>• 1% to 50% of your eligible compensation up to \$16,500 in the 2009 calendar year</li> <li>• Your contributions are made on a pre-tax basis using convenient payroll deduction</li> </ul>	<p>Lowe's provides matching contributions up to 6% of eligible compensation based on your contribution. Lowe's matches:</p> <ul style="list-style-type: none"> <li>• 100% of the first 3% of eligible compensation you contribute</li> <li>• 50% of the next 2% of eligible compensation you contribute</li> <li>• 25% of the next 1% of eligible compensation you contribute</li> </ul>

## Automatic Enrollment

When first eligible, Lowe's will automatically enroll you at a 1% contribution level, unless you elect otherwise.

## Your Investment Choices

You may choose among 21 professionally managed funds and Lowe's stock. Investment options include fixed income; U.S. small, mid, and large capitalization equity funds; an international equity fund; and target retirement funds with a mixture of investments geared toward your expected retirement date.

Lowe's company matching contributions are invested the same way your contributions are invested.

## Making A "Catch-Up" Contribution

For any plan year that you are age 50 or older, you may make up to an additional \$5,500 (based on calendar year 2009) "catch-up" contribution to the plan. Catch-up contributions are not matched.

## About Rollovers

You can roll over funds distributed from a former employer's qualified retirement plan or regular pre-tax Individual Retirement Account (IRA). Rollover contributions are not matched. After-tax Roth IRA's are not eligible for rollover into the Lowe's 401(k) Plan. Rollover forms are available on [myloweslife.com](http://myloweslife.com).

You are immediately 100% vested in any contributions you make to the plan, matching contributions and all earnings to your account. Your entire account balance is payable in full if you leave Lowe's.

## Learn 5 Key Facts

- 1 Lowe's automatically enrolls you at a 1% contribution level. You do not have to enroll. If you are automatically enrolled, your contributions and Lowe's company matching contributions will be invested in the Vanguard Target Retirement Fund geared to your 65th birthday. You can choose a different contribution percentage, elect to withdraw from plan participation or change how your account balance is invested.
- 2 When you are eligible, you will receive a letter mailed to your home address with a four-digit personal identification number (PIN) for your account. You can access your balance and account information and make changes to your account through [myloweslife.com](https://myloweslife.com) or [mykplan.com](https://mykplan.com), or by calling 1-877-236-5693. Your quarterly 401(k) Plan account statements will be made available to you electronically.
- 3 You make contributions to the 401(k) Plan on a pre-tax basis. Contributions to the plan are not considered taxable income until you take them out of the plan.
- 4 You are always 100% vested in the total amount of your account balance. This means you have full ownership of your account balance and can take it with you if you leave Lowe's.
- 5 You can change your contribution percentage or investment elections for both current balances and future contributions at any time at [myloweslife.com](https://myloweslife.com) or by calling 1-877-236-5693. Your change will take effect on the first day of the following payroll period or as soon as administratively feasible.

## Your Decision Checklist

### As you think through your investment strategy for the 401(k) Plan:

- Think about whether you are taking advantage of the full company matching contribution by contributing at least 6% of your pay.
- Consider how the 401(k) Plan fits into your total retirement planning and saving for the future. Visit the 401(k) Plan's web site.
- Develop a plan to review periodically your investment portfolio, your investment objectives and the investment options under the 401(k) Plan to help ensure that your retirement savings continue to meet your retirement goals.
- If you are contributing less than 6%, work out a plan to contribute at least 6%. This way, you'll get the maximum company matching contribution. Consider a 1% increase in your contribution percentage each time you get a raise — you'll hardly notice the difference!
- Keep your 401(k) beneficiaries up-to-date. If you are a married participant your beneficiary is always your spouse, unless your spouse agrees otherwise. For other participants, the automatic beneficiary is your estate. However, you can name another beneficiary by going to [myloweslife.com](https://myloweslife.com), and then the Plan's record keeper's website and naming a beneficiary.

## Want More Information?

- Check out the Foundations for Success Handbook on [myloweslife.com](https://myloweslife.com)
- Call Lowe's HR Shared Services at 1-888-HRINFO5 or 1-336-568-3538.
- Call ADP Retirement Services at 1-877-236-5693.

# Learn How Life Track Can Help You and Your Family

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Sometimes balancing work and family activities creates stress that's hard to handle. Life Track offers free professional counseling services to help you and your family members manage in difficult times. The program is completely confidential. No information about you or your concern will be shared with Lowes.

All Lowe's employees are eligible for Life Track counseling support.

**Services include short-term telephone or in-person counseling for a full spectrum of personal, lifestyle and work-related challenges, such as:**

- Marital and family relationship difficulties
- Personal and work-related stress
- Depression
- Life transitions
- Alcohol or drug abuse
- Financial and legal issues
- Child care and elder care
- Help to quit smoking

You and your eligible family members can receive up to five sessions at no cost a year for each concern or issue.

## Want More Information?

- Call Life Track at 1-877-LIFETRK.



# Bi-Weekly Rates for 2009 Plan Year

	Low Option BiWeekly	High Option BiWeekly	Enhanced (1+ YOS) BiWeekly
<b>Limited Medical Benefit Plan Option</b>			
Employee	\$25.74	\$33.53	\$32.62
Employee + 1	\$56.04	\$73.05	\$72.67
Family	\$75.33	\$98.11	\$95.49
<b>Limited Dental Benefit Plan Option</b>			
Employee	\$7.70		
Employee + 1	\$14.78		
Family	\$25.86		
<b>Term Life Option</b>			
Employee	\$2.40		
Employee + 1	\$3.60		
Family	\$7.20		
<b>Short Term Disability Option</b>			
Employee	\$6.00		
<b>Vision Option</b>			
Employee	\$2.17	\$3.28	
Employee + 1	\$3.60	\$5.44	
Family	\$6.55	\$9.89	

# Making Premium Payments While On Leave of Absence

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If you are on an approved leave of absence, including workers' compensation, FMLA, personal, military, etc., or you are an active employee, you must pay for coverage out-of-pocket, if you are:

- Paid in a form other than a regular paycheck;
- Not working or not working enough hours to pay for the benefit deductions; or
- Receiving pay from short term disability or workers' compensation.

Participants in the Limited Benefit Health Plan for Part-time Employees, Part-time Term Life Insurance and the Part-time Dental Plan Options will not receive a bill from Allstate Workplace Division for these plans. They will need to mail their premium payments directly to Allstate Workplace Division, at the following address:

**Allstate Workplace Division**

Attn: Group Premium Accounting  
1776 American Heritage Life Drive  
Jacksonville, FL 32224

*The payment must be accompanied by the Missed Premium Deduction Form (page 36).*

Employees enrolled in the Part Time Enhanced Medical Plan will receive a bill from Key Benefits Administrators for the Enhanced Medical Plan. They will need to mail premium payments for the Enhanced Medical Plan to the following address:

**Key Benefit Administrators, Inc.**

Attn: LBDC  
P.O. Box 890396  
Charlotte, 28289



**Allstate**

Workplace Division

### Missed Premium Deduction Form

**Instructions**

To ensure your coverage continues (without lapse) when payroll premium deductions are missed:

1. Make a copy of this form and complete the copy.
2. If more than one pay period is missed, please include all beginning and ending dates.
3. Attach a personal check, money order, or cashier's check for the full premium payment due, made payable to American Heritage Life Insurance Company (AHL). (Missed premiums for the Enhanced 50K Limited Medical Plan are handled by Lowe's and not paid directly to AHL; please read below and contact your HR Manager.)
4. Return the completed form and your premium payment to the address listed below\*.

**Medical Premiums:**

	High Plan Weekly	High Plan Bi-Weekly	Low Plan Weekly	Low Plan Bi-Weekly	<b>Enhanced \$50K Limited Medical Plan Option</b>
Employee Only	\$16.77	\$33.53	\$12.87	\$25.74	If you have enrolled in the Enhanced \$50K Limited Medical Plan and go on a leave of absence or miss premium payments through payroll deductions, you are still responsible for those payments. If you want coverage to remain in force, you will be billed by, and you need to make payments directly to, Lowe's through their third-party billing service. See your HR Manager.
Employee + 1 Dependent	\$36.52	\$73.05	\$28.02	\$56.04	
Family	\$49.06	\$98.11	\$37.67	\$75.33	

**Dental, Life, and Short Term Disability (STD) Premiums:**

	Dental Weekly	Dental Bi-Weekly	Life Weekly	Life Bi-Weekly	STD Weekly	STD Bi-Weekly
Employee Only	\$3.85	\$7.70	\$1.20	\$2.40	\$3.00	\$6.00
Employee + 1 Dependent	\$7.39	\$14.78	\$1.80	\$3.60	n/a	n/a
Family	\$12.93	\$25.86	\$3.60	\$7.20	n/a	n/a

**Note: If your employment has been terminated you may not make up missed premium payments. You will be notified of your right to continue coverage under COBRA.**

**\* Allstate Workplace Division  
 Attn: Group Premium Accounting  
 1776 American Heritage Life Drive  
 Jacksonville, FL 32224**

Company Name LOWE'S Today's Date \_\_\_\_\_

Your Name \_\_\_\_\_

Your Social Security Number \_\_\_\_\_

Pay Period Beginning Date(s) \_\_\_\_\_

Pay Period Ending Date(s) \_\_\_\_\_

**YOU MUST RETURN THIS COMPLETED FORM WITH YOUR PAYMENT**

# Benefits Contacts

Coverage	Online	By Phone
Medical		1-800-937-7039
Prescription Drug	ScriptSave <a href="http://www.scriptsave.com">www.scriptsave.com</a>	1-800-700-3957
Dental		1-800-535-8086
Vision	OptumHealth <a href="http://www.optumhealth.com">www.optumhealth.com</a>	1-800-638-3120
Life Insurance	<a href="http://myloweslife.com">myloweslife.com</a>	1-800-535-8086
Short Term Disability	<a href="http://myloweslife.com">myloweslife.com</a>	1-866-456-6198
Employee Stock Purchase Plan (ESPP)	E*TRADE <a href="https://us.etrade.com/e/t/home">https://us.etrade.com/e/t/home</a>	1-800-838-0908
401(k)	ADP Retirement Services <a href="http://www.adp401k.com">www.adp401k.com</a>	1-877-236-5693