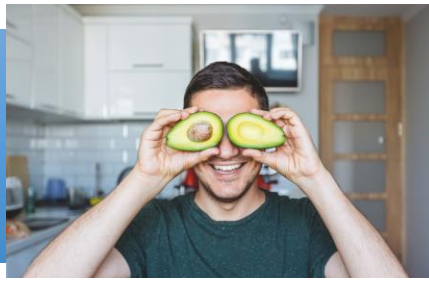





Benefits at a Glance



HEALTH BENEFITS

Employees have three medical plan options, plus the opportunity to select dental and vision coverages. The tables below summarize the benefits of each and the prescription drug plan.

	PPO Plan	Copay Plan	High Deductible Health Plan
	In-Network		
Paycheck Cost	\$\$\$	\$\$	\$
Preventive Care Check-ups, immunizations, routine screenings and more	100%		
Annual Deductible What you pay before the plan pays for most services, beyond preventive care — If you cover just yourself — If you cover other family members	\$750 \$1,500	\$2,000 \$4,000	\$4,500 \$9,000
Coinsurance After the deductible, the percentage of eligible costs the plan pays — you pay what's left	80%	80%	80%
Copays — Primary Care — Specialist — Urgent Care — Emergency Room	None (deductible and coinsurance apply)	\$25 \$60 \$60 \$500	None (deductible and coinsurance apply)
Annual Out-of-Pocket Maximum The most you'll pay out of your pocket for care during the year. If your costs (including your deductible) reach the limit, the plan will pay 100% of eligible expenses for the rest of the year — If you cover just yourself — If you cover other family members	\$5,000 \$9,100	\$5,000 \$10,000	\$5,500 \$11,000
Deductible/Out-of-Pocket Maximum Type	Aggregate	Embedded	Embedded
Out-of-Network Coverage	Yes	No	



At the Pharmacy (30-Day Supply):	PPO Plan	Copay Plan	High Deductible Health Plan
Preventive Drugs*	Plan pays 100%		
Prescription drugs listed as preventive by the health care reform law are covered at 100%, and no deductible applies. Other preventive drugs are available according to the benefits described below, but no deductible applies.			
Non-Preventive Drugs			
Deductible Applies	No	Yes	
Generic Drug	Plan pays 100%		
Brand-Name Drug on the Express Scripts Preferred Drug List	Plan pays 70%; your minimum cost per prescription is \$25 and your maximum cost is \$75		
Brand-Name Drug Not on the Express Scripts Preferred Drug List	Plan pays 60%; your minimum cost per prescription is \$50 and your maximum cost is \$100		
Specialty Drug	\$500 deductible, then plan pays 50% for PPO Plan and Copay Plan, Medical plan deductible, then plan pays 50% for High Deductible Health Plan		

Preventive drugs include drugs like certain contraceptives and folic acid supplements for women, aspirin for men and women of certain ages, iron supplements for some ages, and low to moderate dose statins for ages 40-75.

MetLife

	Core Plan	Buy-up Plan
Deductible — Per person — Maximum deductible amount per family	\$50 \$150	\$50 \$150
Annual Maximum Benefit	\$1,250 per person	\$3,000 per person
Preventive Care, like check-ups	100% (no deductible)	100% (no deductible)
Basic Services, like fillings	80% after deductible	90% after deductible
Major Services, like bridges and inlays	50% after deductible	60% after deductible*
Orthodontia — Adults — Children (under age 19) — Lifetime orthodontia benefit per eligible covered person	Not covered 50% (no deductible) \$1,000	Not covered 50% (no deductible) \$1,500*



	Vision Plan
Comprehensive Exam, Lenses, Frames	1 per policy year
Routine/Comprehensive Eye Exam	\$10 copay
Frames	\$180 allowance per year
Single Vision and Bifocal Lenses	\$10 copay
Contact Lenses (instead of frames)	\$180 allowance per year

Benefits at a Glance



PAID TIME OFF

Lincare is committed to providing benefits that contribute to the overall wellbeing of our employees, Some highlights of our generous paid time off program:

- Eight (8) paid company holidays each year.
- Total PTO (paid time off) structure that grows with service, starting at 15 days each year for non-managers and 20 days each year for managers.

RETIREMENT SAVINGS

Lincare offers a highly competitive 401(k) Retirement Savings Plan.

- Automatic enrollment at 90 days of service at 3%.
- Fully vested after two (2) years.
- Generous company match as shown in the table.

Employee Deferral %	Company Match %
1.0%	1.5%
2.0%	2.0%
3.0%	2.5%
4.0%	3.0%
5.0%	3.5%
6.0%	4.0%

FINANCIAL PROTECTION

Lincare offers a variety of voluntary benefits to help employees with financial protection.

- Basic Life and Accidental Death & Dismemberment (AD&D) insurance, 1x salary up to \$200,000
- Supplemental Life Insurance
- Short-Term Disability Coverage
- Long-Term Disability Coverage
- Accident Insurance

TUITION REIMBURSEMENT

Lincare will reimburse 75% of the cost of tuition, registration fees, expendable supplies and required textbooks to employees who start and satisfactorily complete (with a grade of "C" or better) approved courses of study in approved (accredited) schools or colleges while in the employment of Lincare.

- These approved courses must be degree programs related to the employee's job or future at Lincare.
- Eligible for coursework taken after two (2) years of service.
- For a master's or doctoral degree, the plan provides a refund of the remaining 25% at the time of degree.
- The maximum benefit any employee can receive in any calendar year is \$5,250.

EMPLOYEE REFERRAL PROGRAM

Lincare invests heavily in recruitment and rewards employees for an integral role in building the Lincare team. The employee making the referral will receive the following taxable payments in two awards after the referral has successfully completed the minimum employment time requirements of six months and one year. Hourly Employee - \$500.00; Salaried Employee (non-manager) - \$1,000.00; People Manager (i.e., Center Manager) - \$1,500; Director, Head, or Vice President - \$2,500.00.

EMPLOYEE DISCOUNTS

Access is given to TicketsatWork with a unique company code for Lincare employees to enjoy discounts for various products and vacation experiences.