



Lush Benefits Guide

2019 – 2020

[Full-Time Employees \(click here!\)](#)

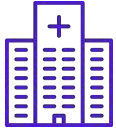
[Part-Time Employees \(click here!\)](#)



Lush Full-Time Employee Benefits Guide

2019 - 2020

Benefit Offerings



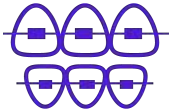
Medical & Prescription Benefits



Health Savings Account (HSA)

Lavender HSA Plan \$1,000/\$1,500

Annual Employer Contribution



Dental Benefits



Vision Benefits



Basic Life and Accidental Death and Dismemberment (AD&D) Benefits

100% Employer-Paid



Voluntary Life Benefits

Benefit Offerings



Basic Short-Term Disability (STD) Benefits
100% Employer-Paid



Basic Long-Term Disability (LTD) Benefits
100% Employer-Paid



Voluntary Short-Term Disability (STD) Benefits



Voluntary Long-Term Disability (LTD) Benefits



Critical Illness Benefits



Accident Benefits

Benefit Offerings



Commuter Reimbursement Account (CRA)



Employee Assistance Program

100% Employer-Paid



Life Planning Financial & Legal Resources

100% Employer-Paid



Worldwide Emergency Travel Assistance

100% Employer-Paid

Medical Benefits – Continental US



	Lavender HSA Plan		Rose HSA Plan		Neroli Plan	
	Summary of Benefits and Coverage		Summary of Benefits and Coverage		Summary of Benefits and Coverage	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Provider Network	Find Cigna Choice Fund Open Access Plus Providers		Find Cigna Choice Fund Open Access Plus Providers		Find Cigna Open Access Plus Providers	
Plan Year Deductible						
Employee Only	\$2,000	\$4,000	\$1,500	\$3,000	\$250	\$250
Family	\$4,000	\$8,000	\$3,000	\$6,000	\$500	\$500
Plan Year Out-of-Pocket Maximum						
Employee Only	\$4,000	\$8,000	\$3,500	\$10,000	\$3,250	\$10,250
Family	\$8,000 family \$4,000 max per individual in family	\$16,000 family \$8,000 max per individual in family	\$7,000 family \$3,500 max per individual in family	\$24,000 family \$10,000 max per individual in family	\$6,500	\$20,500
Visits						
Preventive Care	No charge, ded. does not apply	40% coins. after ded.	No charge, ded. does not apply	50% coins. after ded.	No charge, ded. does not apply	40% coins. after ded.
Primary Care	20% coins. after ded.	40% coins. after ded.	\$35 copay after ded.	50% coins. after ded.	\$25 copay, ded. does not apply	40% coins. after ded.
Specialist	20% coins. after ded.	40% coins. after ded.	\$50 copay after ded.	50% coins. after ded.	\$25 copay, ded. does not apply	40% coins. after ded.
Maternity	20% coins. after ded.	40% coins. after ded.	20% coins. after ded.	50% coins. after ded.	20% coins. after ded.	40% coins. after ded.
Outpatient Mental Health	20% coins. after ded.	40% coins. after ded.	\$35 copay after ded.	50% coins. after ded.	\$25 copay, ded. does not apply	40% coins. after ded.
Urgent Care	20% coins. after ded.	40% coins. after ded.	\$50 copay after ded.	50% coins. after ded.	\$25 copay, ded. does not apply	40% coins. after ded.
Emergency Room	20% coins. after ded.		\$300 copay after ded. (copay waived if admitted)		\$100 copay, ded. does not apply (copay waived if admitted)	
Prescription Drugs	Generic/Preferred Brand/Non-Preferred Brand					
Retail (up to a 30-day supply)	20% coins. after ded.	40% coins. after ded.	\$20/\$40/\$60 copay after ded.	50% coins. after ded.	\$15/\$30/\$45 copay, ded. does not apply	40% coins. ded. does not apply
Retail (up to a 90-day supply)	20% coins. after ded.	40% coins. after ded.	\$40/\$80/\$120 copay after ded.	50% coins. after ded.	\$30/\$60/\$90 copay, ded. does not apply	40% coins. ded. does not apply
Mail Order (up to a 90-day supply)	20% coins. after ded.	Not covered	\$40/\$80/\$120 copay after ded.	Not covered	\$30/\$60/\$90 copay, ded. does not apply	Not covered

Note: Deductibles, copays and coinsurance accumulate toward the out-of-pocket maximums.

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.



Medical Benefits – Hawaii



Hawaii Medical Service Association (HMSA) HMO Plan

Plan Document

Kaiser Permanente HMO Plan

Summary of Benefits and Coverage

In-Network

Out-of-Network

In-Network

Out-of-Network

Provider Network

Hawaii Medical Service Association
(HMSA) HMO

Kaiser Permanente

Plan Year Deductible

Employee Only

\$0

Not covered

Family

\$0

Not covered

Plan Year Out-of-Pocket Maximum

Employee Only

\$2,500
Annual Copayment Maximum

\$2,500

Family

\$7,500
Annual Copayment Maximum

\$5,000

Visits

Preventive Care

No copay

Not covered

No charge

Not covered

Primary Care

\$20 copay

Not covered

\$15 copay

Not covered

Specialist

\$20 copay

Not covered

\$20 copay

Not covered

Maternity

10% of eligible charge

Not covered

No charge/confirmed
pregnancy
Delivery: 10% coins.

Not covered

Outpatient Mental Health

\$20 copay

Not covered

\$15 copay

Not covered

Urgent Care

\$20 copay

\$15 copay
20% coins. (out of area)

Emergency Room

No copay

\$100 copay

Prescription Drugs

Generic/Preferred Brand/Non-Preferred Brand

Retail (up to a 30-day supply)

Please see plan document

Please see plan document

\$10/\$45/\$45 copay

Not covered

Mail Order (up to a 90-day supply)

Please see plan document

Please see plan document

\$20/\$90/\$90 copay

Not covered

Note: Deductibles, copays and coinsurance accumulate toward the out-of-pocket maximums.

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Medical Benefits – Puerto Rico



	Rose HSA Plan		Neroli Plan	
	<u>Summary of Benefits and Coverage</u>		<u>Plan Summary</u>	
	<u>Cigna Support</u>		<u>Cigna Support</u>	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Provider Network	This plan does not use a provider network. You can receive covered services from any provider.		This plan does not use a provider network. You can receive covered services from any provider.	
Plan Year Deductible				
Employee Only	\$1,500		\$250	
Family	\$3,000		\$500	
Plan Year Out-of-Pocket Maximum				
Employee Only	\$3,500		\$3,250	
Family	\$7,000		\$6,500	
Visits				
Preventive Care	No charge, ded. does not apply		No charge, ded. does not apply	
Primary Care	No charge after ded.		No charge, ded. does not apply	
Specialist	No charge after ded.		No charge, ded. does not apply	
Maternity	20% coins. after ded.		20% coins. after ded.	
Outpatient Mental Health	No charge after ded.		No charge after ded.	
Urgent Care	\$50 copay, ded. does not apply		No charge, ded. does not apply	
Emergency Room	No charge after ded.		20% coins., ded. does not apply	
Prescription Drugs	Generic/Preferred Brand/Non-Preferred Brand			
Retail (up to a 30-day supply)	\$20/\$40/\$60 copay after ded.	20% coins. after ded.	\$15/\$30/\$45 copay, ded. does not apply	20% coins. ded. does not apply
Retail (up to a 90-day supply)	\$40/\$80/\$120 copay after ded.	20% coins. after ded.	\$30/\$60/\$90 copay, ded. does not apply	20% coins. ded. does not apply
Mail Order (up to a 90-day supply)	\$40/\$80/\$120 copay after ded.	Not covered	\$30/\$60/\$90 copay, ded. does not apply	Not covered

Note: Deductibles, copays and coinsurance accumulate toward the out-of-pocket maximums.

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.



Continental US and Puerto Rico Medical Benefits – Rates Per Pay Period



Continental US and Puerto Rico Medical - Employee Rates Per Pay Period			
	<u>Lavender HSA Plan</u>	<u>Rose HSA Plan</u>	<u>Neroli Plan</u>
Provider Network	<u>Find Cigna Choice Fund Open Access Plus Providers</u>	<u>Find Cigna Choice Fund Open Access Plus Providers</u>	<u>Find Cigna Open Access Plus Providers</u>
Employee Only	\$39.96	\$55.70	\$71.14
Employee + Spouse	\$68.45	\$96.90	\$124.87
Employee + Child(ren)	\$62.76	\$88.66	\$114.12
Employee + Family	\$79.85	\$113.37	\$146.36

Employee rates shown are after Lush's contribution.

Continental US and Puerto Rico Medical - Lush's Contribution Rates Per Pay Period			
	<u>Lavender HSA Plan</u>	<u>Rose HSA Plan</u>	<u>Neroli Plan</u>
Provider Network	<u>Find Cigna Choice Fund Open Access Plus Providers</u>	<u>Find Cigna Choice Fund Open Access Plus Providers</u>	<u>Find Cigna Open Access Plus Providers</u>
Employee Only	\$159.84	\$167.10	\$165.99
Employee + Spouse	\$273.81	\$290.68	\$291.36
Employee + Child(ren)	\$251.02	\$265.96	\$266.29
Employee + Family	\$319.40	\$340.11	\$341.51

Hawaii Medical Benefits – Rates Per Pay Period



Hawaii Medical Service Association (HMSA) HMO Plan – Rates Per Pay Period

	Employee Rate	Lush Contribution
Employee Only	\$49.97	\$199.90
Employee + One Dependent	\$98.93	\$395.71
Employee + Family	\$147.88	\$591.53

Employee rates shown are after Lush's contribution.

Kaiser Permanente HMO Plan – Rates Per Pay Period

Age	Employee Rate	Lush Contribution	Age	Employee Rate	Lush Contribution
14 and Under	\$24.22	\$96.88	40	\$40.46	\$161.85
15	\$26.37	\$105.50	41	\$41.22	\$164.89
16	\$27.20	\$108.79	42	\$41.95	\$167.80
17	\$28.02	\$112.08	43	\$42.96	\$171.86
18	\$28.91	\$115.62	44	\$44.23	\$176.92
19	\$29.79	\$119.17	45	\$45.72	\$182.87
20	\$30.71	\$122.84	46	\$47.49	\$189.97
21	\$31.66	\$126.64	47	\$49.49	\$197.94
22	\$31.66	\$126.64	48	\$51.77	\$207.06
23	\$31.66	\$126.64	49	\$54.01	\$216.06
24	\$31.66	\$126.64	50	\$56.55	\$226.19
25	\$31.79	\$127.15	51	\$59.05	\$236.19
26	\$32.42	\$129.68	52	\$61.80	\$247.21
27	\$33.18	\$132.72	53	\$64.59	\$258.35
28	\$34.42	\$137.66	54	\$67.60	\$270.38
29	\$35.43	\$141.72	55	\$70.60	\$282.42
30	\$35.94	\$143.74	56	\$73.87	\$295.46
31	\$36.70	\$146.78	57	\$77.16	\$308.63
32	\$37.46	\$149.82	58	\$80.67	\$322.69
33	\$37.93	\$151.72	59	\$82.41	\$329.66
34	\$38.44	\$153.74	60	\$85.93	\$343.71
35	\$38.69	\$154.76	61	\$88.97	\$355.87
36	\$38.94	\$155.77	62	\$90.96	\$363.85
37	\$39.20	\$156.78	63	\$93.46	\$373.85
38	\$39.45	\$157.80	64+	\$94.98	\$379.93
39	\$39.96	\$159.82			

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Health Savings Account – HSA Plans Only



Cigna Health Savings Account (HSA)	
Eligibility	If you enroll in the Lavender HSA plan or the Rose HSA plan, you may participate in the HSA to set aside pre-tax dollars to pay for qualified health expenses
Lush's 2019 Contribution	<p>Lavender HSA Plan \$1,000 for individuals (\$250 per quarter) \$1,500 for individuals with dependent coverage (\$375 per quarter)</p> <p>Rose HSA Plan No employer contribution</p>
2019 Pre-Tax Maximum Contribution Limits	<p>Lavender HSA Plan (after Lush's Contribution) \$2,500 for individuals (\$3,500 for individuals 55 years of age and older) \$5,500 for individuals with dependent coverage (\$6,500 for individuals 55 years of age and older with dependent coverage)</p> <p>Rose HSA Plan \$3,500 for individuals (\$4,500 for individuals 55 years of age and older) \$7,000 for individuals with dependent coverage (\$8,000 for individuals 55 years of age and older with dependent coverage)</p>
Example Eligible Expenses	Medical, Rx, dental, and vision expenses
Changes	You can increase, decrease, start, or stop contributions at any time
Rollover	Accounts are individually owned and balances left in your account carry over from year to year

Note: This is not a comprehensive list. For more information on how an HSA works, please click [here](#).
 For a list of qualified healthcare expenses, please click [here](#).

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Dental Benefits

Plan Network	Cigna Dental Core Plan Benefit Summary Cigna Support		Cigna Dental Buy-Up Plan Benefit Summary Cigna Support	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Find Total Cigna DPPO Providers		Find Total Cigna DPPO Providers	
Plan Year Maximum Benefit	\$1,250		\$2,000	
Plan Year Deductible - Individual	\$50		\$50	
Calendar Year Deductible - Family	\$150		\$150	
Diagnostic and Preventive Services	0% coinsurance, deductible does not apply		0% coinsurance, deductible does not apply	
Basic Restorative Services	20% coinsurance after deductible		20% coinsurance after deductible	
Major Restorative Services	50% coinsurance after deductible		50% coinsurance after deductible	
Orthodontic Services (Children)	Not Applicable		50% coinsurance, deductible does not apply	
Lifetime Orthodontia Maximum	Not Applicable		\$2,000	

Dental - Employee Rates Per Pay Period

	Core Plan	Buy-Up Plan
Employee Only	\$0.00	\$1.35
Employee + Spouse	\$0.00	\$4.56
Employee + Child(ren)	\$0.00	\$2.43
Employee + Family	\$0.00	\$3.25

Dental - Lush's Contribution Rates Per Pay Period

	Core Plan	Buy-Up Plan
Employee Only	\$12.68	\$12.68
Employee + Spouse	\$21.08	\$21.08
Employee + Child(ren)	\$20.88	\$20.88
Employee + Family	\$27.03	\$27.03



Vision Benefits

Benefit	Frequency	Cigna Vision Core Plan <u>Benefit Summary</u> <u>Cigna Support</u>		Cigna Vision Buy-Up Plan <u>Benefit Summary</u> <u>Cigna Support</u>	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Network		<u>Find Cigna Vision Providers</u>		<u>Find Cigna Vision Providers</u>	
Eye Exam	Once every 12 months	\$10 copay	Up to \$60	\$10 copay	Up to \$45
Materials (Frames/Spectacle Lenses or Contact Lenses)	Once every 12 months	Not covered	Not covered	\$10 copay	Not Applicable
Single Vision Eyeglass Lenses	Once every 12 months	Not covered	Not covered	Covered 100% after copay	Up to \$40
Lined Bifocal Eyeglass Lenses	Once every 12 months	Not covered	Not covered	Covered 100% after copay	Up to \$65
Lined Trifocal Eyeglass Lenses	Once every 12 months	Not covered	Not covered	Covered 100% after copay	Up to \$75
Progressive Eyeglass Lenses	Once every 12 months	Not covered	Not covered	Covered 100% after copay	Up to \$75
Lenticular Eyeglass Lenses	Once every 12 months	Not covered	Not covered	Covered 100% after copay	Up to \$100
Frames	Once every 24 months	Not covered	Not covered	Covered up to \$130	Up to \$78
Elective Contact Lenses	Once every 12 months	Not covered	Not covered	Covered up to \$130	Up to \$115
Medically Necessary Contact Lenses	Once every 12 months	Not covered	Not covered	Covered 100%	Up to \$250

Vision - Employee Rates Per Pay Period		
	Core Plan	Buy-Up Plan
Employee Only	\$0.00	\$2.27
Employee + Spouse	\$0.00	\$4.25
Employee + Child(ren)	\$0.00	\$3.85
Employee + Family	\$0.00	\$5.04

Vision - Lush's Contribution Rates Per Pay Period		
	Core Plan	Buy-Up Plan
Employee Only	\$1.59	\$1.59
Employee + Spouse	\$2.38	\$2.38
Employee + Child(ren)	\$2.22	\$2.22
Employee + Family	\$2.70	\$2.70



*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Basic Life and AD&D Insurance Benefits (100% Employer-Paid)



Unum Basic Life and Accidental Death & Dismemberment (AD&D) Benefit Benefit Summary

Life and AD&D Benefit	1x annual earnings rounded to the next \$1,000 increment
Life and AD&D Maximum Benefit	\$150,000
Guarantee Issue Amount	\$150,000
Life and AD&D Benefit Age Reduction	65% at age 70 50% at age 75
Additional Benefits	Accelerated Death Benefit Survivor Support Portability Life Planning Financial and Legal Resources

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Voluntary Life Insurance Benefits



Unum Voluntary Life Benefit Benefit Summary

	Employee	Spouse	Child(ren)
Life Benefit	Increments of \$10,000	Increments of \$5,000	Live birth to 6 months: \$1,000 6 months to 26 years: \$2,000 increments up to \$10,000 One policy covers all of your children until their 26th birthday
Life Benefit Maximum	\$500,000, not to exceed 5x earnings	\$500,000, not to exceed 100% of Employee amount	\$10,000
Life Guarantee Issue Amount	\$150,000	\$30,000	
Life Benefit Reduction	65% at age 70 50% at age 75	65% at age 70 50% at age 75	
Additional Benefits	Living Benefit Waiver of Premium Portability		
Evidence of Insurability (EOI) Information	If you have elected an amount of coverage over the guarantee issue, you will need to complete an Evidence of Insurability (EOI) to provide proof of good health. Your EOI will need to be approved by Unum before your full coverage amount becomes effective. League will follow-up with instructions on how to complete and submit an EOI to Unum.		

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Voluntary Life Benefits – Rates



Voluntary Life – Rates Per Pay Period

Age	Employee Voluntary Life Rate per \$1,000 of Coverage	Spouse Voluntary Life Rate per \$1,000 of Coverage
15 – 24	\$0.015	\$0.015
25 – 29	\$0.022	\$0.022
30 – 34	\$0.035	\$0.035
35 – 39	\$0.056	\$0.056
40 – 44	\$0.084	\$0.084
45 – 49	\$0.126	\$0.126
50 – 54	\$0.184	\$0.184
55 – 59	\$0.253	\$0.253
60 – 64	\$0.310	\$0.310
65 – 69	\$0.450	\$0.450
Benefit Age Reduction Starts at Age 70		
70 – 74	\$0.851	\$0.851
75 and above	\$2.626	\$2.625

Child Voluntary Life Rate Per Pay Period

\$0.030 per \$1,000 of coverage

Voluntary Life Benefits – Sample Calculations



Voluntary Life Example Calculation							
	Life Volume	Divided By	Benefit Unit	X	Unit Rate	=	Per pay Period Cost
Employee (Age 30)	\$100,000	Divided By	1,000	X	\$0.035	=	\$3.50
Spouse (Age 30)	\$20,000	Divided By	1,000	X	\$0.035	=	\$0.70
Child (Age 2)	\$4,000	Divided By	1,000	X	\$0.030	=	\$0.12
						Total	= \$4.32

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Basic Short- and Long-Term Disability Benefits (100% Employer-Paid)

Unum Short-Term Disability Benefits

Benefit Summary

Benefit	60% of weekly earnings
Maximum Weekly Benefit	\$1,000
Maximum Benefit Duration	12 Weeks
Elimination Period – Injury	7 days
Elimination Period – Sickness	7 days

Unum Long-Term Disability Benefits

Benefit Summary

Benefit	60% of monthly earnings
Maximum Monthly Benefit	\$12,000
Maximum Benefit Duration	Normal Social Security Retirement Age
Elimination Period	90 days 30 day accumulation feature
Pre-Existing Conditions	3 months look back; 12 months after exclusion



Voluntary Short- and Long-Term Disability Benefits

Unum Voluntary Short-Term Disability Benefits Benefit Summary

Coverage Amount	66.67% of salary
Maximum Weekly Benefit	\$2,000
Maximum Payment Period	12 Weeks
Elimination Period - Injury	7 days
Elimination Period - Sickness	7 days
Rate Per Pay Period	\$0.39 per \$10 of covered benefit

Unum Voluntary Long-Term Disability Benefits Benefit Summary

Coverage Amount	66.67% of salary
Maximum Monthly Benefit	\$12,000
Maximum Payment Period	Normal Social Security Retirement Age
Elimination Period	90 days
Pre-Existing Conditions	3 months look back, 12 months after limitation
Rate Per Pay Period	\$0.14 per \$100 of covered benefit

Voluntary Short-Term Disability Example Calculation

Salary	Divided By	Benefit Unit (Time)	X	Benefit Coverage Amount (Percentage)	=	Benefit Amount per Week	X	Benefit Unit Rate (\$0.39/\$10)	=	Divided By 2 (Bi-monthly Pay Period)	=	Per pay Period Cost
\$75,000	Divided By	52 weeks	X	0.6667	=	\$961.56	X	\$0.039	=	Divided By 2	=	\$18.75

Voluntary Long-Term Disability Example Calculation

Salary	Divided By	Benefit Unit (Time)	X	Benefit Coverage Amount (Percentage)	=	Benefit Amount per Month	X	Benefit Unit Rate (\$0.14/\$100)	=	Divided By 2 (Bi-monthly Pay Period)	=	Per pay Period Cost
\$75,000	Divided By	12 months	X	0.6667	=	\$4,166.88	X	\$0.0014	=	Divided By 2	=	\$2.92



*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Critical Illness Benefits

Unum Critical Illness Benefits Benefit Summary

<p>How does it work?</p>	<p>If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.</p> <p>This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. If you, and each person for whom coverage is selected, do not have essential health benefits or minimum essential coverage you are not eligible for this coverage.</p>
<p>Example Covered Critical Illnesses</p>	<p>Heart attack, stroke, major organ failure, end-stage kidney failure, invasive cancer, skin cancer, dementia, Parkinson's disease, benign brain tumor, coma, permanent paralysis</p>
<p>Employee Benefit</p>	<p>\$20,000 or \$30,000 of coverage for eligible employees in active employment in the US working at least 20 hours per week</p>
<p>Spouse Benefit</p>	<p>100% of Employee coverage amount for eligible Spouses (Employee must have coverage for Spouse to be eligible)</p>
<p>Child(ren) Benefit</p>	<p>Eligible Children from live birth to age 26 regardless of student or marital status are automatically covered at no extra cost, 100% of Employee Coverage Amount for all the same illnesses plus cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, and spina bifida (diagnosis must occur after child's coverage effective date)</p>
<p>Be Well Benefit</p>	<p>\$50 benefit per insured per calendar year</p> <p>Be Well Screenings can include: cholesterol and diabetes screenings, cancer screenings, cardiovascular function screenings, imaging studies, annual examinations by a physician, immunizations</p>
<p>Important Information</p>	<p><u>Exclusions, Limitations, and Termination</u></p> <p>If you are eligible for Medicare (65+ or disabled) this notice may apply: <u>Important Notice to Persons on Medicare</u></p> <p>If you are eligible for Medicare (65+ or disabled) this guide may be useful to you: <u>Guide to Health Insurance for People with Medicare</u></p>
<p>Additional Information</p>	<p><u>Critical Illness Benefit Video</u></p>



*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Critical Illness Benefits – Rates

Critical Illness - Rates per Pay Period Employee Coverage: \$20,000 Spouse Coverage: \$20,000 Be Well Benefit: \$50		
Age	Employee	Spouse
<25	\$2.82	\$2.82
25 – 29	\$3.72	\$3.72
30 – 34	\$4.82	\$4.82
35 – 39	\$6.62	\$6.62
40 – 44	\$8.72	\$8.72
45 – 49	\$11.52	\$11.52
50 – 54	\$13.92	\$13.92
55 – 59	\$18.72	\$18.72
60 – 64	\$25.72	\$25.72
65 – 69	\$36.12	\$36.12
70 – 74	\$55.22	\$55.22
75 – 79	\$79.52	\$79.52
80 – 84	\$109.32	\$109.32
85 and above	\$161.82	\$161.82

Critical Illness - Rates per Pay Period Employee Coverage: \$30,000 Spouse Coverage: \$30,000 Be Well Benefit: \$50		
Age	Employee	Spouse
<25	\$3.77	\$3.77
25 – 29	\$5.12	\$5.12
30 – 34	\$6.77	\$6.77
35 – 39	\$9.47	\$9.47
40 – 44	\$12.62	\$12.62
45 – 49	\$16.82	\$16.82
50 – 54	\$20.42	\$20.42
55 – 59	\$27.62	\$27.62
60 – 64	\$38.12	\$38.12
65 – 69	\$53.72	\$53.72
70 – 74	\$82.37	\$82.37
75 – 79	\$118.82	\$118.82
80 – 84	\$163.52	\$163.52
85 and above	\$242.27	\$242.27



*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Accident Benefits

Unum Accident Benefits Benefit Summary

How does it work?	Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It includes a range of incidents, from common injuries to more serious events and can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles.
Who is eligible?	Employees legally authorized to work in the US and actively working at a US location, Spouses residing in the US ages 17 and up, and Dependent Children residing in the US age birth to their 26th birthday, regardless of marital or student status.
Accident Coverage Type	On and Off Job
Example Accident Coverage Benefits	Fractures, dislocations, burns, concussions, coma, ruptured disc, knee cartilage, laceration, tendon/ligament/rotator cuff, emergency dental work, eye injury, ambulance, accident emergency room treatment, hospital admission, epidural pain management, prosthetic device/artificial limb
Wellness Benefit	\$50 benefit per insured per calendar year Health Screenings can include: blood tests, chest x-rays, stress tests, colonoscopies, mammograms
Important Information	<u>Exclusions, Limitations, and Terminations</u> If you are eligible for Medicare (65+ or disabled) this notice may apply: <u>Important Notice to Persons on Medicare</u> If you are eligible for Medicare (65+ or disabled) this guide may be useful to you: <u>Guide to Health Insurance for People with Medicare</u> If you are replacing Unum individual coverage with this coverage you should access this document to help you with your decision: <u>Notice Regarding Policy Transfer</u>
Additional Information	<u>Accident Benefit Video</u>

Accident Rates Per Pay Period

Employee Only	\$8.07
Employee + Spouse	\$13.33
Employee + Child(ren)	\$14.51
Employee + Family	\$19.78



*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Commuter Reimbursement Account



Discovery Benefits Commuter Reimbursement Account (CRA)

Eligibility	Any benefit-eligible employees may set aside pre-tax dollars to pay for qualified parking and transit expenses
Example Eligible Expenses	Transit: bus, train, subway, vanpooling Parking: monthly or daily parking fees, metered parking, Park n' ride lots
2019 Pre-Tax Maximum Contribution Limits	\$265 per month in transit expenses \$265 per month for parking expenses
Changes	You can increase, decrease, start or stop contributions at any time
Rollover	Unused funds will automatically roll over into your account for another plan year as long as you remain an employee of Lush.

Note: This is not a comprehensive list. For more information on how a CRA works and a list of qualified parking and transit expense, please click [here](#).

Employee Assistance Program Benefits (100% Employer-Paid)



Unum Employee Assistance Program (EAP)

Benefit Summary

Program Benefits	<p>Your EAP is designed to help you lead a happier and more productive life at home and at work.</p> <p>Online/multi-lingual phone support: Unlimited, confidential, 24/7 at 800-854-1446</p> <p>In-person: Up to 3 visits available at no additional cost with a Licensed Professional Counselor.</p>
Eligibility	<p>Available to all full-time and part-time employees, their spouses or domestic partners, dependent children, parents, and parents-in-law.</p>
Licensed Professional Counselors	<p>A Licensed Professional Counselor can help you with: stress, depression, anxiety, relationship issues, divorce, job stress, work conflicts, family and parenting problems, anger, grief, and loss.</p> <p>Up to 3 visits available at no additional cost with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.</p>
Work/Life Balance Services	<p>A Work/Life Specialist can help with balancing work and life issues. They can answer your questions and help you find resources in your community. Topics include: child care, elder care, legal questions, identity theft, financial services, debt management, credit report issues, and reducing your medical/dental bills.</p>
Convenient Website	<p>Monthly webinars and Medical Bill Saver™ which helps you save on medical bills</p> <p>www.unum.com/lifebalance</p>

Life Planning Financial & Legal Resources (100% Employer-Paid)



Unum Life Planning Financial & Legal Resources Benefit Summary

<p>Program Benefits</p>	<p>When a loved one is terminally ill, or passes away, you may need help with the personal, financial, and legal decisions that need to be made. Support is available to help you navigate questions around paperwork, outstanding bills, the will, probate filing, managing retirement accounts, and investing insurance money.</p>
<p>Eligibility</p>	<p>Available to all eligible full-time employees, their spouses or domestic partners, and beneficiaries.</p>
<p>Life Planning Consultants</p>	<p>When a life claim is submitted and approved, a specially-trained consultant will reach out to the employee or beneficiary to provide support. Each consultant holds a Master's degree in the mental health field, and is highly skilled at assisting those who need help dealing with the emotional challenges of a terminal illness or the loss of a loved one.</p> <p>Life Planning consultants are also able to provide financial and legal support regarding estate settlement, Social Security, cash flow, taxes and investment planning. They can help you develop a customized financial plan to preserve your quality of life, protect resources and build future security.</p> <p>These consultants are available to assist you in your time of need, and their services are designed to coordinate with the efforts of a family attorney, accountant, or broker. Their services are strictly confidential, and they do not work on commission and will not try to sell any product or service.</p>
<p>On-Demand Assistance</p>	<p>Whenever you need support, a Master's level consultant can be reached by phone 24 hours a day, 365 days of the year. In addition to consultation services, Life Planning Financial & Legal Resources provides access to helpful articles, podcasts, and tools available on the Life Planning website.</p>

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Worldwide Emergency Travel Assistance (100% Employer-Paid)



Unum Worldwide Emergency Travel Assistance Benefit Summary

Program Benefits	Unum's travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world. Use your travel assistance phone number to access hospital admission assistance, emergency medical evacuation, prescription replacement assistance, transportation for a friend or family member to join a hospitalized patient, care and transport of unattended minor children, assistance with the return of a vehicle, emergency message services, critical care monitoring, emergency trauma counseling, legal and interpreter referrals, passport replacement assistance.
Eligibility	Available to all eligible employees, their spouses or domestic partners, and dependent children. Spouses and children traveling on business for their employers are not eligible to access these services during those trips.
Assist America Mobile App	With the Assist America Mobile App you can call Assist America's Operation Center from anywhere in the world with the touch of a button, access pre-trip information and country guides, search for local pharmacies (U.S. only), download a membership card, view a list of services, search for the nearest U.S. embassy, read Assist Alerts. Download and activate the app today from the Apple App Store or Goggle Play Store (reference # 01-AA-UN-762490).
Contact	Within the US: 800-872-1414 Outside the US: (US access code) + 609-986-1234 Email: medservices@assistamerica.com Reference number: 01-AA-UN-762490

Your League Experience



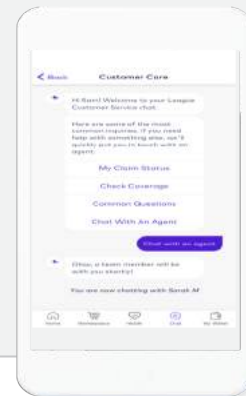
Home

Welcome to your League home! Easily navigate through the App via the bottom banner.

Customer Care

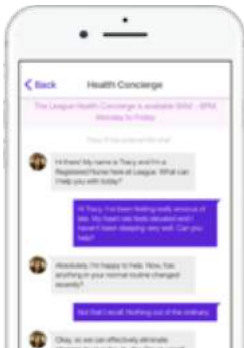
Email and chat with us! You can get help by **clicking on Chat**. Chat with a team member from League directly from **4am - 9pm ET Mon-Fri / 9am - 6pm ET Sat-Sun. or**

Send an email to help@league.com



Health Concierge

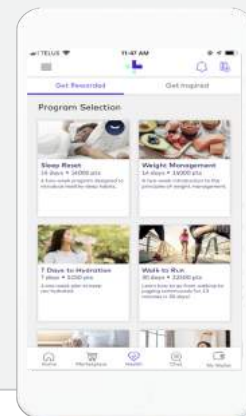
Speak with a health professional about making informed health decisions, ask for assistance in understanding the health programs already offered through your benefits, and be educated about daily lifestyle & wellness tips to live your best life.

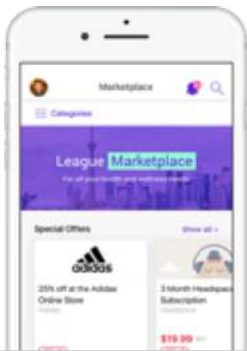


Health Rewards

Gain access to inspirational content related to your health and wellness.

Get rewarded for completing programs – receive points to spend within the app as part of our Health Rewards program.





Marketplace

Browse the marketplace for products, services, deals – and Health@Work at your office. Book appointments and pay for products. Access our health, mental and nutrition services.

Wallet

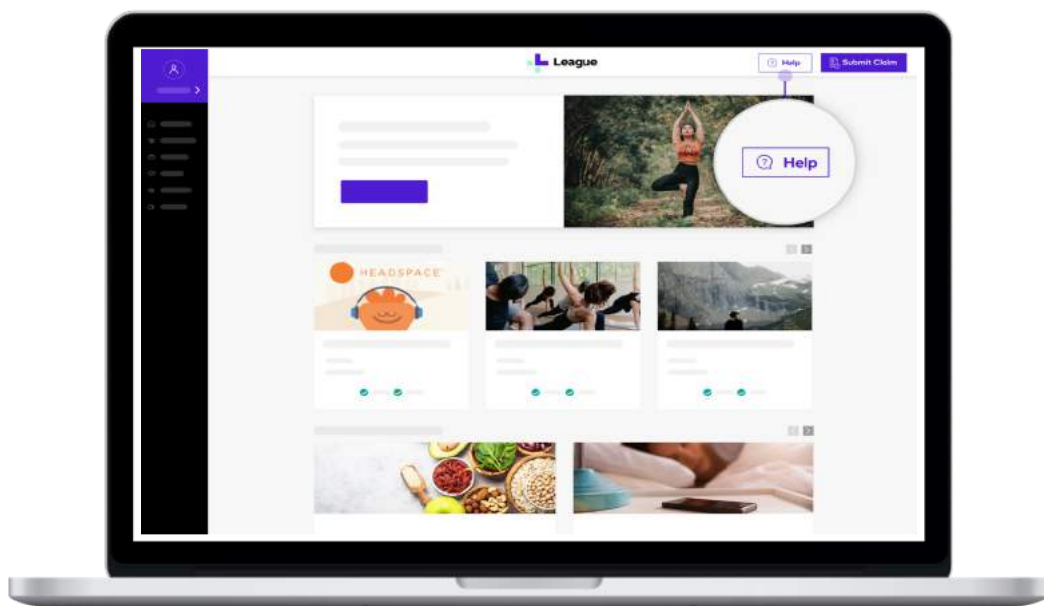
Access your benefits cards, get directed to submit claims and download more detailed booklets. You can also view eligible dependents.



Web Access

Prefer using the web versus mobile app? You can navigate your League account online at www.league.com using your login credentials.

You can find the Help button, browse for providers, and submit claims!



Contacts

Benefit	Contact	Call/Chat	Visit/Email	Plan/Group ID
Medical/Rx	Cigna	1-800-244-6224	www.mycigna.com	3342686
Medical/Rx (Hawaii)	HMSA	Oahu: 1-808-948-6372 US Mainland: 1-800-776-4672	www.hmsa.com	97197001
Medical/Rx (Hawaii)	Kaiser Permanente	Oahu: 1-808-432-5955 Other Islands: 1-800-966-5955	www.kp.org	7010-10-12
Dental	Cigna	1-800-244-6224	www.mycigna.com	3342686
Vision	Cigna	1-800-244-6224	www.mycigna.com	3342686
Basic Life/AD&D	Unum	1-866-679-3054	www.unum.com/employees/contact-us	409768
Voluntary Life	Unum	1-866-679-3054	www.unum.com/employees/contact-us	409768
Short-Term Disability	Unum	1-866-679-3054	www.unum.com/employees/contact-us	409768
Long-Term Disability	Unum	1-866-679-3054	www.unum.com/employees/contact-us	409768
Critical Illness	Unum	1-866-679-3054	www.unum.com/employees/contact-us	409768
Accident	Unum	1-866-679-3054	www.unum.com/employees/contact-us	409768
Health Savings Account	Cigna	1-800-244-6224	https://mycigna.hsabank.com	N/A
Commuter Reimbursement Account	Discovery Benefits	1-866-451-3399	https://dbi.navigatorsuite.com/	N/A
Employee Assistance Program	Unum	1-800-854-1446	www.unum.com/lifebalance	N/A
Life Planning Financial & Legal Resources	Unum	1-800-854-1446	embers.healthadvocate.com	N/A
Worldwide Emergency Travel Assistance	Unum	1-800-872-1414 (in US) (US access code) + 609-986-1234	https://www.assistamerica.com/Member-Login.aspx	01-AA-UN-762490





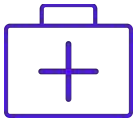
Lush Part-Time Employee Benefits Guide

2019 - 2020

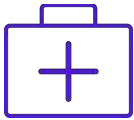
Benefit Offerings



Voluntary Life Benefits



Critical Illness Benefits



Accident Benefits



Employee Assistance Program
100% Employer-Paid



Lifestyle Spending Account (LSA)
\$100 Annual Employer Contribution

Voluntary Life Insurance Benefits



Unum Voluntary Life Benefit Benefit Summary

	Employee	Spouse	Child(ren)
Life Benefit	Increments of \$10,000	Increments of \$5,000	Live birth to 6 months: \$1,000 6 months to 26 years: \$2,000 increments up to \$10,000 One policy covers all of your children until their 26th birthday
Life Benefit Maximum	\$500,000, not to exceed 5x earnings	\$500,000, not to exceed 100% of Employee amount	\$10,000
Life Guarantee Issue Amount	\$150,000	\$30,000	
Life Benefit Reduction	65% at age 70 50% at age 75	65% at age 70 50% at age 75	
Additional Benefits	Living Benefit Waiver of Premium Portability		
Evidence of Insurability (EOI) Information	If you have elected an amount of coverage over the guarantee issue, you will need to complete an Evidence of Insurability (EOI) to provide proof of good health. Your EOI will need to be approved by Unum before your full coverage amount becomes effective. League will follow-up with instructions on how to complete and submit an EOI to Unum.		

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Voluntary Life Benefits – Rates



Voluntary Life – Rates Per Pay Period

Age	Employee Voluntary Life Rate per \$1,000 of Coverage	Spouse Voluntary Life Rate per \$1,000 of Coverage
15 – 24	\$0.015	\$0.015
25 – 29	\$0.022	\$0.022
30 – 34	\$0.035	\$0.035
35 – 39	\$0.056	\$0.056
40 – 44	\$0.084	\$0.084
45 – 49	\$0.126	\$0.126
50 – 54	\$0.184	\$0.184
55 – 59	\$0.253	\$0.253
60 – 64	\$0.310	\$0.310
65 – 69	\$0.450	\$0.450
Benefit Age Reduction Starts at Age 70		
70 – 74	\$0.851	\$0.851
75 and above	\$2.626	\$2.625

Child Voluntary Life Rate Per Pay Period

\$0.030 per \$1,000 of coverage

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Voluntary Life Benefits – Sample Calculations



Voluntary Life Example Calculation							
	Life Volume	Divided By	Benefit Unit	X	Unit Rate	=	Per pay Period Cost
Employee (Age 30)	\$100,000	Divided By	1,000	X	\$0.035	=	\$3.50
Spouse (Age 30)	\$20,000	Divided By	1,000	X	\$0.035	=	\$0.70
Child (Age 2)	\$4,000	Divided By	1,000	X	\$0.030	=	\$0.12
Total						=	\$4.32

Critical Illness Benefits

Unum Critical Illness Benefits Benefit Summary

How does it work?	<p>If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.</p> <p>This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. If you, and each person for whom coverage is selected, do not have essential health benefits or minimum essential coverage you are not eligible for this coverage.</p>
Example Covered Critical Illnesses	<p>Heart attack, stroke, major organ failure, end-stage kidney failure, invasive cancer, skin cancer, dementia, Parkinson's disease, benign brain tumor, coma, permanent paralysis</p>
Employee Benefit	<p>\$20,000 or \$30,000 of coverage for eligible employees in active employment in the US working at least 20 hours per week</p>
Spouse Benefit	<p>100% of Employee coverage amount for eligible Spouses (Employee must have coverage for Spouse to be eligible)</p>
Child(ren) Benefit	<p>Eligible Children from live birth to age 26 regardless of student or marital status are automatically covered at no extra cost, 100% of Employee Coverage Amount for all the same illnesses plus cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, and spina bifida (diagnosis must occur after child's coverage effective date)</p>
Be Well Benefit	<p>\$50 benefit per insured per calendar year</p> <p>Be Well Screenings can include: cholesterol and diabetes screenings, cancer screenings, cardiovascular function screenings, imaging studies, annual examinations by a physician, immunizations</p>
Important Information	<p><u>Exclusions, Limitations, and Termination</u></p> <p>If you are eligible for Medicare (65+ or disabled) this notice may apply: <u>Important Notice to Persons on Medicare</u></p> <p>If you are eligible for Medicare (65+ or disabled) this guide may be useful to you: <u>Guide to Health Insurance for People with Medicare</u></p>
Additional Information	<p><u>Critical Illness Benefit Video</u></p>



*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Critical Illness Benefits – Rates

Critical Illness - Rates per Pay Period Employee Coverage: \$20,000 Spouse Coverage: \$20,000 Be Well Benefit: \$50		
Age	Employee	Spouse
<25	\$2.82	\$2.82
25 – 29	\$3.72	\$3.72
30 – 34	\$4.82	\$4.82
35 – 39	\$6.62	\$6.62
40 – 44	\$8.72	\$8.72
45 – 49	\$11.52	\$11.52
50 – 54	\$13.92	\$13.92
55 – 59	\$18.72	\$18.72
60 – 64	\$25.72	\$25.72
65 – 69	\$36.12	\$36.12
70 – 74	\$55.22	\$55.22
75 – 79	\$79.52	\$79.52
80 – 84	\$109.32	\$109.32
85 and above	\$161.82	\$161.82

Critical Illness - Rates per Pay Period Employee Coverage: \$30,000 Spouse Coverage: \$30,000 Be Well Benefit: \$50		
Age	Employee	Spouse
<25	\$3.77	\$3.77
25 – 29	\$5.12	\$5.12
30 – 34	\$6.77	\$6.77
35 – 39	\$9.47	\$9.47
40 – 44	\$12.62	\$12.62
45 – 49	\$16.82	\$16.82
50 – 54	\$20.42	\$20.42
55 – 59	\$27.62	\$27.62
60 – 64	\$38.12	\$38.12
65 – 69	\$53.72	\$53.72
70 – 74	\$82.37	\$82.37
75 – 79	\$118.82	\$118.82
80 – 84	\$163.52	\$163.52
85 and above	\$242.27	\$242.27



*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Accident Benefits

Unum Accident Benefits Benefit Summary

How does it work?	Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It includes a range of incidents, from common injuries to more serious events and can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles.
Who is eligible?	Employees legally authorized to work in the US and actively working at a US location, Spouses residing in the US ages 17 and up, and Dependent Children residing in the US age birth to their 26th birthday, regardless of marital or student status.
Accident Coverage Type	On and Off Job
Example Accident Coverage Benefits	Fractures, dislocations, burns, concussions, coma, ruptured disc, knee cartilage, laceration, tendon/ligament/rotator cuff, emergency dental work, eye injury, ambulance, accident emergency room treatment, hospital admission, epidural pain management, prosthetic device/artificial limb
Wellness Benefit	\$50 benefit per insured per calendar year Health Screenings can include: blood tests, chest x-rays, stress tests, colonoscopies, mammograms
Important Information	<u>Exclusions, Limitations, and Terminations</u> If you are eligible for Medicare (65+ or disabled) this notice may apply: <u>Important Notice to Persons on Medicare</u> If you are eligible for Medicare (65+ or disabled) this guide may be useful to you: <u>Guide to Health Insurance for People with Medicare</u> If you are replacing Unum individual coverage with this coverage you should access this document to help you with your decision: <u>Notice Regarding Policy Transfer</u>
Additional Information	<u>Accident Benefit Video</u>

Accident Rates Per Pay Period	
Employee Only	\$8.07
Employee + Spouse	\$13.33
Employee + Child(ren)	\$14.51
Employee + Family	\$19.78



*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Employee Assistance Program Benefits (100% Employer-Paid)



Unum Employee Assistance Program (EAP)

Benefit Summary

Program Benefits	<p>Your EAP is designed to help you lead a happier and more productive life at home and at work.</p> <p>Online/multi-lingual phone support: Unlimited, confidential, 24/7 at 800-854-1446</p> <p>In-person: Up to 3 visits available at no additional cost with a Licensed Professional Counselor.</p>
Eligibility	<p>Available to all full-time and part-time eligible employees, their spouses or domestic partners, dependent children, parents, and parents-in-law.</p>
Licensed Professional Counselors	<p>A Licensed Professional Counselor can help you with: stress, depression, anxiety, relationship issues, divorce, job stress, work conflicts, family and parenting problems, anger, grief, and loss.</p> <p>Up to 3 visits available at no additional cost with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.</p>
Work/Life Balance Services	<p>A Work/Life Specialist can help with balancing work and life issues. They can answer your questions and help you find resources in your community. Topics include: child care, elder care, legal questions, identity theft, financial services, debt management, credit report issues, and reducing your medical/dental bills</p>
Convenient Website	<p>Monthly webinars and Medical Bill Saver™ which helps you save on medical bills</p> <p>www.unum.com/lifebalance</p>

Lifestyle Spending Account



Lifestyle Spending Account (LSA)

An account that allows you to take a proactive approach to your health with products and services designed to help you live a healthier life.

Lush will contribute **\$100 (taxable) per year** into your LSA.

For a PDF of LSA Eligible Categories, click [here](#)

Examples of What's Covered Under Your LSA

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• Art Therapy• Beauty & Body• Bikes, Parts, & Repairs• Children's Activities• Citizenship & Visas• Continuing Education• Dog Walker• Ergonomic Devices• Gym Memberships• Health Coaching | <ul style="list-style-type: none">• Holistic Healing• Life Coaching• Marriage & Family Therapy• Massage Therapy• Meditation & Mindfulness• Mental Health• National Park Fees• Nutrition Programs• OTC Medications• Parking Fees | <ul style="list-style-type: none">• Personal Training• Pilates• Pregnancy Care• Professional Development• Spa Services• Tai Chi• Transit Fees• Travel Fees for Leisure• Vitamins & Supplements• Yoga |
|---|--|---|

Your League Experience



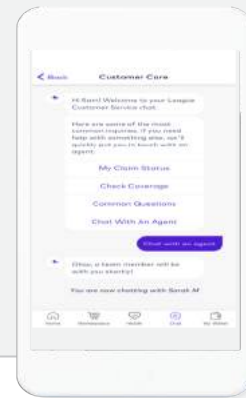
Home

Welcome to your League home! Easily navigate through the App via the bottom banner.

Customer Care

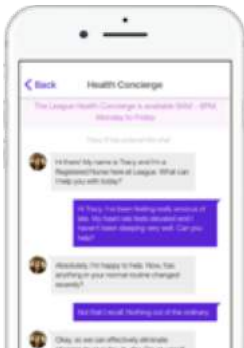
Email and chat with us! You can get help by **clicking on Chat**. Chat with a team member from League directly from **4am - 9pm ET Mon-Fri / 9am - 6pm ET Sat-Sun. or**

Send an email to help@league.com



Health Concierge

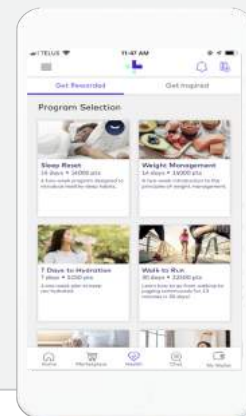
Speak with a health professional about making informed health decisions, ask for assistance in understanding the health programs already offered through your benefits, and be educated about daily lifestyle & wellness tips to live your best life.

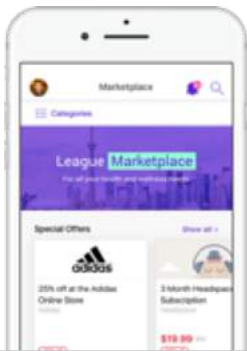


Health Rewards

Gain access to inspirational content related to your health and wellness.

Get rewarded for completing programs – receive points to spend within the app as part of our Health Rewards program.





Marketplace

Browse the marketplace for products, services, deals – and Health@Work at your office. Book appointments and pay for products. Access our health, mental and nutrition services.

Wallet

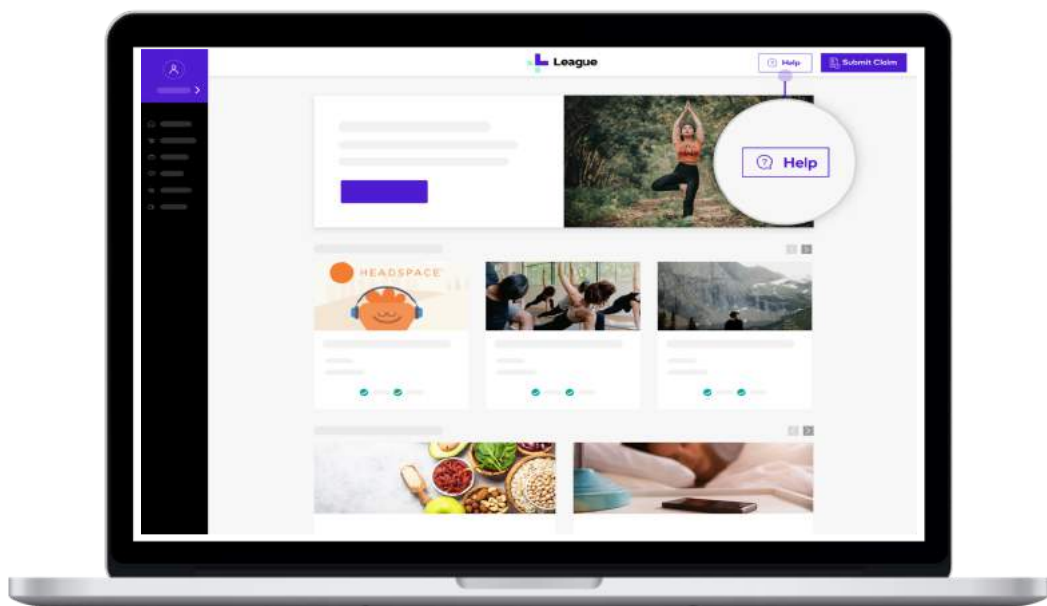
Access your benefits cards, get directed to submit claims and download more detailed booklets. You can also view eligible dependents.



Web Access

Prefer using the web versus mobile app? You can navigate your League account online at www.league.com using your login credentials.

You can find the Help button, browse for providers, and submit claims!



Contacts

Benefit	Contact	Call/Chat	Visit/Email	Plan/Group ID
Voluntary Life	Unum	1-866-679-3054	www.unum.com/employees/contact-us	409768
Critical Illness	Unum	1-866-679-3054	www.unum.com/employees/contact-us	409768
Accident	Unum	1-866-679-3054	www.unum.com/employees/contact-us	409768
Employee Assistance Program	Unum	1-800-854-1446	www.unum.com/lifebalance	N/A
Lifestyle Spending Account	League	League Chat	help@league.com	N/A

Note: This statement is intended to summarize the benefits you receive from Lush. The actual determination of your benefits is solely based on the plan document provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact Lush.

