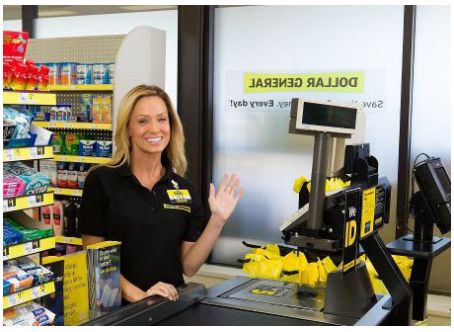
Enrollment Guide

Limited Medical Coverage
For Employees of

DOLLAR GENERAL®



Limited Medical Plan Options and Enrollment Information

Overview

Dollar General is pleased to offer you a Limited Medical insurance plan that will help pay the cost of certain health care expenses at a fixed benefit amount for a specified number of days. The plan is paired with a Short Term Disability policy that can provide income to you if you are unable to work due to a disabling illness or injury. These plans are offered guaranteed issue with optional dependent coverage.

Limited Medical and Short Term Disability Insurance:

- Hospital, Surgery and Emergency Room benefits
- Office visit, Diagnostic and Prescription Drug benefits
- $100/week Disability benefit (Plus Plan only)

Along with…

- Nationwide FirstHealth PPO network access
- 24/7 Teladoc telemedicine service (Plus Plan only)
- Discount benefits

	Total Weekly Deduction*		Total Semi-Monthly Deduction*	
	Low Plan	Plus Plan	Low Plan	Plus Plan
Employee	$9.46	$18.30	$20.50	$39.65
EE + Spouse	$17.08	$32.03	$37.00	$69.40
EE+ Child(ren)	$13.27	$25.34	$28.75	$54.91
Family	$21.32	$39.18	$46.20	$84.89

** For Low and Plus Plans: Total Weekly and Semi-Monthly Deduction includes fees for non-insurance products, for PPO network access, and premiums for the Beazley Group Limited Indemnity products. For Plus Plan only: Total Weekly and Semi-Monthly Deduction also includes fees for Teladoc Telemedicine, and premiums for the Beazley Short Term Disability insurance products.*

Limited Medical

underwritten by Beazley Insurance Company, Inc.

This plan pays a fixed benefit amount for the specific health care services shown below up to a maximum number of days per year when expenses are incurred due to sickness or injury. Note: This plan is NOT major medical insurance.

Hospital Benefits		
	Low Plan	Plus Plan
Hospital Confinement Benefit: For treatment in a hospital due to sickness or injury for 23 or more continuous hours (i.e., not less than a day)	$100 per insured, per day 10 days per insured, per year	$200 per insured, per day 365 days per insured, per year
Hospital Admission Benefit: Lump sum benefit for a hospital admission, due to sickness or injury	$1,000 per insured, per day 1 admission per insured, per year	$1,000 per insured, per day 1 admission per insured, per year

Surgery Benefits		
Inpatient Surgery Benefit: For inpatient surgery in a hospital due to sickness or injury	N/A	$500 per insured, per day 1 day per insured, per year
Outpatient Major Surgery Benefit: For outpatient surgery in a hospital or freestanding surgery center, due to sickness or injury	$200 per insured, per day 1 day per insured, per year	$400 per insured, per day 1 day per insured, per year
Outpatient Minor Surgery Benefit: For outpatient surgery in a hospital or freestanding surgery center, due to sickness or injury	$50 per insured, per day 1 day per insured, per year	$100 per insured, per day 1 day per insured, per year
Anesthesia Benefit: For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist	$150 per insured, per day 1 day per insured, per year	$300 per insured, per day 1 day per insured, per year

Emergency Room Benefits		
Emergency Room Accident Benefit: For treatment in an ER due to injury (Treatment must occur within 72 hoursof the accident)	$100 per insured, per day 2 days per insured, per year	$150 per insured, per day 2 days per insured, per year

Plan Designs Continued on Next Page

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Office Visit Benefits		
	Low Plan	Plus Plan
Physician Office/Urgent Care Facility Benefit: For services rendered by a physician at physician's office or urgent care facility	$50 per insured, per day 6 days per insured, per year	$80 per insured, per day 8 days per insured, per year

Diagnostic Benefits		
Outpatient Diagnostic Lab Benefit: For lab test, ordered by a physician	$25 per insured, per day 3 days per insured, per year	$35 per insured, per day 3 days per insured, per year
Outpatient X-Ray Benefit For X-ray, ordered by a physician	$50 per insured, per day 1 day per insured, per year	$75 per insured, per day 2 days per insured, per year
Outpatient Major Diagnostic Testing Benefit: For major diagnostic testing, ordered by a physician	$200 per insured, per day 1 day per insured, per year	$250 per insured, per day 2 days per insured, per year

Prescription Drug Benefits		
Prescription Drug Benefit For a prescription drug, ordered by a pharmacy	Discount Card Only	$20 per insured, per day 12 days per insured, per year

Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia. The Beazley Group Limited Indemnity policy is offered under form number AHGLIMM001 102016 Ed. Coverage is not available in all states. Benefits may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. This policy is renewable at the option of Beazley. Pre-existing condition limitations may apply. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of a third party administrator.

Short Term Disability

underwritten by Beazley Insurance Company, Inc.

Plus Plan Only

The Beazley Short Term Disability plan provides a fixed weekly benefit for a specified period of time in the event you are unable to work due to a disabling illness or injury. You may use the benefit to help replace your income or pay your expenses. The Short Term Disability plan is offered guaranteed issue.
Note: Short Term Disability is NOT health insurance; it does not replace medical coverage.

Schedule of Benefits		
Maximum Disability Benefit	A benefit amount for which the Insured is eligible and for which premium has been paid	**$100 per week**
Maximum Benefit Period	A period of time during which you are eligible to receive disability benefits under the policy	**26 weeks**
Accident/Sickness Elimination Period	The period of time which starts after the Insured's Effective Date of coverage, during which the Insured is Totally Disabled and no Disability Benefits are payable	**14/14 days**
Pre-Existing Condition Period	Any sickness, disease or physical condition for which the insured has had treatment, incurred expense, took medication or received a diagnosis or medical advice from a Physician during the Pre-Existing Condition period, immediately before the Effective Date of coverage	**12 months**
Recurrent Disability Period	The period during which the insurance company will waive the elimination period if you become disabled again from the same or a related cause after your return to work.	**3 months**

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Telemedicine & Discount Benefits*

- **Teladoc Telemedicine (Plus Plan Only):** A national network of board certified physicians providing telephonic cross coverage consultations 24/7 when your primary care physician is not available. Consulting physicians use electronic health records (EHRs) to diagnose routine medical problems, and recommend treatment, and when appropriate, they may prescribe short-term medications to treat common or acute conditions. Members simply make a phone call and in most cases, speak to a physician in about 30 minutes (3 hours guaranteed).

- **Counseling Services** providing round-the-clock, free telephone counseling. These licensed professionals assess, advise and recommend options to help members and their families deal with problems of any size.

- **Personal Health Advocates** help members navigate through insurance and healthcare systems. Advocates can also locate doctors, specialists, hospitals, dentists and pharmacies. Advocates can research treatments, resolve claims and provide medical explanations so you can make more informed decisions.

- **VIP Health and Wellness** is the one-stop shop for thousands of top brand vitamins, supplements, low-carb merchandise and personal care products. Through the VIP Wellness program, members save an additional 10% on over 12,000 name brand vitamins and nutritional supplements, sale prices included.

- **VIP Diabetic Product Packages** let you save dramatically over the retail price of their diabetic supplies. Product Packages include a premier Glucose Meter, control solution, test strips, lancets and lancing device. Supplies are shipped regularly at no additional cost.

- Through an exclusive partnership with **DirectLabs**, members will receive discounts off of usual charges for blood tests and all other
lab testing. The network provides affordable laboratory testing, which leads to appropriate diagnosis and effective treatment.

- Through an exclusive partnership with One Call Medical (OCM), **Galaxy Health Network** (GHN) can offer discounts to members for advanced diagnostic imaging procedures such as Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans. OCM was the first company in the nation to develop a business devoted exclusively to managing advanced radiology (MRI and CT) costs.

- **Coast to Coast Vision™** has contracted with over 12,000 locations nationwide to give members 20%to 60% discounts on frames, lenses and specialty items at participating retail locations. Members can also save 10% to 20% on non-disposable contacts at participating retail locations. Members can also receive 10% to 30% off ophthalmological services including eye exams and surgical procedures, such as the popular LASIK procedure, at many participating locations.

- Members receive a 35% discount off hearing aid prices at more than 3,000 **Connect Hearing Centers**' full-service locations.

Complete descriptions of these services and how to access them are included in member fulfillment kits upon enrollment. Benefits not available in VT, WA, KS & UT.

**These benefits are NOT insurance, not intended to replace insurance, and do not meet the minimum creditable coverage requirements under the Affordable Care Act.*

PPO Network

First Health

To check if your provider is in the network, go to firsthealthlbp.com or speak to a representative at 800-226-5116, Monday – Friday, 7am – 7pm CST.

Frequently Asked Questions

Who is Eligible to Participate?
You are eligible to enroll if you are actively at work and between the ages of 18 and 64.

You may also enroll these eligible dependents:
• Your spouse as defined by the laws of the state where you live;
• Your children who are unmarried and younger than age 26;
• Your dependent child who is age 26 or older and is incapable of self-sustaining employment due to intellectual or physical disability and is dependent on you for support

Can I Sign Up For Insurance At Any Time?
No. If you do not sign up for insurance during Annual Enrollment or within the first 45 days of becoming eligible, you will not be able to enroll until the next open enrollment period unless you experience a qualifying event.

When Will My Insurance Begin?
Coverage for employees who enroll during Annual Enrollment will start on January 1. New hire coverage will begin the first day of the next month following enrollment.

When can I expect to receive the Member Kit?
The member kit will typically be mailed to you approximately 7-10 business days from the receipt of your enrollment information. Please allow three weeks for this kit to arrive in your mailbox.

How Are Premium Payments Made?
Premiums will be taken through payroll deduction. If you miss a payroll deduction as a result of absence or reduced hours, you may make a payment directly to the carrier to keep your insurance in force. Otherwise, when you have missed a total of 5 (five) deductions, your insurance will be terminated effective the end of the last coverage period for which premium has been paid, and you cannot re-enroll until the next open enrollment period unless you experience a qualifying event.

Can I Cancel My Insurance At Any Time?
Yes. However, you will not be able to re-enroll until the next annual enrollment period, unless you have a qualifying event.

Who do I contact with questions about filing a Limited Medical or Disability claim?
You can reach our Customer Service team at 800-872-6518

What happens to my coverage while I am on Leave of Absence?
To continue your coverage during a period you are not actively at work, you must enroll in in COBRA continuation coverage. When your employer notifies the insurance company that you are no longer an active employee, or when you have missed your 5th weekly payroll deduction, you will receive a package in the mail that explains how you can continue your coverage through COBRA.

When Will My Insurance End?
Your insurance will end when you no longer meet eligibility requirements for the insurance or when you have missed a total of 5 (five) premium payments, whichever comes first. Dependent coverage will terminate either on the date they no longer meet the definition of a dependent (for example, the date of his/her 26th birthday) or, on the date your insurance terminates, whichever comes first.

How does Limited Medical Insurance work?
Your limited medical plan pays a set amount each time you incur expenses for a covered service, up to a maximum number of days per year. The same amount is paid regardless of the fees charged by the provider.

How do I file a Limited Medical claim?
At the time of service, present your ID card to your medical service provider to verify your eligibility and benefits. Your provider will use the information on the ID card to file the claim directly with the insurance company on your behalf. You and the provider will both receive an Explanation of Benefits, which details the charges, the amount paid by the insurance company and any amount still owed. If you do not choose to assign benefits to your provider, you may file a claim by submitting an itemized bill directly to the insurance company.

How do I file a Disability claim?
You can download a claim form from the Loomis member portal. You will need to work with your employer to complete this form, which includes include sections for you, your doctor and your employer to complete and sign. The completed claim form should be submitted using the instructions on the form.

Enrollment Eligibility

You are able to enroll in this plan during the following:

•Within the first 45 days of employment, with coverage effective the first day of the month following your enrollment.

•The 45 days following a qualifying event like marriage or loss of other coverage (60 days for birth), with coverage effective the date of the event. Proof of the event must be provided within 45 days (90 days for birth).

•During the next annual enrollment period, with coverage effective January 1.

Review the Summary Plan Description for complete details.