



2018 BB&T BENEFITS PROGRAM GUIDE

SUPPLEMENTAL INFORMATION FOR CALIFORNIA ASSOCIATES PREPARING FOR BENEFITS ENROLLMENT

This supplement to the 2018 BB&T Benefits Program Guide contains additional information applicable to associates living in California. Please review this information along with the information presented on pages 8-15 of the 2018 BB&T Benefits Program Guide as you prepare to make your benefit elections for 2018. In addition to the two Medical Program Options outlined in the 2018 BB&T Benefits Program Guide (the Select and Consumer Options), you have a third option to consider: the Kaiser HMO, outlined below. If you want to elect coverage under the Kaiser HMO, you will do so through Workday (the same application you will use for BB&T’s other Flexible Benefit offerings).

KAISER HMO

The Kaiser HMO is administered by Kaiser Permanente. This option enables participants to receive care at any of Kaiser Permanente’s medical facilities or from their affiliated physicians. As a participant, you can choose your own primary care physician. If you need to see a specialist, your doctor can easily refer you. Some specialists do not require a referral to set an appointment. With the Kaiser Permanente traditional HMO plan, there are no deductibles or percentages to pay. When you receive routine care (e.g., doctors’ office visits, inpatient hospitalization, and after-hours care), all you pay is your co-payment (Please Note: The co-payment is higher for inpatient hospitalization and emergency care; emergency care co-payments are waived if you are re-admitted).

| 2018 SEMI-MONTHLY PREMIUMS | | |
|----------------------------|-------------------------|----------|
| Medical Plan | Coverage Level | Premium |
| Kaiser HMO Option | Employee Only | \$46.76 |
| | Employee and Spouse | \$208.96 |
| | Employee and Child(ren) | \$184.03 |
| | Family | \$346.87 |

You may cover a Domestic Partner under the Kaiser HMO option as required by California state law.

KAISER HMO BENEFIT HIGHLIGHTS

The services described in this summary are covered if all the following conditions are satisfied:

- The services are medically necessary; and
- The services are provided, prescribed, authorized, or directed by a Plan Physician, and you receive the services from Plan Providers inside Kaiser Permanente’s Northern or Southern California Region Service Area (your Home Region) except where specifically noted to the contrary in the Evidence of Coverage (EOC) for authorized referrals, Hospice Care, Emergency Care, Post-Stabilization Care, Out-of-Area Urgent Care, etc.

Professional or Outpatient Services Covered for a \$25 Co-Payment Per Visit/Procedure:

- Primary and specialty care visits (includes routine and urgent care appointments);
- Routine preventative physical exams;
- Routine preventative refraction exams;
- Physical, occupational, and speech therapy visits;
- Family planning visits;
- Outpatient surgery and certain other outpatient procedures; and
- Allergy testing visits.

Professional or Outpatient Services Covered at No Charge:

- Scheduled prenatal care visits and first postpartum visit;
- Most vaccines (immunizations); and
- X-rays and lab tests.

Chemical Dependency Services:

- No charge – Inpatient detoxification;
- \$25 per visit – Outpatient individual visits; and
- \$5 per visit – Outpatient group visits.

| PRESCRIPTION DRUG COVERAGE | | | |
|--|---------------|----------------------|-----------------------|
| | 30-Day Supply | 31- to 60-Day Supply | 61- to 100-Day Supply |
| Generic items from a Plan Pharmacy | \$10 | \$20 | \$20 |
| Generic refills from the Kaiser Permanente mail-order service | \$10 | \$20 | N/A |
| Brand-name items from a Plan Pharmacy | \$20 | \$40 | \$60 |
| Brand-name refills from the Kaiser Permanente mail-order service | \$20 | \$40 | N/A |

Specialty Drugs will be covered with 20% coinsurance up to a maximum of \$150 per fill.

Various Services Provided at No Charge:

- Covered Durable Medical Equipment (DME) for home use in accordance with Kaiser Permanente’s DME formulary guidelines;
- Home health care (up to 100 visits per calendar year);
- Hospice care; and
- Ambulance services.

Other

- Skilled Nursing Facility care (up to 100 days per calendar year): \$500 per admission; and
- All covered services related to infertility treatment: 50% co-insurance.

For services subject to the maximum, you will not pay any more cost sharing during a calendar year if the co-payments and co-insurance you pay for these services add up to one of the following amounts:

- For self-only enrollment (a Family of one Member): \$1,500 per calendar year;
- For any one Member in a Family of two or more Members: \$1,500 per calendar year; or
- For an entire Family of two or more Members: \$3,000 per calendar year.

For more information or to request an Explanation of Coverage (EOC), call the Kaiser Permanente Member Services Call Center at 800-464-4000 or visit www.kp.org and register for a user ID.

PREMIUM SAVINGS THROUGH THE LIFEFORCE PROGRAM

LifeForce, BB&T's premier wellness program, was designed to create a healthier you! The program provides you with health and fitness education, including information about disease prevention and adverse behaviors that may affect your physical well-being, and direct access to evaluations by a health care professional on a regular basis.

BB&T contracts with Peak Health to administer LifeForce. Through the program, you will work with a Peak Health nurse to establish realistic and attainable health goals. As you work toward those goals, you can advance to new Phases of the program. All information and evaluations conducted for this program are completely confidential.

LifeForce participants and their spouses have the opportunity to earn medical credits which can lower medical premiums by up to 20%. Participants and their spouses who are covered under the BB&T Medical Program will be eligible to earn medical credits if the participant is placed in Phases 2 - 5 of the program by the Peak Health nurse. Participants must meet the requirements of their Phase in order to earn their medical credit. Spouses must complete their Health Assessment in order to earn their medical credit (see pages 5 and 6 of the 2018 BB&T Benefits Program Guide for more information on the Health Assessment, including deadlines for both participants and spouses).

Below and on the following page are the potential medical credits that can be earned by participants and their spouses:

| LifeForce Phase 2 Medical Credit | | | | | |
|----------------------------------|-------------------------|----------|------------------|---------------|----------------------|
| Medical Plan | Coverage Level | Premium | Associate Credit | Spouse Credit | Total Medical Credit |
| Kaiser HMO Option | Employee Only | \$46.76 | \$35.57 | N/A | \$35.57 |
| | Employee and Spouse | \$208.96 | \$34.21 | \$16.10 | \$50.31 |
| | Employee and Child(ren) | \$184.03 | \$48.03 | N/A | \$48.03 |
| | Family | \$346.87 | \$47.78 | \$15.09 | \$62.87 |

| LifeForce Phase 3 Medical Credit | | | | | |
|----------------------------------|-------------------------|----------|------------------|---------------|----------------------|
| Medical Plan | Coverage Level | Premium | Associate Credit | Spouse Credit | Total Medical Credit |
| Kaiser HMO Option | Employee Only | \$46.76 | \$51.21 | N/A | \$51.21 |
| | Employee and Spouse | \$208.96 | \$51.31 | \$24.15 | \$75.46 |
| | Employee and Child(ren) | \$184.03 | \$72.06 | N/A | \$72.06 |
| | Family | \$346.87 | \$71.66 | \$22.63 | \$94.29 |

| LifeForce Phase 4 and 5 Medical Credit | | | | | |
|--|-------------------------|----------|------------------|---------------|----------------------|
| Medical Plan | Coverage Level | Premium | Associate Credit | Spouse Credit | Total Medical Credit |
| Kaiser HMO Option | Employee Only | \$46.76 | \$60.38 | N/A | \$60.38 |
| | Employee and Spouse | \$208.96 | \$68.41 | \$32.20 | \$100.61 |
| | Employee and Child(ren) | \$184.03 | \$96.10 | N/A | \$96.10 |
| | Family | \$346.87 | \$95.54 | \$30.17 | \$125.71 |

To receive the medical credit amount listed in the "Total Medical Credit" column of the charts above, both the associate and their spouse must meet their requirements. If the spouse does not complete his or her required Health Assessment, the associate will only earn the credit listed in the "Associate Credit" column. If the spouse completes his or her required Health Assessment but the associate does not complete all requirements of his or her phase and/or does not complete the Health Assessment, the associate will not earn a medical credit. If both the associate and the spouse do not complete their respective requirements, the associate will not earn a medical credit.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn a medical credit, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting a Peak Health nurse practitioner at 252-237-5090.

If you want to enroll in the LifeForce program, now is a great time to join*. For enrollment instructions and more information about the program, visit the Wellness tab on BBTBenefits.com.

*Please Note: Prior to participating in the LifeForce program, please review Peak Health's "Notice Regarding Wellness Program" document located on the LifeForce page on BBTBenefits.com under the Wellness tab.

This information is intended to provide you with an overview of the BB&T Benefits Program to aid your enrollment. This guide should not be construed as a contract. The Company reserves the right to make changes in content or application as it deems appropriate, and these changes may be implemented even if they have not been communicated or reprinted. The complete details of the plans are contained in the plan documents and insurance contracts. If a discrepancy occurs, the actual plan documents will prevail.