



2017 Benefits Guide

**Be sure to enroll within 31 days
of the date you're eligible**

For Weekly-Paid Employees



Welcome

Take this opportunity to consider whether you have the **right benefits** coverage to support your **health** and protect your **finances** against the unexpected.

what's inside?

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How to Enroll

1. Review your options

- Review the information included in this guide.
- Talk to ALEX®. Based on your answers to questions about your health care needs, ALEX will help you choose the best fit for you and your family. Click “Ask ALEX” on **DGme**.



Important:

Be sure your covered dependent's birth name, Social Security Number (SSN) and date of birth recorded in the enrollment system match your IRS tax records. See page 19 for details.

2. Enroll on **DGme** within 31 days of your eligibility date.

- Click the “My Benefits” tab at the top of **DGme**. In the “My Benefits Links” section, click “Benefits Enrollment.” After reviewing the enrollment material, select the “click here” button to enroll in benefits.
- If you enroll in the Medical Plan, read the Healthy Living Guide and certify your tobacco status to qualify for wellness program incentives and save up to \$40 per month.

3. Confirm your elections.

- On the final review page, click “Finish” to confirm your elections. Remember to write down or print your confirmation number for your records.

Eligibility and Mid-Year Changes

Employees

You're eligible for the full-time Dollar General Benefits Plan if you:

- Have been with the company at least 90 days and work in a designated full-time position
- Work in a designated part-time position and averaged 30 hours per week during a defined period

Dependents

Who's Eligible	Who's Not
<ul style="list-style-type: none">• Legally married spouse• Children under the age of 26* <p>You will be required to provide proof of dependent eligibility to our dependent verification partner.</p>	<ul style="list-style-type: none">• Unmarried partner (boyfriend, girlfriend, domestic partner or fiancé/fiancée)• Grandchildren• A child not primarily dependent upon or related by blood to you

**Your biological child, stepchild or a child for which you have legal custody is eligible. A child of any age who becomes totally or permanently disabled while younger than age 26 and while covered by the Dollar General Benefits Plan is eligible. You must notify HR Shared Services if a dependent becomes totally and permanently disabled while covered by the Dollar General Benefits Plan before age 26. Documentation is required.*

Mid-Year Changes

After you enroll, **plan changes can only be made due to a qualifying event**, such as birth, adoption, marriage, divorce or if you or your dependent gains/loses other coverage. It is your responsibility to contact HR Shared Services at **1-855-ASK-DGHR** within **31 days of the qualifying event** (60 days for birth, adoption or placement for adoption).



Plans to Protect Your Family

We offer voluntary insurance plan options to protect your family. The payment from these benefits can be used for whatever you like — medical expenses, child care, travel — it's entirely up to you.



Critical Illness insurance

This coverage pays you a lump-sum cash benefit to help cover critical illness costs. This plan offers benefits for loss of sight, speech or hearing; bone marrow failure; prostate cancer; skin cancer and more.



Accident insurance

Accident insurance pays for treatment of an accidental injury, radiological and diagnostic tests, fractures and dislocations, hospital admission and more.



Hospital Admission and Stay (“Hospital Confinement”) insurance

Hospital Confinement insurance pays an admission benefit plus a daily benefit for each additional day you are hospitalized.



Cancer Diagnosis and Related Treatment (“Cancer”) insurance

This coverage pays you directly for costs associated with cancer treatment for you and eligible dependents. Covered treatments include radiation/chemotherapy, blood/plasma, new and experimental treatment, surgery and more.

See the brochures on **DGme** for specific policy details.

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. **Read the Healthy Living Guide** in the enrollment system for practical ideas on physical activity, diet, managing stress and more. Then confirm your tobacco use status and your commitment to make healthy choices in 2017 in the enrollment system.



Qualify for your 2017 Wellness Plan:

By reading the Healthy Living Guide and committing to make healthy choices in 2017, you'll qualify to receive these Wellness Plan incentives¹:

- 80%/20% coinsurance instead of 70%/30% (for medical coverage).
- Access to some generic medications for free²!



Earn a Tobacco-Free³ Credit

- Are you tobacco-free? Receive a monthly \$40 tobacco-free premium credit.
- Need help quitting or preventing relapse? Enroll in a cessation or relapse prevention program. If you actively participate and complete the program, you'll earn up to a \$480 Tobacco-Free Credit at year-end.⁴

¹ Wellness Plan incentives are not available to High Deductible Plan participants.

² See page 10 for details.

³ Tobacco products include cigarettes, pipes, cigars, and smokeless forms including chewing tobacco, snuff and dip and electronic cigarettes.

⁴ The year-end credit will be provided as a lump-sum payment on your paycheck at the end of the year in which you complete the program. You must be actively enrolled in the Medical Plan at the time of payment to receive the credit. Credit amount will be based on number of months on the Medical Plan during the year and subject to applicable tax withholdings.

Medical

Learn about ways to save time and money on health care on page 8!

To choose the right medical plan for you and your family, 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.

If your covered spouse works full-time (other than at Dollar General or self-employed) and has other employer medical coverage available, there will be an extra \$100-per-month charge if you choose to cover him or her under your Dollar General Medical Plan. You must confirm in the enrollment system whether your covered spouse works full-time and has access to medical coverage.

2017 Medical and Prescription (weekly rates)

High Deductible		
	With Tobacco-Free Credit	Without Credit
Employee Only	\$22.07	\$31.30
Employee + Spouse	\$49.49	\$58.72
Employee + Child(ren)	\$46.34	\$55.57
Employee + Family	\$73.30	\$82.53
Basic		
	With Tobacco-Free Credit	Without Credit
Employee Only	\$40.84	\$50.07
Employee + Spouse	\$63.83	\$73.06
Employee + Child(ren)	\$58.79	\$68.02
Employee + Family	\$86.73	\$95.96
Standard		
	With Tobacco-Free Credit	Without Credit
Employee Only	\$52.24	\$61.47
Employee + Spouse	\$88.14	\$97.37
Employee + Child(ren)	\$78.70	\$87.93
Employee + Family	\$120.80	\$130.03
Maximum		
	With Tobacco-Free Credit	Without Credit
Employee Only	\$77.75	\$86.98
Employee + Spouse	\$146.04	\$155.27
Employee + Child(ren)	\$128.59	\$137.82
Employee + Family	\$201.89	\$211.12

These rates do not include the additional \$100-per-month charge to cover a full-time working spouse who has access to other employer-provided medical coverage.

In Georgia, Kansas City, MO, and New Hampshire, coverage will be provided by a BCBST alternate network.

2017 Medical Options

BCBST Medical Coverage, BlueCross BlueShield BlueCard PPO								
	High Deductible ¹		Basic ²		Standard ²		Maximum ²	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible^{1,2}								
Single	\$6,350	\$12,700	\$850	\$1,725	\$575	\$1,150	\$450	\$900
Family	\$12,700	\$25,400	\$1,725	\$3,450	\$1,150	\$2,300	\$900	\$1,800
Out-of-Pocket Maximum								
Single	\$6,350	\$12,700	\$3,950	\$7,900	\$3,400	\$6,800	\$2,875	\$5,750
Family	\$12,700	\$25,400	\$7,900	\$15,800	\$6,800	\$13,600	\$5,750	\$11,500
Includes deductible and copays, if applicable								
Coinsurance after Deductible								
With Wellness Credit	N/A	N/A	80%/20%	60%/40%	80%/20%	60%/40%	80%/20%	60%/40%
Without Wellness Credit	100%	100%	70%/30%	50%/50%	70%/30%	50%/50%	70%/30%	50%/50%
Preventive Care³	100%	Not covered	100%	Not covered	100%	Not covered	100%	Not covered
Mammogram, pap smear, prostate screening, colonoscopy, sigmoidoscopy and well-baby immunizations (no deductible, in-network only)								
Wellcare Services	100%	Not covered	100%	Not covered	100%	Not covered	100%	Not covered
Ages six and up, includes regular physicals, blood pressure and periodic cholesterol screening, and flu shot								
Telemedicine	100%*		\$20 copay	N/A	\$20 copay	N/A	\$20 copay	N/A
Primary Care Office Visits								
With Wellness Credit	N/A	N/A	80%/20%	60%/40%	80%/20%	60%/40%	\$30 copay ⁴	60%/40%
Without Wellness Credit	100%*	100%*	70%/30%	50%/50%	70%/30%	50%/50%	\$30 copay ⁴ ; no deductible	50%/50%
Medically necessary, after deductible (family/general practice, internal medicine, pediatrics, OB/GYN, nurse practitioner)								

BCBST Medical Coverage, BlueCross BlueShield BlueCard PPO								
	High Deductible ¹		Basic ²		Standard ²		Maximum ²	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Specialist Office Visits With Wellness Credit Without Wellness Credit	N/A 100%*	N/A 100%*	80%/20% 70%/30%	60%/40% 50%/50%	80%/20% 70%/30%	60%/40% 50%/50%	\$45 copay ⁴ \$45 copay ⁴ ; no deductible	60%/40% 50%/50%
Outpatient Surgery	100%*	100%*	\$170 copay**	\$230 copay**	\$115 copay**	\$170 copay**	\$115 copay**	\$170 copay**
Urgent Care With Wellness Credit Without Wellness Credit	N/A 100%*	N/A 100%*	\$85 copay \$85 copay; no deductible	60%/40% 50%/50%	\$65 copay \$65 copay; no deductible	60%/40% 50%/50%	\$45 copay \$45 copay; no deductible	60%/40% 50%/50%
Emergency Care Per occurrence	100%*	100%*	\$140 copay**	\$140 copay**	\$115 copay**	\$115 copay**	\$115 copay**	\$115 copay**
Per-Confinement Hospital Stay	100%*	100%*	\$230 copay**	\$345 copay**	\$170 copay**	\$280 copay**	\$170 copay**	\$280 copay**
Chiropractic Services After deductible	Not covered	Not covered	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%

* After the deductible is met.

**After copay, you are subject to deductible and coinsurance.

¹The High Deductible Plan deductible and out-of-pocket maximum include both medical and prescription expenses.

²Medical services in the Basic, Standard and Maximum Plans are subject to a combined calendar year deductible, not including the prescription 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.

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

⁴No charge for routine diagnostic lab tests, X-rays, injections and immunizations in-network under the Maximum Plan when associated with an office visit.

Save Time and Money on Health Care

You can save time and money on health care throughout the year by being a smart health care consumer.



Contact a doctor 24/7 by phone or online video with **PhysicianNow TeleHealth** (\$20 copay, \$38 for High Deductible Plan until deductible is met).

Call **1-800-521-9919** or log in to [BlueAccess](#).

You can also connect by using the PhysicianNow app. Download it today on Apple App Store or Google Play Store.



Get free advice from a nurse 24/7 with BCBST's **Nurseline**.

Connect to Nurseline by phone at **1-800-521-9919** or via web chat on [BlueAccess](#).



Find out cost of care beforehand with **Healthcare Cost Estimator**.

Log in to [BlueAccess](#).



Get the best-quality care at the lowest price at **Blue Distinction Centers**.

Log in to [BlueAccess](#).



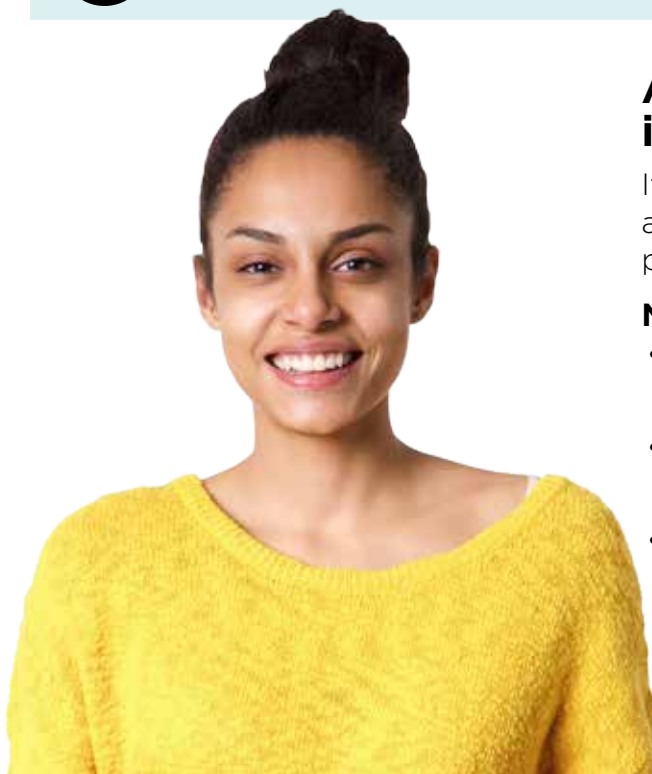
Pay less for care with **in-network doctors**.

Log in to [bcbst.com](#) to search for doctors, pharmacies and hospitals near you.



Get a second opinion with **Best Doctors**.

Call **1-866-904-0910** or visit [members.bestdoctors.com](#).



Are you turning an urgency into an EMERGENCY?

If you're going to the emergency room for acute conditions like a cold or sprain, you're probably spending more than you need to.

Need help finding a lower-cost alternative?

- Contact a doctor or nurse through PhysicianNow or BCBST's Nurseline.
- Locate the urgent care center nearest to your home.
- Find a primary care doctor at [bcbst.com/manage-my-plan](#).

Prescription Drug

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

2017 Prescription Drug Coverage

BCBST, Express Scripts Prescription Coverage				
	High Deductible*	Basic	Standard	Maximum
Drug Deductible (for Brand-Name Drugs Only)				
Single	\$6,350	\$345	\$230	\$115
Family	\$12,700	\$690	\$460	\$230
Maintenance medications with Wellness Credit**	NA	Generic: 100% covered; Brand: 50%	Generic: 100% covered; Brand: 50%	Generic: 100% covered; Brand: 50%
Out-of-Pocket Maximum				
Single	\$6,350	\$2,400	\$2,100	\$1,750
Family	\$12,700 <i>Included in medical out-of-pocket max</i>	\$4,800 <i>Prescription deductible & copays included</i>	\$4,200 <i>Prescription deductible & copays included</i>	\$3,500 <i>Prescription deductible & copays included</i>
Generic Drugs				
Coinsurance	100% after deductible	You pay 35%	You pay 30%	You pay 25%
Max copay per 30-day supply		\$150	\$100	\$50
Preferred Brand-Name Drugs				
Coinsurance	100% after deductible	You pay 45%	You pay 40%	You pay 35%
Max copay per 30-day supply		\$150	\$100	\$50
Non-Preferred Brand-Name Drugs				
Coinsurance	100% after deductible	You pay 55%	You pay 50%	You pay 45%
Max copay per 30-day supply		\$300	\$200	\$100

*Deductible and out-of-pocket maximum include medical and prescription expenses.

**See page 10 for a list of free or reduced-cost maintenance medications.





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**.

Use mail order for prescriptions.

All maintenance medications prescribed for 90 days or greater must be filled through mail order or at CVS, Kroger or other eligible* retail locations after three 30-day fills at a network retail location.

Step Therapy

For brand-name medication drugs used to treat certain illnesses and conditions (such as COPD, asthma, chronic bronchitis, emphysema and diabetes), you are required to 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 are 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.

Call **1-800-521-9919** to find out whether your medication qualifies for step therapy.

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**.

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.



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.



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.

* Call BCBST at 1-800-521-9919 to find a participating pharmacy where you can receive maintenance medications.

Dental

Consider what amount of dental care you might need before you choose your plan. Neither dental option has a deductible, and coverage is the same if you stay in network or go out of network for care. Enrollment in the Dollar General Medical Plan is required to enroll in the Dental Plan.

Your dental options

	Preventive Only	Comprehensive
Annual Benefit Maximum (per person)	\$1,000	\$1,500
Diagnostic and Preventive Services (oral exams, cleanings, X-rays)	Covered at 100%	Covered at 100%
Restorative Services (fillings, extractions, oral surgery)	Not Covered	80%
All Other Services (crowns, inlays, onlays, dentures, implants)	Not Covered	50%
Orthodontics (dependent children to age 19: \$1,500 lifetime maximum per child)	Not Covered	50%
2017 Weekly Rates		
Employee Only	\$1.35	\$4.81
Employee + Spouse	\$2.97	\$10.58
Employee + Child(ren)	\$2.43	\$9.00
Employee + Family	\$4.43	\$16.14



Vision

Think about your needs, and choose the right amount of coverage for you and your family. Enrollment in the Dollar General Medical Plan is required to enroll in the Vision Plan.

Your vision options

	Preventive Only		Comprehensive	
	In-network	Out-of-network	In-network	Out-of-network
Annual Exam One per 12 months	Covered at 100%	Plan pays \$35	Covered at 100%	Plan pays \$35
Contact Lens Exam	Not covered	Not covered	\$55 for standard fee; 10% discount for premium fee	Not covered
Eyeglass Lenses One set per 12 months in the Comprehensive Plan	You pay \$50 for standard single vision lenses	Not covered	\$25 copay	Plan pays \$30
Frames One set per 24 months in the Comprehensive Plan	35% discount if lenses and frames are purchased at the same time 20% discount if lenses and frames are purchased separately	Not covered	20% discount	Not covered
Contact Lenses One-year supply in lieu of frames	15% discount for conventional contact lenses	Not covered	100% covered for medically necessary lenses; \$105 allowance for elective	Plan pays \$210 if medically necessary; \$80 allowance for elective

2017 Weekly Rates		
Employee Only	\$0.16	\$0.56
Employee + Spouse	\$0.33	\$1.13
Employee + Child(ren)	\$0.34	\$1.18
Employee + Family	\$0.54	\$1.86

Flexible Spending Accounts (FSAs)

The Health Care Flexible Spending Account and Dependent Care Flexible Spending Account allow you to save money on eligible health care and dependent day care expenses. If you are eligible for full-time benefits at Dollar General, you may choose to participate in these accounts effective January 1, 2018. You may choose to participate in one, both or neither of the accounts — the choice is yours.



Health Care FSA

Use for health care, prescriptions, dental and vision for you and your dependents



Dependent Care FSA

Use for day care and summer camps (children under 13); care for an elderly parent

Detailed information concerning enrollment will be provided to you prior to your eligibility for the FSA program.



Health Savings Account (HSA)

High Deductible Plan participants can enroll in an HSA, which can help you save money to pay for the higher out-of-pocket costs under the plan.

An HSA is a special kind of tax-free savings account that you can use to pay for eligible medical, dental and vision care (including deductibles and coinsurance) and prescription costs. You manage your account online, and you'll receive a debit card that you can use to pay eligible expenses from your HSA.

The HSA offers a triple tax advantage:

1. **It's tax-free when money goes in.** You can contribute up to \$3,400 (if you only cover yourself) or \$6,750 (if you cover dependents) through tax-free payroll deductions.*
2. **It's tax-free as it grows.** You earn tax-free interest on your money.
3. **It's tax-free when you spend it.** When you spend your HSA on qualified health care expenses, you don't pay any taxes. That means you're saving money when you pay eligible medical, prescription drug, dental and vision expenses with your HSA funds.

There is a \$2.50-per-month fee to maintain the HSA. The fee is deducted from your account balance. If there is no balance, the fee will be waived.

**HSA contributions are subject to some states' income taxes*

IMPORTANT!

IRS rules do not allow you to have a Health Care FSA and an HSA at the same time. If you have an HSA, you can still use a Dependent Care FSA.

Keep your receipts!

Because these are tax-advantaged accounts, the IRS may request you to show proof that your expenses are eligible under the plans.



Life and AD&D Insurance

Nobody likes to think that bad things can happen, but pretending they don't isn't very realistic. 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	Supplemental Term Life Insurance	Supplemental AD&D Insurance
\$10,000 basic life and \$10,000 AD&D*	<ul style="list-style-type: none">• Buy up: 1x to 5x your salary, up to \$150,000• Coverage of 4x or 5x your salary is subject to Evidence of Insurability (EOI)	<ul style="list-style-type: none">• Buy-up: 1x to 10x your salary, up to \$1 million• Cost: \$.02 per \$1,000 coverage per month

Dependent life coverage

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

Spouse Life Coverage	Child(ren) Life Coverage
<ul style="list-style-type: none">• 50% of your chosen amount of life insurance, up to \$50,000	<ul style="list-style-type: none">• \$10,000 per child age six months to 26 years or \$1,000 per child from birth to six months• Cost: \$.46 per paycheck

**See your Summary Plan Description for eligibility requirements.*



Sample Weekly Life Insurance Rates

Supplemental Term Life Insurance Rates (weekly)									
Annual Salary*	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$0.09	\$0.12	\$0.19	\$0.32	\$0.48	\$0.72	\$1.30	\$1.73	\$3.18
\$20,000	\$0.18	\$0.24	\$0.37	\$0.64	\$0.96	\$1.44	\$2.61	\$3.45	\$6.36
\$30,000	\$0.28	\$0.37	\$0.56	\$0.96	\$1.45	\$2.17	\$3.91	\$5.18	\$9.55
\$40,000	\$0.37	\$0.49	\$0.75	\$1.28	\$1.93	\$2.89	\$5.22	\$6.90	\$12.73
\$50,000	\$0.46	\$0.61	\$0.93	\$1.60	\$2.41	\$3.61	\$6.52	\$8.63	\$15.91

Spousal Supplemental Term Life Insurance Rates (weekly)									
Spouse Benefit	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$0.22	\$0.28	\$0.44	\$0.75	\$1.17	\$1.99	\$2.85	\$3.54	\$6.44
\$20,000	\$0.43	\$0.55	\$0.88	\$1.50	\$2.34	\$3.98	\$5.69	\$7.08	\$12.88
\$30,000	\$0.65	\$0.83	\$1.32	\$2.26	\$3.50	\$5.97	\$8.54	\$10.63	\$19.32
\$40,000	\$0.87	\$1.11	\$1.76	\$3.01	\$4.67	\$7.96	\$11.38	\$14.17	\$25.75
\$50,000	\$1.08	\$1.38	\$2.20	\$3.76	\$5.84	\$9.95	\$14.23	\$17.71	\$32.19

* Annual Salaries listed above are for illustrative purposes.
Refer to the enrollment system for exact plan amounts based on your salary.



Disability Coverage

It's a fact: If you're disabled and can't work, the bills will still keep coming. 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.

Disability coverage

Short-term Disability (STD)

After you've been disabled for 14 days, this benefit replaces 60% of weekly pay for up to 11 weeks. Certain maximum limits apply.

How much will it cost? Here are some examples...

Hourly Wage	Annual Salary	Weekly Benefit	Cost per Week
\$8	\$16,640	\$192.00	\$4.39
\$10	\$20,800	\$240.00	\$5.48
\$13	\$27,040	\$312.00	\$7.13

Long-term Disability (LTD)

After you've been disabled for 90 days, including the 14-day waiting period and 11-week maximum duration under the STD plan (if covered), this benefit replaces 50% of your monthly salary, up to \$3,000, for five years if you remain disabled.

How much will it cost? Here are some examples...

Hourly Wage	Covered Pay	Monthly Benefit	Under age 30	30-39	40-49	50-59	60-69	70+
\$8	\$1,386.67	\$693.33	\$1.24	\$1.72	\$2.97	\$5.90	\$14.40	\$19.22
\$10	\$1,733.33	\$866.67	\$1.55	\$2.16	\$3.72	\$7.38	\$18.00	\$24.03
\$13	\$2,253.33	\$1,126.67	\$2.02	\$2.80	\$4.83	\$9.59	\$23.40	\$31.24

Business travel accident

In addition to your other income protection coverage, Dollar General provides coverage at no cost to you in the event you are involved in an accident that results in death or dismemberment while you are traveling on Dollar General business. Coverage is for travel-related accidents outside your normal job responsibilities.

Employee Assistance Program (EAP)

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



Maybe you or a family member is struggling with an issue. Or maybe you could use some help with legal or financial concerns. The EAP, through Magellan Healthcare, is here to help when life's challenges become difficult. It's convenient and confidential, and it's **free to all Dollar General employees and their household members.**

The EAP offers ...

	Counseling Services	<ul style="list-style-type: none">• Call a professional counselor 24/7• Up to five face-to-face visits for free
	Live Chat	Monday through Friday, 8 a.m. to 4:30 p.m. Central time.
	Legal and Financial Services	Family and divorce law, estate planning, and civil or criminal law. Financial experts can help with a range of topics including planning for retirement, debt consolidation and more.

Get more information and additional resources on Magellan's website by clicking "Magellan (Emp. Assistance Program)" under "My Benefits" on **DGme**.



Affordable Care Act reminders

- The Affordable Care Act requires you to have the minimum essential level of health insurance to avoid paying a tax penalty. In 2017, the penalty will be a minimum of \$695 per adult and \$347.50 per child (\$2,086 per family) or 2.5% of your household income above the tax return threshold for your filing status, whichever is greater.
- If you're eligible for the Dollar General Benefits Plan, you are offered qualified and affordable coverage, as defined by the Affordable Care Act. In general, individuals eligible for the Dollar General Benefits Plan are not eligible for the premium tax credit to purchase Marketplace health insurance. Go to **healthcare.gov** for more information.
- Enrollees in the Dollar General Benefits Plan will receive an IRS Form 1095-C with information on your Medical Plan participation for use in completing your tax return (1040). This form is not required to be attached to your tax return. Be sure to talk to your tax advisor when filing your taxes.

Important: Be sure your dependent's information — such as date of birth and Social Security number (SSN) — is correct in the enrollment system. The ACA requires employers to report each covered dependent's name, SSN and dates of coverage to the IRS. The information will assist the IRS in determining who met the coverage requirements of the Affordable Care Act.



Contacts

Have questions? Get answers.

Your Benefits		
Medical, Prescription Drug, Dental, Vision and Wellness	BlueCross BlueShield of Tennessee	1-800-521-9919 bcbst.com
Employee Assistance Program (EAP)	Magellan Healthcare, Inc.	1-866-234-3239 magellanhealth.com/member
HSAs and FSAs	HealthEquity	1-866-346-5800 healthequity.com/dollargeneral
Disability Coverage	Matrix	1-888-644-3550 matrixabsence.com
Critical Illness, Accident and Cancer Diagnosis and Related Treatment Insurance	Transamerica	1-855-933-6552
Hospital Admission and Stay Insurance	Voya	1-855-933-6552
Life Insurance	USABLE	1-800-370-5856
Tools to Save You Time and Money on Health Care		
Nurseline	BlueCross BlueShield of Tennessee	800-521-9919, Option 5 Via web chat on BlueAccess at bcbst.com
TeleHealth	PhysicianNow	1-800-521-9919, Option 4 BlueAccess at bcbst.com
Second Opinion Service	Best Doctors	1-866-904-0910 members.bestdoctors.com

The Dollar General Benefits Plan is summarized in this 2017 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.