

2021 BENEFITS GUIDE

Early Retiree Information



HEALTH AND
WELLBEING

2021 Early Retiree Benefits Program

Benefits are an important part of your retirement. If your most recent hire date is prior to July 1, 2001 you are eligible for retiree health coverage until age 65. You have access to the same health and dental plans offered to active employees. National Life contributions for these plans are different from active employees.

There is no coverage option available for retirees or dependents once the retiree becomes eligible for Medicare. If your dependent is not Medicare eligible, Cobra will be offered.

The Early Retiree Benefits Guide provides an overview of benefits offered to National Life Retirees. Carefully review your benefit options so you have a better understanding of the plans offered and elect the coverages that are right for you and your family.

The benefits you choose during the Annual Open Enrollment period will become effective on the following January 1.

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National Life's Benefit Service Center



CALL

Benefit Representatives are available
Monday to Friday, 9:00 a.m. – 5:00 p.m. ET
802-229-3066



EMAIL

Send questions via email anytime; emails
received after 5:00 p.m. Monday to Friday will
be answered the following business day
yourbenefits@NationalLife.com

This Benefits Guide provides only a brief summary of the benefits available under the National Life Group Benefits Program. In the event of a discrepancy between this Guide and the Plan Document, the Plan Document will prevail. National Life retains the right to modify or eliminate these or any other benefits at any time and for any reason.



Eligibility

To be eligible for National Life's benefits, you must be a retiree whose most recent hire date is prior to July 1, 2001, between the ages of 55 and 64.

FOR YOUR DEPENDENTS

Your dependents are eligible for coverage if they were on your medical and/or dental coverage prior to your retirement and are:

- Your legal spouse
- Your children under age 26, including stepchildren, foster children and adopted children
- Your disabled child of any age who is dependent on you for support due to a mental or physical handicap that occurs while your child is covered under the plan(s).

DEPENDENT VERIFICATION

National Life has a responsibility to ensure that only eligible expenses are paid from the benefit plans. This requirement is consistent with IRS regulations that govern the operation of a qualified plan. Therefore, you may be required to submit verification.

MAKING CHANGES DURING THE YEAR

The IRS permits mid-year changes within 30 days of a qualifying life event. Retirees cannot add dependents to their retiree coverage, but are able to remove dependents from their coverage if they gain coverage elsewhere or a dependent turns 26.

It is your responsibility to notify the National Life Benefit Service Center within 30 days of any qualifying event. Any change in coverage must be consistent with your life status change.

If you need to make an election change during the year or have questions about what constitutes a life status change, contact the Benefit Service Center at **802-229-3066** or **yourbenefits@NationalLife.com**.

REACHING AGE 65

The month a retiree reaches age 65, you and your spouse are no longer eligible for National Life sponsored medical coverage. If your spouse reaches age 65, they are not required to leave the plan. The Retiree and spouse can stay on the National Life sponsored plans as long as the retiree is under age 65.

If the retiree is on the HSA Plan, and the spouse enrolls in Medicare, it can impact contributions being made to the health savings account. Please make sure you understand the impacts if your spouse enrolls in Medicare Part A.

Enrollment

This is your opportunity to choose benefits coverage for you and your family.

LEARN ABOUT YOUR OPTIONS

Read and review this guide and all benefit information available to you on the National Life Benefits Portal at NationalLife.hrintouch.com.

REVIEW YOUR CHOICES AND COSTS

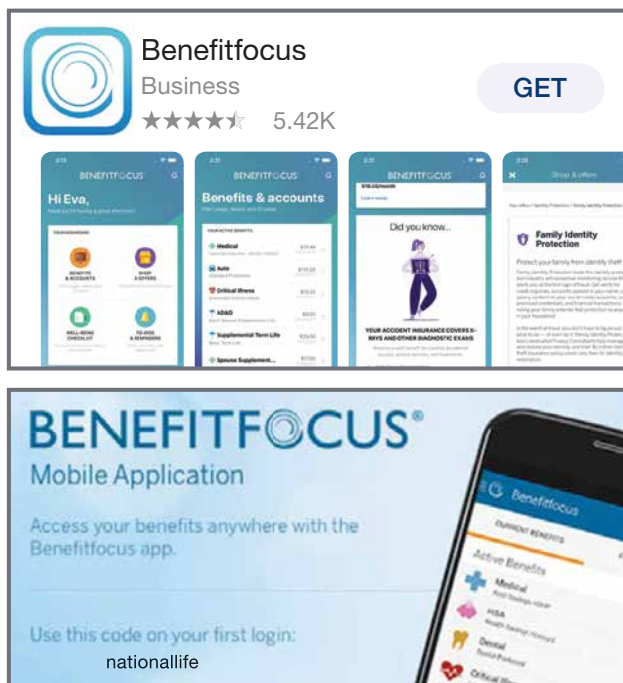
Compare your and your family's healthcare needs with the benefits available to you and their costs. Use the Benefits Portal and this booklet to find information and access tools that can help you estimate your medical needs and estimated out of pocket costs for the coming year.

ENSURE YOUR DEPENDENTS MEET ELIGIBILITY CRITERIA

See "Eligibility" and "Dependent Verification" on page 6 to learn more.

CONFIRM YOUR ELECTIONS

When enrolling online, look for the "Submitted Successfully" message before you log off. Print or save a confirmation of your enrollment for your records.



Access the National Life Benefits Web Portal on the GO!

To do so, you will need to download the BenefitFocus HR Intouch credentials. Then, you'll be able to view your benefits anywhere, anytime.

Questions?

Contact the National Life Benefit Service Center at
yourbenefits@NationalLife.com
or 802-229-3066

Welcome to HR InTouch!

Once you log in, you will find a powerful website with interactive tools and videos to help you learn more about the company, your benefits and other topics of interest. Using HR InTouch, we hope that you will find everything you need to make better healthcare and benefit decisions.

Log in to your account

Username*

Password*

Log in

How to Enroll

Visit: www.NationalLife.hrintouch.com

- Your username is your first name, last name initial, and last four digits of your SSN (ie: matthewt4321)
- Your password is your SSN without dashes or will be the password you changed it to after your first time logging in
- Review the benefits information available online and then click "Enroll Now" to make your elections.



MEDICAL

National Life has three medical plan options. Each of the plans encourage prevention while providing medical care when you need it. The plans offer different choices between your contributions and out of pocket cost for any health services you need during the year. This allows you to consider your unique needs and choose the coverage that works best for you and your family.

This booklet provides an overview of each medical plan and prescription drug coverage. You can go to the National Life Benefits Portal site for more information on the plans or to use the guided shopping app to help you compare plans. You can also speak to a National Life Benefit Service Center representative by calling 802-229-3066 Monday-Friday, 9am-5pm ET.

Understanding key medical and prescription drug terms

MEDICAL TERMS

ANNUAL DEDUCTIBLE

The amount that you pay each year out of your own pocket before the plan begins paying a portion of your medical coverage. Expenses that count toward your deductible also count toward your out-of-pocket maximum.

COINSURANCE

The percentage of the total medical bill that you and the plan pay once the deductible is met. For example, if the plan pays 80%, your coinsurance will be 20%.

COPAY

A flat dollar amount that you pay for some services, such as office visits or prescriptions. Copays are not counted toward meeting your deductible, but do count toward the out-of-pocket maximum. Note that there are no copays in the HSA Plan.

OUT-OF-POCKET MAXIMUM

The maximum amount you could pay each year in deductibles, coinsurance, and copays. After you reach the out-of-pocket maximum, your plan pays 100% of eligible medical expenses for the rest of the calendar year.

PRESCRIPTION DRUG TERMS

GENERIC DRUG

A drug approved by the FDA for the same effectiveness, quality, safety and strength as a brand-name drug. Note that a generic drug usually costs significantly less.

BRAND FORMULARY DRUG*

A preferred (or formulary) drug is FDA-approved and selected by your prescription drug plan for safety and cost-effectiveness. These drugs cost more than generics but less than non-formulary drugs.

BRAND NON-FORMULARY DRUG*

A brand-name drug that is not on the plan's preferred (or formulary) list. These medications will cost you the most.

* Formulary drug lists are subject to periodic change.

Using Your Plan Wisely

There are many tools and resources available to help you make smart, cost-effective decisions about your and your family's healthcare throughout the year.

Compare costs and quality

Visit myCigna.com or download the myCigna app to find tools to help you compare prices on the health care services you need.

Learn about what your plan covers

Your plan covers a wide range of services, from preventive care and doctor visits, to discounts on programs that help you improve or protect your health. Visit myCigna.com if you have a question about your benefits or to learn more.

Using the healthcare plan wisely helps reduce your out-of-pocket costs and the costs that National Life pays toward your medical and pharmacy claims which will help keep future healthcare cost increases to a minimum.

Know where to go for care

You can seek care in many places, including your regular doctor, MDLIVE, Amwell, walk-in clinics, urgent care centers and the emergency room. It's smart to choose the most cost-effective provider that will meet your needs. If you're not sure where to go, call Cigna One Guide at 800-244-6224 for more information.

Choice is Good. More choice is Better.

If you can't make it to your personal doctor, Cigna Telehealth Connection through MDLIVE and Amwell lets you get the care you need – including most prescriptions – for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, at home, at work, or while on vacation. When, where and how it works best for you, 24 hours a day, 7 days a week.

Take advantage of preventive care!

Preventive care is designed to help you learn more about your current health status and identify potential health issues early when they are easier and less costly to treat. Under the National Life medical plans, in-network preventive care services are paid in full (subject to certain age and frequency limits) – there is no copay, deductible or other out-of-pocket expenses.

Examples of age specific preventive services include: annual physicals, routine cancer screenings (such as a mammogram or colonoscopy), routine vaccinations and more. See your plan's Summary Plan Description or Cigna's Preventive Care flyer for a detailed list of covered preventive care services.

Help us to keep our healthcare costs in check by getting your preventive medical, dental and vision exams, as recommended.

Medical and Prescriptions

The chart below provides a brief comparison of the coverage levels under the Cigna Medical plans.

IN- NETWORK	OPTION 1: HRA PLAN	OPTION 2: HSA PLAN	OPTION 3: OAP \$2,500
National Life Personal Care Account Funding	Employer HRA Contribution: Single Plan: \$750 2-Person/Family Plan: \$1,500	Employer HSA contribution: Single Plan: \$750 2-Person/Family Plan: \$1,500	No National Life personal care account funding

MEDICAL			
Deductible • Single • 2-Person/Family	Medical deductible: \$1,500 \$3,000*	Combined Med & Rx deductible: \$2,000 \$4,000	Medical deductible \$2,500 \$5,000*
Coinsurance	After deductible: 20%	After deductible: 20%	After deductible: 30%
Max Out-of-Pocket • Single • 2-Person/Family	\$3,000 \$6,000*	\$3,000 \$6,000	\$4,000 \$8,000*
Preventive Medical	Paid at 100%	Paid at 100%	Paid at 100%
Primary/Specialist office visit	Applied to deductible, then coinsurance	Applied to deductible, then coinsurance	\$20/\$40
All other medical expenses	Applied to deductible, then coinsurance	Applied to deductible, then coinsurance	Applied to deductible, then coinsurance

PRESCRIPTIONS**			
Rx Deductible (Deductible does not apply to mail order Rx) • Single • 2-Person/Family	\$100 \$200	Medical deductible applies***	\$100 \$200
Rx Generic	\$20	10%	10%
Rx Preferred	\$30	20%	20%
Rx Brand	\$60	50%	50%
Rx Maximum Out-of-Pocket • Single • 2-Person/Family	\$3,600 OOP max \$7,200 OOP max	Combined medical & Rx maximum out-of-pocket. Rx is paid 100% after maximum out-of-pocket	\$2,350 OOP max \$4,700 OOP max

Find a Network Provider

To find a network provider in your area, call **Cigna One Guide** at **800-244-6224**, log on to www.mycigna.com, or access the myCigna app. Group number- **3209368**

Cigna One Guide is there to help with any questions you have. You can call them or chat via web and app.

See Cigna Summary of Benefits or the Summary Plan Description for a complete benefit listing.

* Stacked Deductible and Out-of-Pocket (OOP) Maximum (HRA and OAP Plan only) - A stacked deductible and OOP maximum allows for multiple layers of deductibles and OOP maximums for individual family members. An individual's claims contribute to both an individual and family deductible. All individuals in a family contribute to the same family deductible and OOP maximum. Once an individual's deductible is met, coinsurance will be in effect for that individual until the individual OOP maximum is met.

** Your prescription will be automatically filled with a generic (if available) unless your doctor specifically writes "dispense as written" on the prescription. If your physician writes you a prescription for a generic and you choose a brand drug, you will pay the brand co-pay plus the cost difference between the generic equivalent and the brand drug.

*** The HSA prescriptions are subject to the medical deductible before coinsurance applies. The deductible is waived for certain preventative prescriptions.

Early Retiree Health Plan Costs for 2021

		HRA	HSA	OAP \$2,500
Annual Plan Cost	Annual Plan Cost			
	Single Plan	10,424.17	8,729.67	7,921.50
	2-Person Plan	20,783.21	17,434.70	15,849.23
	Family Plan	27,129.54	22,756.03	21,115.50
	National Life's Annual Contribution			
	Single Plan	4,364.83	4,364.83	4,364.83
	2-Person Plan	8,717.35	8,717.35	8,717.35
	Family Plan	11,378.01	11,378.01	11,378.01
	Employee Annual Contribution			
	Single Plan	6,059.34	4,364.83	3,556.66
Monthly Deductions	2-Person Plan	12,065.86	8,717.35	7,131.88
	Family Plan	15,751.53	11,378.01	9,737.49
	Monthly Payroll Deduction			
	Single Plan	504.94	363.74	296.39
	2-Person Plan	1,005.49	726.45	594.32
	Family Plan	1,312.63	948.17	811.46

Retiree Group Life Insurance

- Your coverage continues until death if you were hired prior to 1/1/2005 and retired on or after age 55 with 5 or more years continuous employment after attaining age 50
- If your annual salary was more than \$50,000 per year, your benefit remains at \$50,000 throughout the term of the policy
- If your annual salary was less than \$50,000 per year, your coverage is reduced to an amount equal to your annual salary at time of retirement
- If you have any questions about converting your group or voluntary life insurance policy call (802) 229-3066

AARP

If you are age 50+ and currently have an AARP membership through National Life, the company will renew your membership for life or until National Life no longer offers this benefit

Weekly Subscription

Keep your email updated with National Life to continue to receive the Weekly

HOW THE PLANS WORK

The HRA PLAN

The HRA Plan works like a regular medical plan, you'll first meet your deductible, then pay coinsurance until you reach your out-of-pocket maximum.

The prescription program on the HRA Plan utilizes a co-pay for prescriptions and has an out-of-pocket maximum which is separate from the medical out-of-pocket. See page 12 for options when filling a prescription.

In the HRA Plan you'll receive a company-funded Health Reimbursement Account, or HRA. It's an account that National Life contributes to on your behalf, helping you pay for qualified, out-of-pocket medical expenses, like deductibles and coinsurance. National Life will contribute \$750 if you are enrolled in a single plan and \$1,500 if you are enrolled in a two-person or family plan.

As with anything, it's important to know your options and be informed so you can make the right choices for you and your family.

Cigna One Guide is available to help you make smarter, informed choices and get the most from your plan. It's Cigna's highest level of support that combines the ease of a powerful app with the personal touch of live service. One Guide personal support, tools and reminders can help you stay healthy and save money.

IT'S EASY TO USE

HRA funds roll over year-to-year and never expire, unless you change health plans or leave the company.

Present your CIGNA ID card

You do not pay anything at the time of your visit

Your provider's office bills CIGNA for the service

CIGNA will use funds from your HRA, if available, to pay the bill

Your Explanation of Benefits (EOB) from CIGNA shows any payments and remaining balance

HOW THE PLANS WORK

The HSA PLAN

The HSA Plan is a high deductible health plan and provides coverage for the same services as other plans, like doctor's visits, hospitalization, and prescriptions.

You will need to reach your deductible before the insurance starts to pay for many services. You'll then pay coinsurance until you reach the out-of-pocket maximum.

The prescription program on the HSA Plan works a little differently than the other plans. See page 12 for options when filling a prescription.

- **Preventive and Maintenance Medications.**

Most prescription drugs that are considered preventive or maintenance (you take them regularly to control a chronic health issue such as diabetes or high blood pressure) are not subject to the deductible. You pay 20% coinsurance for these medications, and the plan pays the rest.

- **All Other Medications.**

All other prescriptions are subject to the deductible. You pay the full cost for these medications until the deductible is reached. Once the deductible is met, you pay coinsurance for prescriptions and the plan pays the rest.

- **Important Note:**

In the HSA Plan, your prescription costs count toward the plan deductible and out-of-pocket maximum. There is no separate Prescription Drug Out-of-Pocket Limit as in the other medical plans offered.

In the HSA Plan, you have access to a Health Savings Account or HSA. HSAs are regulated by the IRS with special eligibility rules. More information can be found on page 13.

National Life will also contribute to the HSA throughout the year. National Life will contribute \$750 if you are enrolled in a single plan and \$1,500 if you are enrolled in a two-person or family plan. Contributions are made in two installments (half in January and half in July).

As with anything, it's important to know your options and be informed so you can make the right choices for you and your family.

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**THE HSA
IS AS
EASY AS
SWIPING A
DEBIT CARD**

HSA funds roll over
year to year and
never expire.

Present
your
CIGNA
ID card

You do
not pay
anything at
the time of
your visit

Your
provider's
office bills
CIGNA for
the service

CIGNA will
use funds
from your
HSA, if
available, to
pay the bill

Your
Explanation
of Benefits (EOB)
from CIGNA shows
any payments and
remaining
balance

HOW THE PLANS WORK

The OAP PLAN

The OAP Plan features the lowest bi-weekly premiums of our three medical plan options.

Just like the other plans, you'll have to meet your deductible, then pay coinsurance until you hit your out-of-pocket maximum.

However, the OAP Plan is the only option that features copays for doctor's visits, meaning you'll pay a set fee each time you visit the doctor.

The prescription program on the OAP Plan utilizes a coinsurance for prescriptions and has an out-of-pocket maximum which is separate from the medical out-of-pocket. See page 12 for options when filling a prescription.

The OAP Plan does not feature any National Life account funding, however you may elect and fund your own Flexible Spending Account to pay for qualified health related expenses.

As with anything, it's important to know your options and be informed so you can make the right choices for you and your family.

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Options When Filling Your Prescription

Retail Pharmacy

For short-term medications (up to a 30-day supply), take your medical ID card to a participating retail pharmacy.

Cigna 90 NOW Retail Pharmacy

For certain long-term maintenance medications (up to a 90-day supply), take your medical ID card to a participating Cigna 90 NOW retail pharmacy. Go to the [90-Day Network](#) on [cigna.com](#) to find a Cigna 90 NOW retail pharmacy.

Mail Service Pharmacy

For long-term maintenance medications (up to a 90-day supply) delivered to your home, go to [Home Delivery Pharmacy](#) on myCigna.com or the myCigna app and register for mail delivery service.

Specialty Pharmacy

For specialty prescriptions, see [Price a Medication](#) on myCigna.com or the myCigna app to determine the price and participating specialty pharmacy.



Other Pharmacy Management Programs

Cigna provides pharmacy management programs to help improve the safety and cost-effectiveness of your prescription drug coverage.

For more information on either of the programs described below, contact Cigna at 800-244-6224.

Step Therapy

Step Therapy is designed to find the safest and most cost-effective drug therapy for certain conditions that require medication regularly. Step Therapy may require the use of a generic or lower-cost alternative first. At any time, if your doctor believes an alternative medication is not right for you due to medical reasons, he or she can request prior authorization for coverage of a Step Therapy medication. Participants may benefit from this program by finding an effective generic medication at the lowest cost.

Some of the therapeutic categories covered by Step Therapy include allergy/nasal antihistamines, contraceptives, osteoporosis, anti-inflammatory/COX-2 inhibitors, hypertension, and diabetes. To find out if your medication is part of the step therapy program, use the formulary look up tool on the pharmacy page of [myCigna.com](#) or call Cigna at 800-244-6224.

HOW IT WORKS

When filling your prescription, the pharmacist runs the prescription through the system and is alerted of the step therapy program requirement. If your six-month history shows that the first line drug was previously dispensed, then the second line or higher cost medication can be dispensed. However, if there is no record of a first line drug being dispensed previously, then you must try the first line drug first or go through the prior authorization process.

Prior authorization is a process where the doctor submits a medication request form stating the reason why the patient must have the second line drug filled at the pharmacy without going through the step therapy process.

Prior Authorization

Some medications on your plan need Cigna approval to be covered. This helps assure you receive coverage for the right medication in the proper amount. If you're taking a medication that requires approval, ask your provider to call Cigna first. To see if your medication requires prior authorization, see [Price a Medication](#) on myCigna.com or the myCigna app.

Quantity Limits

Some medications are covered for a certain quantity or a specific number of days. This helps assure that you receive coverage for the right medication in the proper amount. If your medication has a quantity limit, ask your provider how this may affect you. To receive coverage for a larger quantity, the provider should call Cigna to request approval. To check if your medication has quantity limits, see [Price a Medication](#) on myCigna.com or the myCigna app.

The Health Savings Account (HSA)

When you enroll in the HSA Plan, you will be enrolled in and can choose to contribute to a tax-advantaged Health Savings Account (HSA). The HSA is your personal account, so you decide how to use it. You can use it to pay for eligible healthcare expenses you incur, including your deductible and coinsurance. Any money you don't use stays in your HSA, making it a tax-free way to save for future healthcare needs, including certain retiree medical and long-term care insurance premiums.

What are the tax benefits of an HSA?

An HSA has many tax benefits!

1. **Contributions:** Any contributions you make may qualify as a deduction on your annual tax return.
2. **Withdrawals:** Funds you use to pay for eligible healthcare expenses are not taxed.
3. **Earnings:** The funds in your account earn tax-free interest. Plus, you can invest amounts over \$2,000 in the investment options available, and any earnings are also tax-free.

Who is eligible to open an HSA?

To be eligible to open and contribute to an HSA with National Life, you must meet certain criteria set by the IRS:

- You must be covered by an HSA-compatible medical plan, such as the HSA Plan, and you cannot be covered by any other medical plan that is not an HSA-compatible medical plan (including a spouse's healthcare plan).
- You cannot be enrolled in Medicare.
- You cannot be eligible to be claimed as a dependent on someone else's tax return.
- You must be a U.S. resident.
- You may not be in active military service or, if you are a veteran, you may not have received veterans' benefits within the last three months.

For complete details on HSA eligibility, visit the IRS website and refer to Publication 969. If you do not meet these criteria, you may still elect the HSA Plan; however, you may not open an HSA.

How much can I contribute to an HSA?

The IRS sets limits on how much can be contributed to an HSA in a given year. For 2021, those limits are \$3,600 for an individual and \$7,200 for a family. Individuals who are age 55 or older by December 31 can make catch-up contributions of an additional \$1,000 per account holder per calendar year. HSA annual limits are a combination of the amount you contribute plus the amount National Life contributes.

You may also contribute (up to the IRS limits) to your HSA at any time via check or an electronic fund transfer from a bank account. If you've already paid taxes on funds that you contribute to your HSA, you may claim a deduction on these funds on your tax return for the year in which the contributions were made.

What expenses can I pay for with my HSA?

You can use your HSA funds to pay for eligible healthcare expenses such as dental treatment, vision services like eye exams and prescription glasses, hospital and ambulance services, prescription medications, and much more. You can find a list of eligible expenses on myCigna.com, in IRS Publication 502 available at www.irs.gov, or by calling 800-TAX-FORM.

The expenses can be for yourself or anyone who is considered your dependent for income tax purposes — even if they are not covered under your medical plan. This includes your spouse and children. It does not include a domestic partner or an adult child (who is not a qualified tax dependent); however, if you cover your domestic partner or adult child under the HSA Plan, they may open their own HSA since they are covered by an HSA compatible plan (provided they meet other eligibility requirements).

How do I use and manage my HSA?

When you enroll in the HSA Plan, you will be automatically enrolled in a Health Savings Account. You'll receive information from HSA Bank which will include information on using and managing your HSA, as well as a convenient debit card. When you have an eligible expense at a provider's office or pharmacy, just swipe your card like you would any credit or debit card. You can also be reimbursed from your HSA through an electronic transfer to a linked bank account, or request a check to be mailed to your home address.

The HSA Bank site, accessible through myCigna.com or the myCigna app is where you can check your HSA balance, review claims you have paid from your HSA, submit out-of-pocket expenses for reimbursement, and more!

What if I opened an HSA last year?

If you enrolled in the HSA Plan last year, you are already enrolled in your HSA. However, your HSA contribution does not roll over. The HSA contribution must be elected on an annual basis. If you do not make a contribution election during enrollment or want to change your contribution election to the HSA, you can do so at any time by visiting the National Life Benefits Portal at NationalLife.hrintouch.com.



The Health Reimbursement Account (HRA)

When you enroll in the HRA Plan, you will be enrolled in the Health Reimbursement Account. The HRA is owned and funded by National Life and is used to pay for eligible medical expenses.

AN ANNUAL HRA

At the start of the plan year, National Life deposits a specific dollar amount to your HRA based upon your tier level. Your account is used to pay 100% of eligible health care expenses until the money is used up.

The money used from your HRA counts toward your deductible, reducing your share. You are responsible for the remainder of your deductible. When you reach your deductible, you and your plan share the costs (coinsurance).

Unused money rolls over each plan year up to the maximum out-of-pocket amount. If you leave National Life or switch plans, the funds in the account stay with National Life.

SAVINGS TIPS

Take advantage of preventive check-ups and screenings. These services help you to stay healthy and identify problems early and are covered at 100% by National Life medical plans when you use in-network providers.

- Select in-network providers. Providers in your plan's network have agreed to charge discounted fees for their services. That's why you'll pay less when you see in-network providers than when you see providers who are not in the plan's network.
- Use a general practitioner, or an urgent care center instead of the Emergency Room (ER). The ER is one of the most expensive places to get care, so only use it for true medical emergencies. If you have a health issue that can't wait until you can go see your doctor, visit an urgent care center or walk-in clinic, or call MDLIVE or Amwell.
- Use MDLIVE or Amwell. This program allows you to get an appointment with a board-certified physician 24 hours a day, using a landline or cell phone, or via video on your computer, smartphone or tablet.
- Use My Health Assistant on myCigna.com or call the number on the back of your ID Card to engage with a Health Coach. These programs provide personalized wellness coaching, access to diabetes prevention and smoking cessation programs, and expert guidance in managing chronic conditions.
- Generics first for your prescription drugs. Let your doctor know our plans prescribe generic drugs first as these are less costly than brand names, but just as effective. And, if you take certain medications regularly ("maintenance" drugs), use the home delivery service to lower your out-of-pocket cost.

Because National Life medical plans are self-insured by the company, using these tips will help to keep our healthcare costs down for everyone. It also is advantageous to always be an informed consumer of healthcare.

Points to Ponder

DISEASE MANAGEMENT SERVICES

Chronic conditions – such as heart disease, asthma and diabetes – can lead to decreased quality of life and high medical costs when they are not well managed. The disease management services available through Cigna can help. These programs will identify members of National Life medical plans who can benefit from these services and reach out to offer individualized support in managing these chronic conditions and their associated costs, helping to keep our overall healthcare costs as low as possible. (Your health information is kept confidential in accordance with HIPAA privacy laws.)

USE TELE-MEDICINE!

MDLIVE and Amwell give you an easy way to access licensed, board-certified doctors via telephone or online video consultation (Cigna members only). Pay only a small copay which is less than the cost of a visit to a doctor, urgent care center, walkin clinic, or emergency room. MDLIVE and Amwell doctors are available 24/7 and can diagnose non-emergency medical problems, recommend treatment, and even call a prescription into your pharmacy, when necessary. We encourage you to use MDLIVE or Amwell any time you can't get to your regular doctor or the National Life Health+Wellness Center – when traveling, after hours or on holidays. Just go to AmwellforCigna.com | 855-667-9722 or MDLIVEforCigna.com | 888-726-3171

PRIOR AUTHORIZATION OF MEDICAL SERVICES

Unnecessary medical tests and procedures raise healthcare costs for everyone. Yet many doctors may still recommend expensive services that do not improve patient outcomes and may even compromise patient safety and quality of care.

To help ensure these services are accurately prescribed and do not incur unnecessary costs, certain advanced radiology and cardiology procedures will require prior review and approval initiated by your physician. This includes MRI, CT and PET scans, diagnostic cardiology, and cardiac rhythm implant devices. Pre-approval is not required for services performed in an emergency room, urgent care center, or during an inpatient hospital stay.

myCigna Tools and Resources

[myCigna.com](https://mycigna.com) is your personalized Cigna Website. Your online account gives you access to a variety of features including finding care and costs, viewing claims, managing spending accounts, and accessing wellness options through programs such as Healthy Rewards and health coaches.

The screenshot displays the myCigna website interface. At the top, the Cigna logo is on the left, and links for ID Cards and Hi are on the right. A navigation bar includes Home, Find Care & Costs, Coverage, Claims, Spending Accounts, Prescriptions, and Wellness. The main content area is divided into four panels: Medical Coverage Status (showing a deductible of \$3,980.00), Spending Accounts (showing a Health Savings Account with a balance of \$17), Family Incentives (showing a gift card earned of \$150.00), and Latest Updates (listing various health tips and claims). On the right, there's a section for My Health Team with links to My Primary Care Provider and My Dentist, and a My Health section showing a Wellness Score of 99/100.

Medical Coverage Status Medical | Dental

In-Network Deductible Remaining
\$3,980.00

You pay the deductible
This is a family deductible. Costs for covered services paid by each family member contribute to this until it's met. Eligible in-network preventive care is covered 100% by your plan.

[View coverage details](#)

Spending Accounts

Health Savings Account (HSA)
\$17
[Manage HSA](#)

[View account details](#)

Family Incentives

Gift Card earned:
\$150.00
out of \$500

[View my incentives](#)

Latest Updates

[All \(27\)](#) [Savings Tips \(21\)](#) [Appointments](#) [Prescriptions](#) [Claims \(3\)](#) [Messages \(3\)](#)

Scan for quality and cost. Be prepared.
[See details](#)

Urgent need? Try urgent care. Be prepared.
[See details](#)

Find your healthy. And earn up to \$50.
[See details](#)

Digital Behavioral Programs: iPrevail and Happify
A message from your health plan | [See details](#)

claim on 5/29/2019 for a visit to CIGNA ONSITE HLTH LLC is **PROCESSED**.
May 29 | [Claim summary](#)

[Show more](#)

My Health Team

My Primary Care Provider
[Change](#)

My Dentist
[Change](#)

[Manage My Health Team](#)

Talk to a doctor or nurse 24/7 using your phone, tablet, or computer
[Connect now](#)

My Health

99/100 **My Wellness Score**
Last taken Nov 7, 2018

[Take your health assessment](#)

Cigna realizes the only way to meet and exceed your needs is to be there for you—whenever and however you need them. That's why they are continually enhancing the ways they communicate with you, including by mobile devices.

Cigna mobile apps are free and available for iOS™ and Android™ devices. You can access your personal health information from your device, anytime, anywhere.

SEE DETAILS ON PAGE 18



Cigna One Guide® enhanced customer service gives you guidance when you need it the most.
Now it's easier for you to take control of your health and health spending.

Cigna One Guide service can help you make smarter, informed choices and get the most from your plan. It's the highest level of support that combines the ease of a powerful app with the personal touch of live service. One Guide personal support, tools and reminders can help you stay healthy and save money.

Making health care decisions can be confusing. There are so many questions:

- Are you paying too much for a prescription?
- Is this provider in your network?
- How can you make healthier choices?

Cigna One Guide service is there to help you find answers to questions like these and many more.

The Cigna One Guide solution combines digital technology with personalized customer service. With One Guide, you have the one-on-one support you need to take control of your health — and your health spending. Whether it's choosing a plan, finding a provider, or exploring ways to improve your health, One Guide is here to help.

You can access a personal guide via app, chat, online or phone, when you need guidance, support or answers.

Your One Guide team is a click away to help you:

UNDERSTAND YOUR PLAN

- Know your coverage and how it works
- Get answers to all your health care or plan questions

GET CARE

- Find an in-network doctor, lab or urgent care center
- Connect to health coaches, pharmacists and more
- Stay on track with appointments and preventive care
- Take advantage of dedicated one-on-one support for complex health situations

SAVE AND EARN

- Maximize your benefits and earn incentives
- Get cost estimates and service comparisons to avoid surprises

To reach Cigna One Guide call 800-244-6224
log on to mycigna.com, or access the myCigna app.



myCigna Mobile App

The myCigna Mobile App makes it easy to check if a doctor is in your plan's network, so you can avoid out-of-network costs. And myCigna has fingerprint access, so you're always just 1 touch away from your:

- Provider directory
- Coverage details
- Account balances
- Deductible expenses
- Claims information, and more

The myCigna app makes it easier than ever to manage healthcare expenses—on the go.

Programs Offered

Close Gaps in Care

At Cigna, we want to help you do everything you can to improve or maintain your health. If we notice that you've missed a doctor's appointment in your care plan, haven't refilled a prescription or have had a gap in your care that could affect your health, we may start a conversation during a regular coaching call to see how we can help.

Chronic Condition Support

Your health coach will help you create a personal care support plan, understand medications or your doctor's orders, identify triggers that affect your condition, learn your treatment options, and know what to expect if you need to spend time in the hospital.

Treatment Decision Support

Your health coach will help you understand your condition, discuss treatment options, remind you to refill your prescription, visit your doctor or follow-up on other forms of care, or just help you learn how to develop healthier habits for a healthier you.

Stress Management, Weight Management, and Tobacco Cessation

Your health coach will work with you to set smart goals for success.

Case Management

If you're already taking part in Cigna's Case Management program, you'll continue to receive your regular calls. If there's been a gap in your care that could affect your health, your case manager may bring it up during your regular call.

OMADA

Omada is a digital lifestyle change program. Omada combines the latest technology with ongoing support so you can make the changes that matter most—whether that's around eating, activity, sleep, or stress. It's an approach shown to help you lose weight and reduce the risks of type 2 diabetes and heart disease. The program is no additional cost if you or your covered adult dependents are enrolled in one of our medical plans with Cigna. Take the 1-minute health screener to see if you are eligible: omadahealth.com/nationallife.

Health Coaching and Programs

Cigna offers a variety of programs to help you get healthy and live well. They are so excited to get to know you, they may even call you to talk about ways you can work together to help you manage your health.

Programs they offer have been chosen to help you take steps toward a healthier life, and you may be eligible for an incentive when you participate. Cigna does their best to suggest programs you might be interested in by listening to you and looking at information like your health assessment answers and claim information.

Dental

National Life has one dental plan. You may enroll yourself and your eligible dependents or you may waive coverage. You do not have to be enrolled in a medical plan to elect dental coverage - or cover the same dependents under medical and dental. Review the summary below to understand how the plan works.

NOTE: You will not receive identification cards for the dental plan, however, you can print cards from myCigna.com or download the myCigna app.

	Preventive (Class I) 100%*	Basic (Class II) 80%	Major (Class III) 60%	Implants (Class IX) 60%	Orthodontic (Class IV) 60%
Services	<ul style="list-style-type: none"> • Oral Exams • Cleanings • X-rays • Fluoride Application • Sealants • Emergency Care 	<ul style="list-style-type: none"> • Fillings • Endodontics • Periodontics • Oral Surgery • Anesthesia • Repairs to Bridges, Crowns, and Inlays • Repairs to Dentures 	Installations of: <ul style="list-style-type: none"> • Inlays and Onlays • Prosthesis Over Implant • Crowns • Bridges • Dentures • Stainless Steel / Resin Crowns 	Full tooth implants subject to plan maximum	Teeth straightening is not subject to plan deductible
Maximums		These services subject to Calendar Year Maximum of \$1,500			Lifetime \$2,000
Deductible	N/A	_____ \$50 per person _____ _____ Up to \$150 for a family _____			N/A

Monthly Premiums

Single	\$13.04
2-Person	\$24.23
Family	\$42.37

Coverage for Oral Surgery

Our dental plan covers certain (but not all) surgical procedures. In some cases, oral surgery may be covered by your medical plan. Make sure you know what your medical plan and/or dental plan will pay before you have any oral surgery. Remember to check if the oral surgeon is in-network to save money.

Find a Network Provider

To find a network provider in your area, please call CIGNA at 800-244-6224 or log on to www.mycigna.com.
Group number- 3209368

Points to Ponder

- You and the company share the cost of dental coverage.
- Preventive cleanings and exams are covered twice per year at 100% if you go to an in-network, PPO dentist. It is not necessary that appointments are six months apart, just twice per calendar year.
- Schedule preventive cleanings and exams for yourself and your family members twice a year to get the most value out of your plan coverage and maintain good dental health.
- Maintaining good dental health is just as important as taking care of your medical health. In fact, your dentist can identify many medical issues, including heart disease, during a routine dental exam.



Benefit Plan Contacts

NATIONAL LIFE BENEFIT SERVICE CENTER
802-229-3066

CIGNA – 800-244-6224

NATIONAL LIFE CONTACT
Lorraine Bishop – 802-229-3177



One National Life Drive • Montpelier, VT 05604 • www.NationalLife.com

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