

YOUR BENEFITS AT-A-GLANCE

At LifePoint, we're proud to offer a competitive benefits package.

The following pages will provide you with a high-level overview of the main benefits LifePoint offers to you and your family.



2020

YOUR BENEFITS-AT-A-GLANCE

MEDICAL

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

TIER 1

Facility charges only:

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

TIER 2

Facility and provider charges:

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

TIER 3

Facility charges only:

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

TIER 4

Facility and provider charges:

Covered out-of-network for emergency services only.

	HRA PLAN	PPO PLAN	HSA PLAN
LIFEPOINT HRA CONTRIBUTION¹			
Individual	\$500	N/A	N/A
Individual + Spouse ²	\$650	N/A	N/A
Individual + Child(ren) ²	\$800	N/A	N/A
Family ²	\$1,000	N/A	N/A
Your HRA funds pay first and then you pay your share of the annual deductible.			
ANNUAL DEDUCTIBLE			
Tier 1: Individual / Family	\$1,250 / \$3,750	\$300 / \$900	\$2,000 / \$4,000
Tier 2: Individual / Family	\$2,500 / \$7,500	\$1,000 / \$3,000	\$2,600 / \$5,200
Tier 3: Individual / Family	\$6,350 / \$12,700	\$6,350 / \$12,700	\$3,600 / \$7,200
Tier 4: Individual / Family	\$2,500 / \$7,500	\$1,000 / \$3,000	\$2,600 / \$5,200
OUT-OF-POCKET MAXIMUM			
Tier 1: Individual / Family	\$2,500 / \$5,000	\$2,500 / \$5,000	\$4,000 / \$8,000
Tier 2: Individual / Family	\$7,900 / \$15,800	\$7,900 / \$15,800	\$6,000 / \$12,000
Tier 3: Individual / Family	\$7,900 / \$15,800	\$7,900 / \$15,800	\$6,000 / \$12,000
Tier 4: Individual / Family	\$7,900 / \$15,800	\$7,900 / \$15,800	\$6,000 / \$12,000
Overall in-network out-of-pocket maximum: Individual / Family	Once you meet the overall in-network out-of-pocket maximum, LifePoint pays 100% of your remaining in-network medical and prescription drug expenses for the rest of the year.		\$6,000 / \$12,000
COVERED SERVICES		YOU PAY	
Primary care physician / specialist office visits	20% after deductible	\$40 co-pay / \$60 co-pay	20% after deductible
Hospitalization (facility charges only)	Tier 1: 10% after deductible Tier 2: 20% after deductible Tier 3: 50% after \$3,000 co-pay Tier 4: Not covered	Tier 1: 10% after deductible Tier 2: 20% after \$500 co-pay Tier 3: 50% after \$3,000 co-pay Tier 4: Not covered	Tier 1: 10% after deductible Tier 2: 20% after deductible Tier 3: 50% after deductible Tier 4: Not Covered
Preventive care coverage	0% (Plan pays 100%)	0% (Plan pays 100%)	0% (Plan pays 100%)
Emergency services	Facility and provider charges: 20% after deductible	Facility charges: \$200 co-pay (waived if admitted) Provider charges: 20% after deductible	Network provider and out of network provider: 20% after deductible

¹ If you become eligible for medical coverage during the year, your HRA contribution amount is prorated based on your eligibility date.

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

PRESCRIPTION

ANNUAL DEDUCTIBLE (HRA and PPO medical plans only)		
Individual		\$75
Family		\$300
COVERED SERVICES	YOU PAY	
	RETAIL PHARMACY (up to a 30-day supply)	OPTUMRX MAIL ORDER PROGRAM OR CVS RETAIL PHARMACY ³ (up to a 90-day supply)
Tier 1: (lower-cost generics and some brand name)	\$10 co-pay after deductible	\$25 co-pay after deductible
Generic drugs for the treatment of cholesterol, cardiovascular disease and diabetes. Brand-name drug classes for the treatment of diabetes, including insulin and other diabetic supplies.	N/A	\$0 (plan pays 100%)
Tier 2: (mid-range preferred brand name)	\$55 co-pay after deductible	\$137.50 co-pay after deductible
Tier 3: (highest-cost non-preferred brand name)	\$80 co-pay after deductible	\$200 co-pay after deductible
Specialty	\$150 co-pay after deductible	\$375 co-pay after deductible

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

DENTAL

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

VISION

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

FLEXIBLE SPENDING ACCOUNTS (FSAs)

	HEALTH CARE FSA	DEPENDENT CARE FSA ⁴	LIMITED PURPOSE FSA ⁵
How much can I contribute?	\$2,700 max pre-tax each year (You may roll over up to \$500 in unused contributions to the following year.)	\$5,000 max pre-tax each year (or \$2,500 per year if filing separately from spouse, per IRS rules.)	\$2,700 max pre-tax each year (You may roll over up to \$500 in unused contributions to the following year.)
What can the money be used for?	Reimburse yourself for expenses such as deductibles, co-pays and co-insurance, prescription drugs, medical supplies, dental work, contact lenses and eyeglasses.	Reimburse yourself for expenses such as nursery schools, licensed day care centers (including adult day care facilities for disabled dependents), in-home day care providers, before- and after-school care (if not already included in tuition) and summer day camp, but not overnight camp.	Reimburse yourself for dental and vision expenses such as deductibles, co-pays and co-insurance, dental work, contact lenses and eyeglasses.

⁴ If you participate in the Dependent Care FSA, you cannot apply for the Dependent Care tax credit.

⁵ The Limited Purpose FSA is compatible with the HSA medical option.

LIFE AND AD&D

	BASIC	OPTIONAL
Employee	1x annual salary	1x, 2x, 3x, 4x or 5x annual salary
Spouse	N/A	Life: Up to \$250,000 (in \$25,000 increments) AD&D: 50% of employee AD&D benefit
Child(ren)	N/A	Life: Up to \$10,000 (in \$2,000 increments) AD&D: 20% of employee AD&D benefit

DISABILITY

Dependent upon your position at LifePoint, you may be eligible to elect Short and Long-Term Disability benefits to protect your income should you need to be out of work with an injury or illness.

401(k)

LifePoint Health offers a 401(k) retirement plan.

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

ACCIDENT INSURANCE

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

CRITICAL ILLNESS INSURANCE

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

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

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