

Employee Benefits



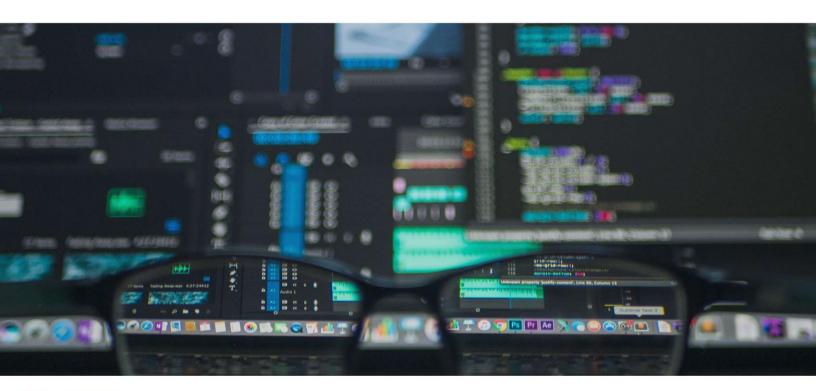




TABLE OF CONTENTS

Page 4 Medical Costs & Medical Plan Information	
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Page 5 Dental Costs & Dental Plan Information	
Page 6 Vision Costs and Vision Plan Information	
Page 7 Aetna Provider directory and pharmacy search tool	
Page 8 Carrier Network Links/Clarke and Company Benefits contact	ts

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepencies, or errors are always possbile. In case of discrepency betweent the Guide and the actual plan documents, the actual plan documents will prevail. The plan documents will govern all plans covered in this Guide. The Guide is not a contract or a guarantee of your eligibility or benefit. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contat Human Resources. If you sign up for coverage that requires evidence of insurability, even though deductions may start, you are not considered enrolled in the plans until confirmed by the carrier. If declined, you will be reimbursed. You can access benefit information at the following link:

http://clarkebenefits.com/lucas/

NOW IS THE OPPORTUNITY TO CHOOSE THE BENEFITS
THAT ARE BEST FOR YOU AND YOUR PLACE IN LIFE. THIS
BENEFIT ENROLLMENT PERIOD IS YOUR CHANCE TO
REVIEW YOUR CURRENT ELECTIONS AND MAKE ANY
CHANGES FOR YOU AND YOUR FAMILY. THIS GUIDE HAS
BEEN PREPARED WITH ALL THE INFORMATION YOU NEED
TO CHOOSE YOUR BENEFITS FOR YOUR 2019-2020
ELECTIONS.

WHO IS ELIGIBLE

If you are a Lucas Systems, Inc. regular full-time employee, you are eligible for benefits. Employees who work over 30 hours a week and are not temporary are considered full time employees. You are also eligible to cover your family members in the medical, dental, vision through Lucas Systems, Inc. employer sponsored benefit plans.

HOW TO ENROLL

Please fill out your open enrollment paperwork for the 2019-2020 plan year. Please return this paperwork to Owen Lucas no later than May 29th. If this is your new hire enrollment please

fill out your open enrollment paperwork and return it no later than 1 week after receipt of the paperwork in order to prevent a lapse in coverage.

WHEN TO ENROLL

If you would like to enroll in any of the Lucas Systems Inc. benefits, now is your time. After your new hire enrollment to make any changes, you will have to have a qualifying change in status or wait until next open enrollment which will be May 2020. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of

spouse, child or other qualified dependent, change in residence due to an employment transfer, commencement or termination of adoption proceedings, or change in spouse's employment status.

CONTRIBUTION

Lucas Systems, Inc. contributes toward medical provides employees the ability to enroll in dental and vision. You have the option of purchasing those benefits coverage through payroll deduction.

2019 COSTS OF COVERAGE

Medical Benefits		Emplovee N	Ionthly Deducti	ons
	Employee Only	Employee & Spouse	Employee & Ch	
Traditional Health Plan	\$120.00	\$664.88	\$598.53	\$1,261.86
Traditional IN NETWORK Onl	ly \$100.00	\$590.77	\$531.02	\$1,128.47
HDHP Plan	\$75.00	\$466.23	\$418.58	\$894.85
Aetna				
	Traditional Plan	In Netw	ork Only	Base Plan
		Point of Ser	vice Benefits	
Primary Care Physician	\$30 co-pay	\$10	со-рау	Deductible/100%
Specialist Physician	\$60 co-pay	\$100	co-pay	Deductible/100%
Preventive Screenings				
(HCR A&B)		\$0 0	o-pay	
Preventive Maximum				
Urgent Care	\$75	\$	50	Deductible/100%
Emergency Room Facility	\$300 Waived if Admitte	ed Ded,	'Coins	Deductible/100%
Prescription Drugs	\$3/10/45/70/%	\$2/10/50/\$1	00/\$250/\$500	Deductible/\$3/10/45/70/%
		Major Med	ical Benefits	
Deductible	\$2500 (2x family)	\$2500 (2x family)	\$6250 (2x family) -Embedded
Max. Out of pocket	\$5000 (2x family)	\$7000 (2x family)	\$6550 (2x family)
Coinsurance	80% Aetna/20% employ	ee 80% Aetna/2	20% employee	100%
Hospital In and Out-Patient	Deductible & Coinsurance	ce Deductible &	¿ Coinsurance	Deductible
Lifetime Maximum	Unlimite	ed		Unlimited
		Out of Netw	ork Benefits	
Deductible	\$5,000(2x family)		NA	\$10,000 (3x family)
Max. Out of pocket	\$15,000 (2x family)		NA	\$20,000 (3x family)
Coinsurance	60% Aetna/40% employ		NA	50% Aetna/50% employee
Lifetime maximum	Unlimited		NA	Unlimited

Dental Benefits	Employee Monthly Deductions		Employee M		
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family	
Dental Plan	\$32.30	\$66.06	\$65.58	\$105.35	

DENTAL

Delta Dental	In and Out of Network
	Plan Benefits
Preventive	Pays 100% of costs (UCR)
Basic Services	80% (6 month waiting period)
Major Services	50% (12 month waiting period)
Deductible	\$50/individual \$150/family
Annual Maximum Per Insured	\$1000
Lifetime Ortho Maximum (Under	\$1000 (12 month waiting paried)
age 19)	\$1000 (12 month waiting period)

We offer employees and their families a comprehensive dental plan. Our dental plan is administered by Delta Dental of SC. Our plan includes coverage for preventive, basic, and major dental services (see certificate for full coverage details). You may visit the dental provider of your choice but we also have a network available. Costs using a network provider are lower than a non-network provider. You can access the provider network by going to www.deltadentalsc.com entering your zip code and "dentist" in the specialist box.



Vision Benefits		Employee M	Ionthly Deductions	
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Vision Plan	\$5.62	\$10.53	\$11.95	\$17.41

I NI / I
In Network
Plan Benefits
\$10 Eye Exam Annual
, _ · _ , ·
\$10 Copay for Materials

frame allowance and contact lenses allowance \$125/Medically Necessary Contact Lenses \$250

We offer employees' and their family's' a valuable vision options. Our vision plan is administered by Delta Dental. Please see the above overview for the benefit summary (see certificate for full coverage details). For a list of network providers please see the link below. Some of the national network providers are VisionWorks, JC Penny Optical, For Eyes Optical, America's Best, Pearle Vision, and Eyeglass World

www.advanticabenefits.com and click on provider search

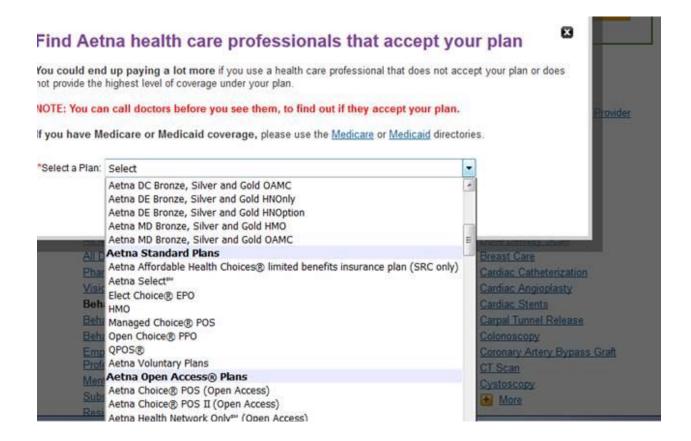
VISION



AETNA Provider Search Information

The provider directory for AETNA network is available in

DocFind: http://www.aetna.com/dse/search?site_id=docfind&langpref=en&tabKey=tab1



The pharmacy lookup link (mail order is handled thru Caremark, CVS, and Aetna Specialty Pharmacy):

https://www.aetna.com/individuals-families/find-a-medication.html

Choose the following option: **Value Plus Plan** and it's a **5-tier** Open Formulary Plan.

Current Benefits, Model Notices, and More Benefit Information

You can access your model notices, summary plan description, certificate of coverage's, benefit summaries, find network providers, and much more information on your employee benefits by going to http://clarkebenefits.com/lucas/

CONTACT INFORMATION & RESOURCES

Physician Network Information

Aetna

Website: http://www.aetna.com/dse/search?site_id=docfind&langpref=en&tabKey=tab1

Doctor and Hospital finder, enter doctors information or specialty

Dental/Vision Network Information

Delta Dental

Dental Website: www.deltadentalsc.com

Customer Service Number – 1-800-529-3268

Vision: www.advanticabenefits.com

Clarke & Company Benefits Contact Information

Greenville: 864-232-6723 Service and Claims questions: 888-540-9403

Jennifer Holly, Client Manager: iholly@clarkebenefits.com

Derek Hemmingsen, Client Manager dhemmingsen@clarkebenefits.com

Laura Howell, Account Manager: lhowell@clarkebenefits.com



On your benefits website

You will find information on how
to enroll, provider links, benefit
summaries, videos on My Health
Toolkit, model notices,
certificates of coverage, and
much more benefit information at
the click of your mouse!