

My Benefits. My Choice.

Lowe's Employee Benefit Program Highlights

Lowe's Companies, Inc. (NYSE: LOW) is a FORTUNE® 100 home improvement company serving approximately 15 million customers a week in the United States, Canada and Mexico. With fiscal year 2014 sales of \$56.2 billion, Lowe's has more than 1,835 home improvement and hardware stores and 260,000 employees. Founded in 1946 and based in Mooresville, N.C., Lowe's supports the communities it serves through programs that focus on K-12 public education and community improvement projects. For more information, visit Lowe.com.

Lowe's recognizes the important role employee benefit programs play in your decision to join any company. This brochure is designed to help you better understand how Lowe's benefits add to your total compensation package with us. For more information about the benefits Lowe's offers, please visit www.mylowesbenefits.com.

Health Benefits

Benefit	What's Covered	Employee Eligibility	Employee Contribution (Bi-Weekly Rates)																		
Medical Plans: Option 1, Option 2, and HDHP Plan Options offered in most locations. HMO offerings in some states	Option 1 (In-Network Benefits):		Non-Tobacco Bi-Weekly Rates*: <table border="1"> <tr> <td colspan="2">Option 1</td> </tr> <tr> <td>Employee Only</td> <td>\$67.87</td> </tr> <tr> <td>Family</td> <td>\$219.08</td> </tr> <tr> <td colspan="2">Option 2</td> </tr> <tr> <td>Employee Only</td> <td>\$48.58</td> </tr> <tr> <td>Family</td> <td>\$156.79</td> </tr> <tr> <td colspan="2">HDHP</td> </tr> <tr> <td>Employee Only</td> <td>\$39.77</td> </tr> <tr> <td>Family</td> <td>\$128.38</td> </tr> </table> <i>*Users of tobacco products will be subject to higher premium contributions</i>	Option 1		Employee Only	\$67.87	Family	\$219.08	Option 2		Employee Only	\$48.58	Family	\$156.79	HDHP		Employee Only	\$39.77	Family	\$128.38
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	Employee Only	\$39.77																			
	Family	\$128.38																			
	Annual Deductible	\$1,000 individual; \$3,000 family		Regular full-time employees after 89 days of continuous employment																	
	Physician Office Visit	\$30 primary care/ \$50 specialist																			
	Coinsurance	30% paid by member																			
	Annual Out-of-Pocket Maximum	\$6,000 individual; \$12,000 family																			
	Option 2 (In-Network Benefits):																				
Annual Deductible	\$1,250 individual; \$3,750 family																				
Physician Office Visit	\$40 primary care/ \$60 specialist																				
Coinsurance	40% paid by member																				
Annual Out-of-Pocket Maximum	\$6,550 individual; \$13,100 family																				
HDHP (In-Network Benefits):																					
Annual Deductible	\$1,750 individual; \$3,500 family																				
Physician Office Visit	N/A (Costs for doctor visits, specialists visits, inpatient & outpatient hospitalizations, and prescription drugs subject to Deductible and Coinsurance)																				
Coinsurance	50% paid by member																				
Annual Out-of-Pocket Maximum	\$6,550 individual; \$13,100 family																				

Health Benefits *continued*

Benefit	What's Covered	Employee Eligibility	Employee Contribution (Bi-Weekly Rates)		
Prescription Drug Plan	When you enroll in a full-time medical plan, you automatically have prescription drug benefits. CVS Caremark administers the prescription drug plan for Option 1, Option 2, and HDHP medical plans. Kaiser administers the prescription drug plan for its medical plans.		Regular full-time employees after 89 days of continuous employment	Included in the above medical bi-weekly rates	
	Option 1 and Option 2 prescription copay amounts:				
	Prescriptions (30-day supply)	\$10 generic			
		35% Formulary (\$35 min / \$70 max)			
		35% Non-Formulary (\$90 min / \$170 max)			
	\$75 Specialty Drugs				
	Non-formulary (lifestyle drugs)-restricted to home delivery program only*				
Dental Low Plan	Maximum Benefit (In-Network Benefits)	Year 1: \$1,300 per covered member per calendar year Year 2†: \$1,400 per covered member per calendar year Year 3 and beyond†: \$1,500 per covered member per calendar year	Regular full-time employees after 89 days of continuous employment	Employee Only	\$6.77
	Deductible	\$50 per covered member per calendar year, \$150 aggregate family limit		Family	\$20.30
	Diagnostic/Preventive Care (Class A)	Covered at 100%; no deductible			
	Basic Services (Class B)	Covered at 80%; deductible applies			
	Major Services (Class C)	Covered at 50%; deductible applies			
	Orthodontia Services (Class D)	Covered at 50%; no deductible; \$1,000 lifetime benefit (for children up to age 26, employees, and spouses)			

* How the Lowe's prescription drug benefit works with the HDHP plan:

You must meet the HDHP plan deductible: \$1,750 if you enroll in employee-only coverage or \$3,500 if you enroll dependents (in-network) before the plan begins to share the cost of prescription drugs. For the HDHP medical plan, you have access to the CVS Caremark pharmacy network.

† Calendar Year Maximum increases are contingent upon receiving Preventive Services in the preceding Calendar Year. If an employee or covered dependent does not have preventive services, their benefit maximum will be reduced by \$100 per year. All employees and covered family members will be guaranteed the first year benefit maximum regardless of their participation in preventive services.

Health Benefits *continued*

Benefit	What's Covered		Employee Eligibility	Employee Contribution (Bi-Weekly Rates)	
<p>Dental High Plan</p>	<p>Maximum Benefit (In-Network Benefits)</p>	<p>Year 1: \$1,800 per covered member per calendar year Year 2*: \$1,900 per covered member per calendar year Year 3 and beyond*: \$2,000 per covered member per calendar year <i>* Calendar Year Maximum increases are contingent upon receiving Preventive Services in the preceding Calendar Year. If an employee or covered dependent does not have preventive services, their benefit maximum will be reduced by \$100 per year. All employees and covered family members will be guaranteed the first year benefit maximum regardless of their participation in preventive services.</i></p>	<p>Regular full-time employees after 89 days of continuous employment</p>	<p>Employee Only</p>	<p>\$8.58</p>
	<p>Family</p>	<p>\$25.74</p>			
	<p>Deductible</p>	<p>\$50 per covered member per calendar year, \$150 aggregate family limit</p>			
	<p>Diagnostic/ Preventive Care (Class A)</p>	<p>Covered at 100%; no deductible</p>			
	<p>Basic Services (Class B)</p>	<p>Covered at 80%; deductible applies</p>			
	<p>Major Services (Class C) Orthodontia Services (Class D)</p>	<p>Covered at 50%; deductible applies Covered at 50%; no deductible; \$2,000 lifetime benefit (for children up to age 26, employees, and spouses)</p>			
<p>Vision Low Plan</p>	<p>Exam Every Calendar Year</p>	<p>100% after \$15 copay</p>	<p>Regular full-time employees after 89 days of continuous employment</p>	<p>Employee Only</p>	<p>\$2.23</p>
	<p>Lenses every calendar year</p>	<p>100% after \$15 copay (Includes Single Vision, Bifocals, Trifocals, Lenticulars, and Scratch-Resistant Coating) Progressive Lens: 100% with \$40 copay</p>		<p>Family</p>	<p>\$6.06</p>
	<p>Frames every two calendar years</p>	<p>Retail allowance up to \$150 with 20% discount above allowance</p>			
	<p>Contact lenses every calendar year</p>	<p>100% for medically necessary. \$150 allowance for all services and materials</p>			

Health Benefits *continued*

Benefit	What's Covered	Employee Eligibility	Employee Contribution (Bi-Weekly Rates)				
Vision High Plan	Exam Every Calendar Year	100% after \$10 copay	<table border="1"> <tr> <td>Employee Only</td> <td>\$5.41</td> </tr> <tr> <td>Family</td> <td>\$14.68</td> </tr> </table>	Employee Only	\$5.41	Family	\$14.68
	Employee Only	\$5.41					
	Family	\$14.68					
	Lenses every calendar year	100% after \$10 copay (Includes Single Vision, Bifocals, Trifocals, Lenticulars, Progressive Lens, Photocromonic, Anti-Reflective Coating, and Scratch-Resistant Coating)					
Frames every calendar year	Retail allowance up to \$220 with 20% discount above allowance						
Contact lenses every calendar year	100% for medically necessary. \$220 allowance for all services and materials						
My Life Track Health and Wellness Benefits	The Lowe's My Life Track Program offers employees and their eligible family members health and wellness programs including lifestyle management, smoking cessation, work/life services, legal and financial services	All employees at date of hire	Company Provided				

Life Insurance Benefits

Benefit	What's Covered	Employee Eligibility	Employee Contribution (Bi-Weekly Rates)
Basic Term Life Insurance	Hourly Employees: One times base annual pay, rounded to nearest \$1,000; maximum \$500,000 Salaried Employees: One times base annual pay, rounded to nearest \$1,000; maximum \$250,000	All regular full-time salaried employees, first day of employment. All regular full-time hourly employees, after 89 days of continuous employment	Hourly Employees: \$0.040 per thousand of coverage. Salaried Employees: Company Provided
Hourly Employee Term Life Insurance	Flat \$10,000 employee coverage. This option is not available to employees enrolling in the Basic and/or Supplemental Term Life Options	Regular full-time hourly employees after 89 days of continuous employment	\$0.58
Supplemental Term Life Insurance	One to eight times base annual pay, rounded to nearest \$1,000; maximum \$3,000,000. Amounts over the lesser of three times annual base pay or \$500,000 require Evidence of Insurability	Regular full-time employees after 89 days of continuous employment	Rates based on age and life insurance amount
Dependent Term Life Insurance	Spouse: \$25,000 to \$250,000* Children: \$5,000 to \$20,000 <i>* For newly eligible employees and qualifying status changes, Evidence of Insurability is required for any amount over \$25,000 for spousal coverage. Late enrollment at any coverage (including during open enrollment) will require Evidence of Insurability.</i>	Regular full-time employees after 89 days of continuous employment	Rates based on age and life insurance amount
Accidental Death and Dismemberment Insurance	Coverage is available up to \$1,000,000; coverage amounts cannot exceed 10 times your annual base pay	Regular full-time employees after 89 days of continuous employment	Rates based on age and life insurance amount
Business Travel Accident Insurance	This is a Lowe's provided benefit that provides a life insurance benefit should your death occur as a result of an accident while traveling on company business	Regular full-time employees, first day of employment	Company Provided

Income Protection Benefits

Benefit	What's Covered	Employee Eligibility	Employee Contribution (Bi-Weekly Rates)
Basic Sick Pay	Sick days are accrued at a rate of six days (48 hours) per year. Unused sick days may be carried forward with no limit on days accumulated. Sick days can also be used for the birth or adoption of a child	Regular full-time employees after 89 days of continuous employment	Company Provided
Short-Term Disability Insurance	<p>For full-time hourly employees, the benefit begins on day 15 of an approved continuous disability, or the first day after *basic sick pay hours have been used, whichever is later.</p> <p>For full-time salaried employees, the benefit begins after 3 days of continuous disability and after *basic sick pay hours have been used. The benefit will retro back to day 1 if no basic sick pay hours are available.</p> <p><i>*Employees on medical leave may retain up to 48 accrued sick hours for use upon returning from leave.</i></p> <p>Benefit payments are:</p> <ul style="list-style-type: none"> • 60% of normal base pay, up to \$4,615 per week for regular, full-time hourly employees • 100% of normal base pay per week for regular, full-time salaried employees <p>Benefits are payable for up to 11 weeks for hourly employees and 13 weeks for salaried employees.</p> <p>Disability benefits for employees in California, Hawaii, New Jersey, New York, and Rhode Island differ, based on state law</p>	<p>All regular full-time salaried employees, first day of employment.</p> <p>All regular full-time hourly employees, after 89 days of continuous employment</p>	Company Provided
Long-Term Disability Insurance	<p>This Plan provides disability income protection in the event of severe, lasting illnesses or injuries. The Plan coordinates with Workers' Compensation and Social Security benefits to provide eligible employees with a monthly benefit of:</p> <ul style="list-style-type: none"> • 60% of normal base pay and management bonus (if eligible), up to \$25,000 per month after 90 days of continuous disability for salaried employees • 60% of normal base pay and management bonus (if eligible), up to \$20,000 per month after 90 days of continuous disability for hourly employees 	<p>All regular full-time salaried employees, first day of employment.</p> <p>All regular full-time hourly employees, after 89 days of continuous employment</p>	<p>Hourly Employees: Rates based on age and salary</p> <p>Salaried Employees: Company Provided</p>

Retirement Benefits

Benefit	What's Covered	Employee Eligibility	Employee Contribution (Bi-Weekly Rates)
401 (k) Plan	<p>Lowe's 401(k) Plan is designed to help you plan and invest for your future. Participation in this Plan allows you to save from 1% to 50% of your eligible compensation, not to exceed \$18,000 in calendar year 2016, on a pretax basis through the convenience of payroll deductions.</p> <p>Lowe's matches the first 3% you save each pay period at 100%. Savings at 4-5% of eligible compensation will be matched at 50%, and 6% at 25%, for a total Company Match of 4.25% if you save 6%</p>	All employees after 6 months from original Lowe's hire date	If you contribute 6% or more.
Stock Purchase Plan	Lowe's provides a Stock Purchase Plan that allows employees to purchase Lowe's common stock at a discounted price of 15%. Participants in the Plan may contribute a flat amount or an even percentage up to 20% of base pay on an after-tax basis through the convenience of payroll deduction	All regular full-time employees on June 1 or December 1 on or after first day of employment; regular part-time employees on June 1 or December 1 on or after one year of service	Employees can contribute 1% to 20% of their base pay in whole percentages or flat dollar amounts, on an after-tax basis.

Time Off Benefits

Benefit	What's Covered		Employee Eligibility	Employee Contribution (Bi-Weekly Rates)
Vacation		Part-Time Employees	Full-Time Employees	All regular full-time and regular part-time employees after 180 days of employment
	After 180 days of service	.110 hours per day	.219 hours per day	
	After 1 year of service	40 hours	80 hours	
	After 5 years of service	60 hours	120 hours	
	After 15 years of service	80 hours	160 hours	
Holiday	<p>Lowe's generally provides the following six paid holidays:</p> <p>Thanksgiving and Christmas are fixed holidays. Full-time employees will receive eight hours holiday pay and part-time employees will receive four hours holiday pay for each fixed holiday.</p> <p>Employees can also accrue up to 4 additional floating holidays — employees decide what day they want to use as a floating holiday. Full Time employees accrue at a rate of .08 hours daily and part time employees accrue at a rate of .04 hours daily.</p>		All regular full-time salaried employees, first day of employment. All regular full-time hourly and part-time employees, after 90 days of employment	Company Provided

Other Benefits

- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Critical Illness Plan
- Off-the-Job Accident Plan
- Fixed Indemnity Plan
- Auto & Home Insurance
- Tuition Reimbursement Program
- Discount Tuition Program
- Preventive Health Plans for Part-Time Employees
- Part-Time Employees Dental Plan
- Part-Time Employees Vision Plan
- Part-Time Employees Short-Term Disability Plan
- Part-Time Employees Life Insurance Plan