



# 2021 BENEFITS GUIDE

**Better Choices. Better Life.**

**Your enrollment is time sensitive.  
See inside for details.**

For Semi-Monthly Employees

**DG** benefits

# Welcome to Your Dollar General Benefits!

## Better Choices. Better Life.

You'll find everything you need in this Benefits Guide to learn, choose and enroll.

Review the Legal Notice posted on DGme for important plan information.

### See what's inside

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# Enrollment Basics

To enroll in, change or cancel your coverage, log on to **DGme** and click “DGWell — Benefits and Wellness Platform” on the home page.



## DGWell, Your Benefits and Wellness Engagement Platform

Access information about your benefit programs, the Enrollment System and other resources. Plus, participate in digital and telephonic programs designed to help you focus on your total well-being — physical, emotional and financial — all in a private, secure environment.

### To access DGWell through DGme:



- Log on to **DGme**.
- Under the Benefits Pillar, click “View” next to “DGWell — Benefits and Wellness Platform.”
- Select “Register Now” and follow the prompts to create a DGWell account.
- Choose the “Benefits Enrollment System” link to access your enrollment.

### To access DGWell through the CaféWell app:



- Go to your App Store and search for CaféWell, then download the app.
- Open the app and select “Register now.”
- On the next page, **enter the sponsor code (DGWell)**, then click “Submit.”
- Follow the system prompts to create an account.
- Choose the “Benefits Enrollment System” link to access your enrollment.



**From the Benefits Enrollment System home page you can:**

## Learn

**Access** online tools and information to help you learn about your benefit options and the Better Life Wellness Program.

## Choose

Need help deciding which Health Plan meets your health care needs? **Pilot**, our plan selection tool within the Enrollment System, can help you select the Health Plan that’s right for you.

## Enroll

Enroll within 45 days of your hire date in the Benefits Enrollment System or the EmpryeanGo mobile app:

- **Confirm** your elections and dependent coverage.

If covering your spouse on your Health Plan:

- Verify your spouse’s access to other employer-sponsored health insurance.
- Indicate whether your spouse is willing to complete their own Health Assessment. You’ll find additional details on page 6.

**Important:** You must verify eligibility for each dependent at the time of enrollment. See page 4 for more details.

- Upon completing your enrollment, **complete** your Health Assessment on DGWell to be eligible to earn the Better Life Wellness and Tobacco-Free Incentives (Health Plan enrollees only).

# Eligibility and Mid-Year Changes



## Employees

You're eligible for the full-time Dollar General Benefits Plan if you currently work in a semi-monthly paid position.

You have 45 days from your date of hire to enroll. Your selected benefit will become effective on the applicable benefits eligibility date, as noted in the enrollment platform.

If you have questions regarding your eligibility or deadline to enroll, call the Benefits Service Center at **1-855-ASK-DGHR (1-855-275-3447)**.

## Eligible Dependents

- Legally married spouse
- Children under the age of 26\*

If you are covering a dependent, you will be required to provide proof of dependent eligibility. For example:

- If you are covering your spouse — you must provide a marriage certificate with recent proof of joint ownership or a copy of your latest tax filing.
- If you are covering a child — you must provide a copy of their birth certificate, adoption paperwork, legal guardianship notification or a copy of your latest tax filing.

**Failure to provide the requested documentation by the deadline will result in the dependent not being covered under the plan for the 2021 plan year.**

*\*Your biological child, stepchild or a child of whom you have legal custody is eligible. Your child will remain eligible for the Plan if the child becomes disabled while younger than age 26 and covered under the Plan. You must notify the Benefits Service Center at **1-855-ASK-DGHR (1-855-275-3447)** in a timely manner. Documentation is required.*



## Important

Be sure your dependents' information — such as date of birth and Social Security number (SSN) — is correct in the enrollment system.

This information is required to be reported to the IRS according to the Affordable Care Act.

## Who's not eligible

- Grandchildren
- A child not primarily dependent upon you or related to you by blood



## Mid-Year Changes

Other than your initial enrollment and the annual enrollment period held each fall, **plan changes can only be made due to a qualifying event**, such as birth, adoption, marriage, divorce or if you or your dependent gains or loses other coverage.

- You will have 45 days from the qualifying event date to make the change and provide the necessary documentation (60 days for birth, adoption, or placement for adoption).
- In a timely manner, you must log in to the Enrollment System and complete the change to your coverage or contact the Benefits Service Center at **1-855-ASK-DGHR (1-855-275-3447)**, Option 2, then Option 9, Monday through Friday, 8 a.m. to 5 p.m. Central time.



## Don't miss out on important benefits updates

Keep your physical address up-to-date under "Update Your Personal Information" on **DGme**.

In the Enrollment System, add your phone number and preferred email address to receive information about your benefit programs.

# Better Life Wellness Program



The Better Life Wellness Program offers ways for you to lead a healthy lifestyle and save on medical premiums and expenses.<sup>1</sup> You can earn up to \$480/year in Tobacco-Free Premium Credits, plus lower out-of-pocket medical and prescription costs.

## Qualify for Your 2021 Wellness Plan

By completing the Health Assessment on the DGWell platform by your enrollment deadline, you'll qualify to receive these Wellness Plan incentives:

- **Lower copays** for in-network primary care and urgent care visits — even before you've met your annual deductible.
- **Free generic** or 50% off brand-name eligible maintenance medications. See page 14 for details.
- **Waived pharmacy deductible** for eligible maintenance medications.<sup>2</sup>

## You and Your Spouse: Get Healthy Together!

The Better Life Wellness Program also gives spouses on the Dollar General Health Plan access to the same great tools! While participation is voluntary, we hope all covered spouses complete a Health Assessment (HA) to better understand their own health risks.

**If covering a spouse**, indicate in the Enrollment System whether your spouse is willing to complete a Health Assessment (HA) and provide your spouse's preferred email address. Additional details and instructions to access the DGWell platform will be emailed to your spouse at the provided email address. **If your spouse completes the HA within 31 days from your enrollment deadline, you will avoid paying the monthly \$50 "Spouse Wellness Premium" as of the first payroll following that 31-day window.**

### How to Complete the Health Assessment

You and your spouse (if applicable) can complete a Health Assessment by following these easy steps:

- 1. Employees:** Log on to **DGme**. Under the Benefits Pillar, click "DGWell — Benefits and Wellness Platform."  
**Spouses:** Visit [dgwell.cafewell.com](http://dgwell.cafewell.com) or download the CaféWell app (use **DGWell** as the sponsor code).
- 2.** Select "Register Now" and follow the prompts to create your DGWell account (if you haven't already).
- 3.** Once logged in, locate the "Complete Your Health Assessment" card under "Active Programs," click "Your Health Assessment," then "Go Now" to begin your assessment.

### Confidentiality & Spouse Participation

To protect all participants' confidentiality, you and your spouse will have a separate Better Life account and login credentials. Your personal health information will not be shared with your spouse, or with Dollar General, in compliance with HIPAA privacy laws.

<sup>1</sup> If it is unreasonably difficult due to a health factor for you to meet the requirements under this program, or if it is medically inadvisable for you to attempt the requirements of this program, please call **1-800-521-9919**, and select Option 3 and then Option 1 to discuss your situation.

<sup>2</sup> Refer to page 14 for more information.

## Earn a Tobacco-Free<sup>1</sup> Premium Credit

Indicate your tobacco-use status on your HA:

- Are you tobacco-free? Receive a monthly \$40 Tobacco-Free Premium Credit.
- **Need help quitting or preventing relapse?** The Better Life Tobacco Cessation Program can support you in your tobacco-free journey. Plus, if you complete<sup>2</sup> the program, you'll earn up to a \$480 Tobacco-Free Premium Credit at year-end.<sup>3</sup>

To enroll, upon completing the HA and tobacco-use attestation, join the “My Personal Tobacco Wellness Coach” activity on DGWell and schedule your first call with a coach.

<sup>1</sup> Tobacco products include cigarettes, pipes, cigars, and smokeless forms including chewing tobacco, snuff and dip, and electronic cigarettes.

<sup>2</sup> Program completion is defined as completing four (4) tobacco cessation calls with your coach (once every 45 days beginning the day you join the program).

<sup>3</sup> If eligible, the year-end credit will be provided as a lump-sum payment on your paycheck. You must be actively enrolled in the Medical Plan at the time of payment to receive the credit. Amount based on number of months in the Medical Plan during the year and subject to applicable tax withholdings.



## Did You Know?

- An average trip to the ER for non-emergency services is \$550 while Telehealth will not cost you anything. (See page 11.)
- On average Expert Medical Opinion (see page 11) modifies 79% of treatment plans for participants, in partnership with the participant's doctor.
- Rx Savings Solutions (see page 14) participants save an average of \$300 per year on their prescriptions.



# 2021 Medical Plan Options



Think about your health and your budget, then decide if you'd rather pay less each paycheck for coverage or less at the time you need care.

| <b>BCBST Medical Coverage, BlueCross BlueShield BlueCard PPO</b>  |                                      |                                      |                               |  |                               |  |                               |  |
|---|--------------------------------------|--------------------------------------|-------------------------------|--|-------------------------------|--|-------------------------------|--|
|   | <b>High Deductible<sup>1</sup></b>   |                                      | <b>Basic<sup>2</sup></b>      |  | <b>Standard<sup>2</sup></b>   |  | <b>Maximum<sup>2</sup></b>    |  |
|   | In-Network                           | Out-of-Network                       | In-Network                    | Out-of-Network                                 | In-Network                    | Out-of-Network                                 | In-Network                    | Out-of-Network                                 |
| <b>Annual Deductible<sup>1,2</sup></b>  |                                      |                                      |                               |  |                               |  |                               |  |
| <b>Single</b>   | \$7,150                              | \$13,300                             | \$1,200                       | \$2,400  | \$700                         | \$1,400  | \$450                         | \$800  |
| <b>Family</b>   | \$13,300                             | \$26,600                             | \$2,400                       | \$4,800  | \$1,400                       | \$2,800  | \$800                         | \$1,600  |
| <b>Out-of-Pocket Maximum</b>  |                                      |                                      |                               |  |                               |  |                               |  |
| <b>Single</b>   | \$7,150                              | \$13,300                             | \$7,150                       | \$14,300                                       | \$7,150                       | \$14,300                                       | \$2,875                       | \$5,750  |
| <b>Family</b>   | \$13,300                             | \$26,600                             | \$14,300                      | \$28,600                                       | \$14,300                      | \$28,600                                       | \$5,750                       | \$11,500                                       |
| Includes deductibles, coinsurance and copays, if applicable   |                                      |                                      |                               |  |                               |  |                               |  |
| <b>Coinsurance after Deductible</b>   |                                      |                                      |                               |  |                               |  |                               |  |
|   | Plan pays 100%                       | Plan pays 100%                       | You pay 30%;<br>Plan pays 70% | You pay 50%;<br>Plan pays 50%                  | You pay 20%;<br>Plan pays 80% | You pay 40%;<br>Plan pays 60%                  | You pay 20%;<br>Plan pays 80% | You pay 40%;<br>Plan pays 60%                  |
| <b>Preventive Care<sup>3</sup></b><br>Mammogram, pap smear, prostate screening, colonoscopy, sigmoidoscopy and well-baby immunizations (no deductible, in-network only) |                                      |                                      |                               |  |                               |  |                               |  |
|   | Plan pays 100%                       | Not covered                          | Plan pays 100%                | Not covered                                    | Plan pays 100%                | Not covered                                    | Plan pays 100%                | Not covered                                    |
| <b>Wellcare Services</b><br>Age six and up, includes regular physicals, blood pressure and periodic cholesterol screening, and flu shot                                 |                                      |                                      |                               |  |                               |  |                               |  |
|   | Plan pays 100%                       | Not covered                          | Plan pays 100%                | Not covered                                    | Plan pays 100%                | Not covered                                    | Plan pays 100%                | Not covered                                    |
| <b>Telemedicine   Teladoc</b>   |                                      |                                      |                               |  |                               |  |                               |  |
|   | \$0 copay                            |                                      | \$0 copay                     |  | \$0 copay                     |  | \$0 copay                     |  |
| <b>Primary Care Office Visit<sup>4</sup></b><br>Medically necessary (family/general practice, internal medicine, pediatrics, OB/GYN, nurse practitioner)                |                                      |                                      |                               |  |                               |  |                               |  |
| With Wellness Incentive   | \$40 copay                           | You pay 100% until deductible is met | \$40 copay                    | You pay 50%;<br>Plan pays 50% after deductible | \$35 copay                    | You pay 40%;<br>Plan pays 60% after deductible | \$30 copay                    | You pay 40%;<br>Plan pays 60% after deductible |
| Without Wellness Incentive  | You pay 100% until deductible is met | You pay 100% until deductible is met | \$70 copay                    | You pay 50%;<br>Plan pays 50% after deductible | \$65 copay                    | You pay 40%;<br>Plan pays 60% after deductible | \$60 copay                    | You pay 40%;<br>Plan pays 60% after deductible |

## BCBST Medical Coverage, BlueCross BlueShield BlueCard PPO

|   | High Deductible <sup>1</sup>  |                                      | Basic <sup>2</sup>                          |   | Standard <sup>2</sup>                       |   | Maximum <sup>2</sup>                        |   |
|---|---|--------------------------------------|---|---|---|---|---|---|
|   | In-Network  | Out-of-Network                       | In-Network                                  | Out-of-Network                              | In-Network                                  | Out-of-Network                              | In-Network                                  | Out-of-Network                              |
| <b>Specialist Office Visit</b>                              |   |                                      |   |   |   |   |   |   |
| With Wellness Incentive                                     | You pay 100% until deductible is met  | You pay 100% until deductible is met | \$50 copay                                  | You pay 50%; Plan pays 50% after deductible | \$45 copay                                  | You pay 40%; Plan pays 60% after deductible | \$40 copay                                  | You pay 40%; Plan pays 60% after deductible |
| Without Wellness Incentive                                  | You pay 100% until deductible is met  | You pay 100% until deductible is met | \$80 copay                                  | You pay 50%; Plan pays 50% after deductible | \$75 copay                                  | You pay 40%; Plan pays 60% after deductible | \$70 copay                                  | You pay 40%; Plan pays 60% after deductible |
| <b>Outpatient Surgery</b>                                   |   |                                      |   |   |   |   |   |   |
|   | You pay 100% until deductible is met  | You pay 100% until deductible is met | You pay 30%; Plan pays 70% after deductible | You pay 50%; Plan pays 50% after deductible | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible |
| <b>Urgent Care</b>  |   |                                      |   |   |   |   |   |   |
| With Wellness Incentive                                     | \$60 copay  | You pay 100% until deductible is met | \$60 copay                                  | You pay 50%; Plan pays 50% after deductible | \$55 copay                                  | You pay 40%; Plan pays 60% after deductible | \$50 copay                                  | You pay 40%; Plan pays 60% after deductible |
| Without Wellness Incentive                                  | You pay 100% until deductible is met  | You pay 100% until deductible is met | \$90 copay                                  | You pay 50%; Plan pays 50% after deductible | \$85 copay                                  | You pay 40%; Plan pays 60% after deductible | \$80 copay                                  | You pay 40%; Plan pays 60% after deductible |
| <b>Emergency Surgery</b>                                    |   |                                      |   |   |   |   |   |   |
|   | You pay 100% until deductible is met  | You pay 100% until deductible is met | You pay 30%; Plan pays 70% after deductible | You pay 30%; Plan pays 70% after deductible | You pay 20%; Plan pays 80% after deductible | You pay 20%; Plan pays 80% after deductible | You pay 20%; Plan pays 80% after deductible | You pay 20%; Plan pays 80% after deductible |
| <b>Inpatient Hospital Stay</b>                              |   |                                      |   |   |   |   |   |   |
|   | You pay 100% until deductible is met  | You pay 100% until deductible is met | You pay 30%; Plan pays 70% after deductible | You pay 50%; Plan pays 50% after deductible | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible |
| <b>Chiropractic Services</b>                                |   |                                      |   |   |   |   |   |   |
|   | You pay 100% until deductible is met  | You pay 100% until deductible is met | You pay 30%; Plan pays 70% after deductible | You pay 50%; Plan pays 50% after deductible | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible |
| <b>Hearing Aids</b> Now covered for dependents under age 18 |   |                                      |   |   |   |   |   |   |
|   | The benefit will pay up to \$1,250 per individual, per hearing aid, with replacement covered every three years. |                                      |   |   |   |   |   |   |

**Note:** In Florida (new for 2021), Georgia, Kansas City, MO, New Hampshire, New Jersey, Oklahoma, Washington, D.C. and Wisconsin, coverage will be provided by a BCBST alternate network.

<sup>1</sup> The High Deductible Plan deductible and out-of-pocket maximums include both medical and prescription expenses. Copays do not count toward your deductible, but they do count toward your out-of-pocket maximum. See your Summary Plan Description (SPD) for more information.

<sup>2</sup> Medical services in the Basic, Standard and Maximum Plans are subject to a calendar-year deductible, not including the prescription drug deductible. Copays do not count toward your deductible, but they do count toward your out-of-pocket maximum. See your Summary Plan Description (SPD) for more information.

<sup>3</sup> Coverage of sigmoidoscopies and colonoscopies at 100% is subject to BCBST's medical necessity guidelines. Diagnostic sigmoidoscopies and colonoscopies are subject to deductible and coinsurance.

<sup>4</sup> Office copay covers labs and X-rays.

# 2021 Medical and Prescription (semi-monthly rates)

**If you cover a spouse, in addition to the rate in the applicable table below, you will pay a:**

- \$125/month “Working Spouse Charge” if your spouse is eligible for employer medical coverage at his or her own job (other than Dollar General or self-employment).
- \$50/month “Spouse Wellness Premium” if your spouse does not complete the Better Life Health Assessment by the deadline noted within the email he or she will receive. (See page 6 for details.)

| <b>High Deductible</b> |   |                       |
|------------------------|---|-----------------------|
|                        | <b>With Tobacco-Free Premium Credit</b> | <b>Without Credit</b> |
| Employee Only          | \$52.00                                 | \$72.00               |
| Employee + Spouse*     | \$143.00                                | \$163.00              |
| Employee + Child(ren)  | \$131.19                                | \$151.19              |
| Employee + Family*     | \$215.75                                | \$235.75              |

| <b>Basic</b>          |   |                       |
|-----------------------|---|-----------------------|
|                       | <b>With Tobacco-Free Premium Credit</b> | <b>Without Credit</b> |
| Employee Only         | \$103.06                                | \$123.06              |
| Employee + Spouse*    | \$180.08                                | \$200.08              |
| Employee + Child(ren) | \$151.63                                | \$171.63              |
| Employee + Family*    | \$251.98                                | \$271.98              |

| <b>Standard</b>       |   |                       |
|-----------------------|---|-----------------------|
|                       | <b>With Tobacco-Free Premium Credit</b> | <b>Without Credit</b> |
| Employee Only         | \$138.52                                | \$158.52              |
| Employee + Spouse*    | \$258.35                                | \$278.35              |
| Employee + Child(ren) | \$213.31                                | \$233.31              |
| Employee + Family*    | \$362.03                                | \$382.03              |

| <b>Maximum</b>        |   |                       |
|-----------------------|---|-----------------------|
|                       | <b>With Tobacco-Free Premium Credit</b> | <b>Without Credit</b> |
| Employee Only         | \$217.70                                | \$237.70              |
| Employee + Spouse*    | \$433.85                                | \$453.85              |
| Employee + Child(ren) | \$367.06                                | \$387.06              |
| Employee + Family*    | \$602.12                                | \$622.12              |

*\*These rates do not include the additional \$125-per-month charge to cover a full-time working spouse who has access to other employer-provided medical coverage or \$50-per-month Spouse Wellness Premium if your covered spouse chooses not to complete a Health Assessment.*

# Save Time and Money on Medical Care

Access the tools and resources to help you be a smart health care consumer.



## Health Support Programs

If you qualify, these programs are available at no extra cost to Health Plan participants!

### Get Relief from Chronic Back, Knee, Hip, Shoulder or Neck Pain!

A personal health coach will tailor exercise, therapy and education for you from the privacy and convenience of your own home. Participants report an average pain reduction of 60% in as little as 45 minutes per week! These programs are offered by Hinge Health.

**Note:** Chronic pain is defined as pain persisting over 12 weeks.

### Hypertension Program

A health coach will assist you with blood pressure monitoring while clinical care professionals are available to help you with hypertension management and education. This program is offered by Livongo.

### Diabetes Prevention and Management Programs

If you have pre-diabetes or diabetes, a personalized web portal will give you access to health coaching and educational materials, as well as options for periodic review of progress and feedback. Depending on the program, you'll receive unlimited free test strips and lancets, and a new blood sugar meter or a "smart" scale to assist with weight management. These programs are offered by Livongo.

Call **1-800-521-9919** or log in to [BlueAccess<sup>SM</sup>](#) to get connected with...



### Teladoc Telehealth

Access a doctor 24/7 by phone or online video — at no cost for all medical plans. Download the Teladoc app from the App Store or Google Play.



### Blue Distinction Centers

Get the best quality care at the lowest price.



### BCBST Nurseline

Not sure where to receive care? Get free advice from a nurse 24/7.



### Expert Medical Opinion

(through Teladoc)

Receive peace of mind from an expert second medical opinion.



### Convenient Care

Find a primary care doctor and locate the urgent care center nearest to your home at [bcbst.com/manage-my-plan](http://bcbst.com/manage-my-plan).



### Cost Transparency Tool

Find out the cost of health care beforehand and get connected with in-network health care, which is often more affordable.



# Prescription Drug

If you elect a Dollar General medical plan, you'll receive prescription drug coverage as part of that plan.

| 2021 Prescription Drug Coverage  |                                      |                                      |                                      |                                      |
|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
|  | High Deductible*                     | Basic                                | Standard                             | Maximum                              |
| <b>Prescription Drug Deductible</b> (for Brand-Name Drugs only)              |                                      |                                      |                                      |                                      |
| <b>Single</b><br>With Wellness Incentive                                     | Combined with Medical Deductible     | NA                                   | NA                                   | NA                                   |
| Without Wellness Incentive   |                                      | \$400<br>(Brand-Name Drugs Only)     | \$250<br>(Brand-Name Drugs Only)     | \$115<br>(Brand-Name Drugs Only)     |
| <b>Family</b><br>With Wellness Incentive                                     | Combined with Medical Deductible     | NA                                   | NA                                   | NA                                   |
| Without Wellness Incentive   |                                      | \$800<br>(Brand-Name Drugs Only)     | \$500<br>(Brand-Name Drugs Only)     | \$230<br>(Brand-Name Drugs Only)     |
| <b>Maintenance Medications</b><br>With Wellness Incentive                    | Generic: 100% covered;<br>Brand: 50% |
| <b>Out-of-Pocket Maximum**</b> (combined with Medical Out-of-Pocket Maximum) |                                      |                                      |                                      |                                      |
| <b>Single</b>  | \$7,150                              | \$7,150                              | \$7,150                              | \$2,875                              |
| <b>Family</b>  | \$13,300                             | \$14,300                             | \$14,300                             | \$5,750                              |
| <b>Generic Drugs</b>   |                                      |                                      |                                      |                                      |
| <b>Coinsurance</b>   | You pay 100% until deductible is met | You pay 30%                          | You pay 20%                          | You pay 20%                          |
| <b>Max copay per 30-day supply</b>   |                                      | \$150                                | \$100                                | \$50                                 |
| <b>Preferred Brand-Name Drugs</b>  |                                      |                                      |                                      |                                      |
| <b>Coinsurance</b>   | You pay 100% until deductible is met | You pay 45%                          | You pay 35%                          | You pay 35%                          |
| <b>Max copay per 30-day supply</b>   |                                      | \$200                                | \$150                                | \$75                                 |
| <b>Non-Preferred Brand-Name Drugs</b>  |                                      |                                      |                                      |                                      |
| <b>Coinsurance</b>   | You pay 100% until deductible is met | You pay 60%                          | You pay 50%                          | You pay 50%                          |
| <b>Max copay per 30-day supply</b>   |                                      | \$350                                | \$250                                | \$150                                |

\* For High Deductible Plan, prescription drug deductible is combined with medical deductible.

\*\* For all plans, prescription drug out-of-pocket maximums are combined with medical out-of-pocket maximums.

**Get tips to save time and money on prescription drugs on page 14.**

## Specialty Pharmacy Program

Prescriptions for certain serious conditions, such as hepatitis, cancer, rheumatoid arthritis, multiple sclerosis, hemophilia and HIV/AIDS, must be filled through the BCBST Specialty Pharmacy Program. A BCBST Specialty Pharmacy Benefit Manager will contact you to participate in this mandatory program. For more information, call **1-800-521-9919**.

## Step Therapy

For brand-name medication drugs used to treat certain illnesses and conditions (such as COPD, asthma, chronic bronchitis, emphysema and diabetes), choose a generic medication first before using a brand-name medication for the plan to cover the prescription cost. If you choose a brand-name drug first, you will be responsible for 100% of the cost.

**Preferred step therapy** allows you to choose a preferred brand-name prescription drug or generic prescription drug. If you choose a non-preferred brand-name drug, you will pay 100% of the cost.



# Save Time and Money on Prescription Drugs

Here are some tips to save time and money on prescriptions throughout the year.



## Take advantage of **free or reduced-cost maintenance medications.**

If you complete the Health Assessment when you enroll in benefits, you'll receive

**free** generic medications and **50% off** covered brand-name medications for the following conditions:

- Asthma, chronic obstructive pulmonary disease (COPD), diabetes, coronary artery disease (CAD) and congestive heart failure (CHF).
- Eligible therapeutic categories include:
  - Statins, theophyllines, leukotrienes, calcium channel blockers, ACE inhibitors, diabetic medications, beta blockers and inhaled steroids.



## Use **mail order for prescriptions.**

All maintenance medications prescribed for 90 days or more must be filled through mail order or at CVS,

Kroger, a Kroger-affiliate retail location or any other participating DG90 Network Provider after three 30-day fills at a network retail location.

Contact BCBST at **1-800-521-9919** for a listing of approved pharmacies.



## Find out if your prescriptions are available as **over-the-counter (OTC) medications.**

Some OTC medications are exactly the same as

prescription drugs and usually cost significantly less. Talk to your doctor or pharmacist about which ones might work for you.



## Find out if there is a **cheaper generic alternative** to your medication.

Generic drugs offer the lowest price.

Talk to your doctor or call **1-800-521-9919**

to see if your medication has a generic alternative.

**You can also download the Rx Savings Solutions mobile app (available in the Apple App Store and Google Play Store) to help you save money on your prescriptions.**



# Additional Benefits to Protect Your Family

These supplemental benefits can help protect you and your family when the unexpected happens.



For more information on each of these plans, including specific policy information, see the plan brochures on the Guides & Tutorials page on DGWell.

## MetLife Legal Plan

Covers legal advice and representation for a wide range of legal topics — from family matters to court appearances — with no deductible or copay. It's like having an attorney on retainer for about \$8.90 semi-monthly.\*



## LifeLock Identity Theft Protection

Gives you protection for one of your most valuable assets — your identity! Also receive scores, monitoring and alerts across three credit bureaus and more for \$3.63/single or \$7.25/family semi-monthly.



## Cancer Insurance\*\*

Provides benefit paid directly to you for costs associated with cancer treatment. Premium starts at \$8.76 semi-monthly.



## Critical Illness Insurance\*\*

Provides a lump-sum cash benefit paid directly to you to help pay the costs associated with the diagnosis of critical illnesses like heart attack, stroke and organ failure for as low as \$2.36 semi-monthly.



## Voluntary Telehealth

Provides your eligible family members access to a doctor 24/7 by phone or video, for only \$4.50 semi-monthly.



## Accident Insurance\*\*

Offers benefits for treatment of accidental off-the-job injuries like fractures, dislocations, burns and more for as low as \$3.75 semi-monthly.



## Hospital Confinement Insurance

Pays an admission benefit plus a daily benefit for each additional day you are hospitalized starting around \$9.09 semi-monthly.



## Whole Life Insurance\*\*

Provides benefits for long-term care that can help protect you and your family for a lifetime starting around \$8.00 semi-monthly.



These policies pay you directly when you need it most. See policy information on **DGme** for specific benefit details.

\*When using an in-network attorney.

\*\*Insurance products underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, IA. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

# Dental



Dollar General offers you a choice of two dental plans. Both plans allow you to see any provider you want, but you'll see the most savings when you choose a network provider.

## Your dental options

|   | Preventive Only | Comprehensive  |
|---|-----------------|--|
| <b>Annual Benefit Maximum</b> (per person)  | \$1,000         | \$1,500  |
| <b>Diagnostic and Preventive Services</b><br>(oral exams, cleanings, X-rays)                    | Covered at 100% | Covered at 100%  |
| <b>Restorative Services</b><br>(fillings, extractions, oral surgery, root canals, periodontics) | Not covered     | 80%  |
| <b>Major Services</b><br>(crowns, inlays, onlays, dentures, implants)                           | Not covered     | 50%  |
| <b>Bruxism Appliances</b><br>Mouth Guards<br>Adjustments  | Not covered     | One per 36 months<br>One per 12 months after six months of initial placement |
| <b>Sealants</b>   | Not covered     | One per 60 months (up to age 19)   |
| <b>Orthodontics</b><br>(dependent children to age 19: \$1,500 lifetime maximum per child)       | Not covered     | 50%  |

| 2021 Semi-Monthly Rates |            |               |
|-------------------------|------------|---------------|
|                         | Preventive | Comprehensive |
| Employee Only           | \$3.53     | \$13.06       |
| Employee + Spouse       | \$7.74     | \$28.74       |
| Employee + Child(ren)   | \$6.34     | \$24.43       |
| Employee + Family       | \$11.56    | \$43.82       |

**Note:** If you enroll in Dollar General's Comprehensive Plan, there will be a 12-month waiting period before Major Services and Orthodontia are covered.

# Vision



Eye exams can help with early detection of conditions like glaucoma, hypertension and diabetes that affect your overall health — not just the health of your eyes. Dollar General offers you a choice of two vision plans.

## Your vision options

|   | Preventive Only  |                | Comprehensive  |   |
|---|--|----------------|--|---|
|   | In-Network   | Out-of-Network | In-Network   | Out-of-Network  |
| <b>Annual Exam</b><br>One per 12 months         | Covered at 100%  | Plan pays \$40 | Covered at 100%  | Plan pays \$40  |
| <b>Contact Lens Exam</b>                        | Not covered  | Not covered    | \$40 for standard contacts; 10% discount for premium contacts        | Not covered   |
| <b>Eyeglass Lenses</b>                          | Plan payment varies by lens type: <ul style="list-style-type: none"> <li>• Single: \$50</li> <li>• Bifocal: \$70</li> <li>• Trifocal: \$105</li> </ul> | Not covered    | One set per 12 months<br>\$10 copay                                  | Plan payment varies by lens type: <ul style="list-style-type: none"> <li>• Single: \$40 copay</li> <li>• Bifocal: \$60 copay</li> <li>• Trifocal: \$80 copay</li> </ul> |
| <b>Frames</b>                                   | 35% discount if lenses and frames are purchased at the same time<br><br>20% discount if lenses and frames are purchased separately                     | Not covered    | One set every 24 months<br>\$130 allowance, 20% discount on balance  | \$75 allowance  |
| <b>Contact Lenses</b>                           | 15% discount for conventional lenses   | Not covered    | Covered at 100% if medically necessary; \$105 allowance for elective | \$80 allowance; up to \$210 reimbursement for medically necessary lenses  |
| <b>Diabetic Care Services</b><br>Follow-up Exam | \$20 copay   | Not covered    | Covered at 100%  | Varies by service   |

## 2021 Semi-Monthly Rates

|                       | Preventive | Comprehensive |
|-----------------------|------------|---------------|
| Employee Only         | \$0.45     | \$2.01        |
| Employee + Spouse     | \$0.89     | \$4.01        |
| Employee + Child(ren) | \$0.94     | \$4.22        |
| Employee + Family     | \$1.47     | \$6.62        |

# Flexible Spending Accounts (FSAs)



If you are newly eligible for full-time benefits at Dollar General, you may choose to participate in these accounts during the next annual enrollment period, with benefits effective January 1, 2022. FSAs can save you money on health care and dependent “day care” expenses. Your contributions to these accounts are made on a pre-tax basis, reducing your taxable income and saving you money. When you need to pay for eligible care, you can use your FSA debit card (administered by HealthEquity).

## Health Care FSA



- **Use for:** Eligible medical, prescriptions, dental and vision out-of-pocket expenses for you and your dependents.
- **Contribute:** Up to the IRS limit (which is \$2,750 in 2021). The annual amount you choose to contribute to the Health Care FSA is immediately available upon enrollment to pay for eligible expenses — even though you contribute with each paycheck throughout the year.

## Dependent “Day Care” FSA



- **Use for:** Day care and summer camp expenses for your child(ren) under age 13, or other qualifying person\* to allow you to work, look for work or be a full-time student. **This account may not be used for health care expenses for your dependents.**
- **Contribute:** Up to the IRS limit of \$5,000 per year (\$2,500 if married and filing income tax separately). You contribute with each paycheck throughout the year.

\*See IRS Publication 504 for definition of a qualifying person.

## Keep your receipts!

Because the FSAs are tax-advantaged accounts, the IRS may request proof that your expenses are eligible under the plans.

## Plan carefully!

Before choosing how much to contribute to an FSA, take time to carefully estimate your eligible health care and any dependent “day care” expenses for the following year. If you do not use your entire balance during the year, the unused balance will not roll over to next year. FSA elections can’t be changed during the year unless you have a qualifying life event.

**Note:** Expenses for dependents who are disabled may be eligible for reimbursement under the FSAs. See IRS Publications 502 and 503 for a list of qualified expenses.

# Term Life and AD&D Insurance



Dollar General has coverage options for the unexpected. These plans can protect your family's income in the event of a death due to illness or accident.

## Basic life and accidental death and dismemberment (AD&D) insurance

- Life: 2x (two times) your salary with a minimum of \$50,000
- AD&D: \$50,000\*

See your Summary Plan Description for eligibility requirements.

## Supplemental term life insurance

- Buy-up: 1x to 5x your salary, up to \$500,000
- Evidence of Insurability is required for 1x, 4x or 5x coverage (for new hire enrollment)

## Supplemental AD&D insurance

- Buy-up: 10x your salary, up to \$1 million
- Cost: \$0.02 per \$1,000 coverage per month

## Dependent life coverage

If you enroll in supplemental employee life insurance, you can choose coverage for your eligible dependents too.

### Spouse life coverage

- 50% of your chosen amount of life insurance, up to \$50,000

### Child(ren) life coverage

- \$10,000 per child age six months to 26 years or \$1,000 per child from birth to six months
- Cost: \$1.01 per paycheck

## Supplemental Term Life Insurance Rates (semi-monthly)

| Annual Salary* | Under 30 | 30-34  | 35-39   | 40-44   | 45-49   | 50-54   | 55-59   | 60-64   | 65-69    |
|----------------|----------|--------|---------|---------|---------|---------|---------|---------|----------|
| \$50,000       | \$1.00   | \$1.33 | \$2.03  | \$3.48  | \$5.23  | \$7.83  | \$14.13 | \$18.70 | \$34.48  |
| \$100,000      | \$2.00   | \$2.65 | \$4.05  | \$6.95  | \$10.45 | \$15.65 | \$28.25 | \$37.40 | \$68.95  |
| \$150,000      | \$3.00   | \$3.98 | \$6.08  | \$10.43 | \$15.68 | \$23.48 | \$42.38 | \$56.10 | \$103.43 |
| \$200,000      | \$4.00   | \$5.30 | \$8.10  | \$13.90 | \$20.90 | \$31.30 | \$56.50 | \$74.80 | \$137.90 |
| \$250,000      | \$5.00   | \$6.63 | \$10.13 | \$17.38 | \$26.13 | \$39.13 | \$70.63 | \$93.50 | \$172.38 |

## Spousal Supplemental Term Life Insurance Rates (semi-monthly)

| Spouse Coverage Amount | Under 30 | 30-34  | 35-39  | 40-44  | 45-49   | 50-54   | 55-59   | 60-64   | 65-69   |
|------------------------|----------|--------|--------|--------|---------|---------|---------|---------|---------|
| \$20,000               | \$0.94   | \$1.20 | \$1.91 | \$3.26 | \$5.06  | \$8.62  | \$12.33 | \$15.35 | \$27.90 |
| \$35,000               | \$1.65   | \$2.10 | \$3.34 | \$5.71 | \$8.86  | \$15.09 | \$21.58 | \$26.86 | \$48.83 |
| \$50,000               | \$2.35   | \$3.00 | \$4.78 | \$8.15 | \$12.65 | \$21.55 | \$30.83 | \$38.38 | \$69.75 |

\*Annual salaries listed above are for illustrative purposes. Refer to the enrollment system for plan amounts based on your salary. Rates will adjust upon your milestone birthday and/or a change to salary during the plan year (as applicable).

# Disability Coverage



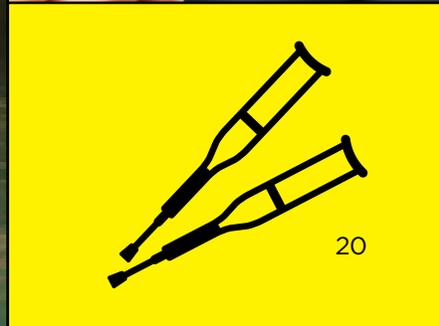
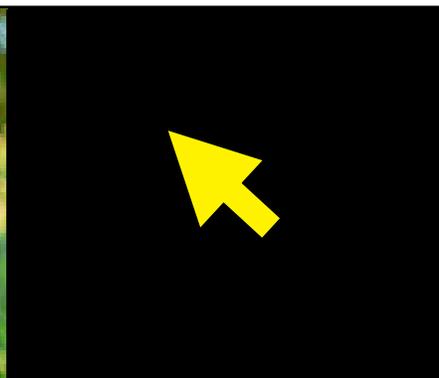
If you're unable to work because of a non-work-related illness or accident, these benefits can replace some of the income you'll lose by not working.

## Salary Continuation Program

If a serious health condition keeps you from working, the Salary Continuation Program will provide you with short-term disability income (up to 180 days). You are eligible for the Program after a three-month waiting period. Benefits run concurrently with the Family Medical Leave Act (FMLA), if you are eligible under the FMLA, and Company Medical Leave of Absence Programs.

## Long-term disability (LTD) insurance

If you are continuously and totally disabled for 180 days, you will receive benefits under long-term disability coverage. LTD coverage provides financial protection in the event that you are unable to work due to a non-work-related disability.



# 401(k) Savings and Retirement



## Save for Retirement

The Dollar General 401(k) Plan gives you an easy, tax-advantaged way to save for retirement. You are eligible to participate as of your hire date.

- **You decide how much to save!** You may contribute to the plan up to 25% of your salary before taxes are taken out, up to federal limits.
- **Saving is easy!** Your contributions are made through convenient automatic payroll deductions.
- **Make changes any time!** You may change your savings level, and the funds in which you are invested, at any time.

## Save more with the company match!

Dollar General matches \$1 for each \$1 you contribute to the plan, up to 5%, beginning the first of the calendar quarter following the attainment of one year of service with 1,000 hours. And you immediately own 100% of all matching contributions.

## Catch up if you are at least age 50

If you will be age 50 or older before the end of the current calendar quarter, and you have contributed the lesser of the maximum IRS amount or 25% of your pay to the plan, you may make additional “catch-up contributions” to the Dollar General 401(k) Plan.



## How to enroll

For details, review the 401(k) Retirement Plan Highlights & SPD document on **DGme**. To enroll or make changes, click “View” next to “401(k) – Voya Financial” on the **DGme** home page.

# Employee Assistance Program (EAP)

The EAP, offered through Magellan Healthcare, can help with a range of topics both virtually or in person. It's convenient and confidential, and it's free to all Dollar General employees and their household members.



Call the EAP  
any time at  
**1-866-234-3239.**

## The EAP offers...

### BetterHelp

BetterHelp is a virtual therapy service. You'll get matched with a licensed therapist through text, video or voice message. Contact the EAP for more information.



### myStrength

myStrength empowers you to develop new coping skills for emotional health needs from stress to PTSD, sleep issues, chronic pain, depression, Nicotine Recovery and more.



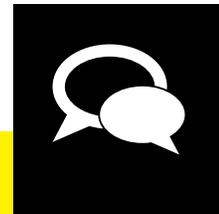
### Counseling Services

- Up to five visits per topic per year, all for FREE
- Call a professional counselor 24/7



### Legal and Financial Services

- Family and divorce law
- Estate planning
- Civil or criminal law
- Retirement planning
- Debt consolidation
- And more



### Live Chat

Monday through Friday,  
8 a.m. to 4:30 p.m.  
Central time.

Learn more by clicking "View" next to "Employee Assistance Program" under the Employee Assistance pillar on **DGme**.

# Contacts



## Have questions? Get answers.

Call **1-855-ASK-DGHR (1-855-275-3447)** and select Option 2, then Option 9, or call direct.

| Your benefits  | Carrier                           | Direct Contact  |
|--|-----------------------------------|---|
| <b>Medical, Prescription Drug, Dental, Vision, Nurseline</b>   | BlueCross BlueShield of Tennessee | 1-800-521-9919 <a href="http://bcbst.com">bcbst.com</a><br>mobile app: myBlueTN   |
| <b>Virtual Care – Telehealth and Expert Medical Opinion</b>  | Teladoc                           | 1-800-Teladoc (835-2362) <a href="http://teladoc.com">teladoc.com</a><br>mobile app: Teladoc  |
| <b>Prescription Drug Savings</b>   | Rx Savings Solutions              | 1-800-268-4476 <a href="http://rxsavingsolutions.com">rxsavingsolutions.com</a><br>mobile app: Rx Savings Solutions                     |
| <b>Blood Pressure and Diabetes Management</b>  | Livongo                           | 1-800-945-4355 <a href="http://welcome.livongo.com">welcome.livongo.com</a><br>mobile app: Livongo                                      |
| <b>Digital Physical Therapy</b>  | Hinge Health                      | 1-855-902-2777<br><a href="http://hingehealth.com/dollargeneral">hingehealth.com/dollargeneral</a>                                      |
| <b>Employee Assistance Program (EAP)</b>   | Magellan Healthcare, Inc.         | 1-866-234-3239<br><a href="http://magellanascend.com">magellanascend.com</a>  |
| <b>Flexible Spending Accounts (FSAs)</b>   | HealthEquity                      | 1-877-596-8123<br><a href="http://healthequity.com/dollargeneral">healthequity.com/dollargeneral</a><br>mobile app: HealthEquity Mobile |
| <b>Disability Coverage</b>   | Matrix                            | 1-888-644-3550 <a href="http://matrixabsence.com">matrixabsence.com</a>   |
| <b>Voluntary Benefits</b><br>(Critical Illness, Accident, Cancer, Hospital Confinement, Whole Life Insurance, MetLife Group Legal Plan, Voluntary Telehealth, and Identity Theft Protection) | Creative Worksite Solutions       | 1-855-933-6552  |
| <b>Life Insurance</b>  | USAble                            | 1-800-370-5856  |
| <b>401(k) Savings and Retirement</b>   | Voya                              | 1-844-299-8692 <a href="http://mydg401k.voya.com">mydg401k.voya.com</a><br>mobile app: Voya Retire                                      |

*The Dollar General Benefits Plan is summarized in this 2021 Annual Benefits Guide. Complete details and limitations are contained in the Summary Plan Description of each plan and the Dollar General Corporation Employee Benefits Plan document. Please note that the availability and amount of all benefits are governed by the legal documents involved. This document in no way constitutes a contract of employment.*