

2025 BENEFITS GUIDEBOOK

Welcome to National Life Benefits

GUIDEBOOK 2025

At National Life, we respect your individuality and all you bring to the table. Each of us arrives with many qualities and skills that make us unique and important to the organization. That's why we've designed a comprehensive benefits package that is multifaceted with the ability to be flexible and customizable to your and your family's specific needs.

In this guide, you'll find what you need to support where you are in life. Everything from medical, dental, and vision plans to elder care, pet insurance, legal aid, and much more. This carefully selected array of benefits comprises a significant part of your total rewards package. Together with your paycheck, the benefits available to you through National Life are intended to bring you peace of mind.

Our goal is to ensure that you feel informed and empowered to make the best decisions for your personal and professional wellbeing. We believe that our benefits program is one of the many ways we can support you and your family, and we're here to assist you every step of the way.

We trust you'll find this resource and the benefits within it helpful and valuable. Please take some time to review the guidebook and familiarize yourself with the benefits available to you. Should you have any questions or need further clarification, don't hesitate to reach out to the Benefits Team or the National Life Benefits Service Center.

To our current employees, we are glad you are here and thank you for being part of the National Life family. To those contemplating employment with National Life, we look forward to seeing you soon!

Sincerely,



Michael Veilleux
Chief People Officer



Michele Granitz
Head of Benefits

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This Benefits Guide provides only a brief summary of the benefits available under the National Life Group Benefits Program. The official plan documents, summary plan descriptions, insurance contracts, and National Life policies legally govern the administration of the plans described in this guide and will apply if there is any discrepancy with the information in this guide. National Life reserves the right to modify, suspend, revise, and/or terminate any of the plans at any time and for any reason.

National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest, Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. Life Insurance Company of the Southwest is not an authorized insurer in New York and does not conduct insurance business in New York.

2025 Benefits Overview

This National Life Benefits Guidebook provides an overview of benefits offered to National Life employees.



WATCH NOW
Benefit Video Series¹

Be **WELL**

Everyone has different needs. Whether you are just out of school or established in your career, single or married, with children or without – no two people are exactly the same. A dynamic benefits program should reflect that. National Life recognizes your individuality and provides a flexible benefits program with choices to fit your lifestyle.

Live **WELL**

As a National Life employee, you have access to a wide array of benefit plans and programs designed to encourage your and your family's wellbeing. Benefits include a choice of health plans as well as programs focused on delivering financial and family security, plus the flexibility you need to meet your goals at work and at home.

Choose **WELL**

What kind of coverage is right for you? Do you pay for daycare for your children or have out-of-pocket healthcare expenses? Does contributing to the National Life Group 401(k) Plan fit into your long-term financial plan? Because everyone's situation is different, only you can choose the right balance of coverage and cost to meet your unique needs. Take time to look more closely at your benefit options, utilize ALEX, our benefits counselor, and then act during the enrollment period to elect the benefits that are right for you and your family.

All benefits and services are subject to change.

For questions, please call the National Life Benefit Service Center 802-229-3066.

¹ Only active employees are able to access the Benefit Video Series.



When Coverage Begins

For new employees, benefits begin on the date of hire.

If an employee does not elect any benefits, they will receive only the basic disability, life insurance, and vision insurance coverages.

An employee must wait until the next Annual Open Enrollment period (each November for the next January 1) to enroll in benefits, unless they experience a qualified life event (*see page 10*).

Also see the "Notice of Special Enrollment Rights" on page 67 for more information.

The benefits chosen during the Annual Open Enrollment period will become effective on the following January 1. Other benefits may be elected during the year and take effect at that time (ie: LegalShield and IDShield).

How to Enroll

Log in using the [Benefits Portal](#) with the single sign-on link available on NLToday or 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 then click "Enroll Now" to make your elections
- Look for the "Submitted Successfully" message before you log off

PRO TIP

Print or save confirmation of your enrollment for your records.

During your enrollment period, you should review and make or change your elections for:

- Medical coverage (including HSA contributions if you elect the HSA Plan)
- Dental coverage
- Vision coverage and the buy-up option
- Participation in the Healthcare/Limited Purpose and/or Dependent Care Flexible Spending Accounts
- Long Term Disability buy-up options
- Optional life insurance*
- Accidental death and dismemberment (AD&D) insurance
- Voluntary Critical Illness, Accidental Injury, and Hospital Care insurance
- Pet Insurance
- Confirm beneficiaries for your life insurance and voluntary insurance as necessary

At Any Time During the Year, You May Elect or Make Changes to:

- Legal Shield / Identity Theft Protection
- 401(k) Plan contributions
- HSA contributions

In addition, you automatically receive the following benefits which are paid in full by National Life:

- Basic Short Term (STD) and Long Term Disability (LTD) insurance
- Basic life insurance
- Vision insurance base plan
- Employee Assistance Program (EAP)

*Evidence of insurability may be required, see page 52 for more information.

NL Benefit Service Center

Helping you stay connected to your benefits.



Meet the NL Benefit Service Center Team



KENYA



RICK



DANA



ANNABEL



THERESA

Questions? Call the Benefits Hotline today!

Call 802-229-3066, OR just dial extension 3066. Benefit Representatives are available Mon-Fri, 9am-5pm ET
yourbenefits@nationallife.com Send questions via email anytime; emails recieved after 5pm Mon-Fri will be answered the following business day.

Choose **WELL**



Meet
alex



Our interactive assistant helps you make confident choices. Answer a few questions about your needs and preferences, then ALEX recommends benefits so you can Choose WELL for you and your family.

To access ALEX go to start.myalex.com/national-life or use the QR code above.

Important facts about ALEX:

- ALEX is personalized for YOU and your family.
- ALEX is easy to use.
- ALEX is confidential and doesn't require a username or password. It does ask questions about your personal situation to understand your needs, but your answers are never recorded or shared.
- ALEX is an expert on National Life benefits and can identify common pitfalls to steer your decision.
- ALEX works on any computer, tablet, or smartphone.



Who's ready for Open Enrollment?

Let ALEX be your guide to better benefits decisions.

You are eligible for the benefits described in this guide if you are in a full-time or full-time equivalent, benefit-eligible position, working at least 25 hours per week. If you are a part-time employee and switch to a benefit eligible position, you are entitled to enroll in these benefits immediately.

Dependent Eligibility

You may enroll your eligible dependents in our medical, dental, vision, AD&D, Critical Illness, Accidental Injury, Hospital Care, and LegalShield plans. In order to enroll your dependents, you must also be enrolled in the benefit.

ELIGIBLE DEPENDENTS INCLUDE:

- Your spouse, provided he or she qualifies as a “spouse” under federal law.
- Your domestic partner (including both same-sex and opposite-sex domestic partners), as long as you and your domestic partner have joint residency and established financial interdependence in at least two ways, such as joint bank account and loan/mortgage.

NOTE: Employee paycheck contributions for domestic partner coverage are the same as for spouse coverage; the premiums, however, are deducted on a post-tax basis and the value of the benefits are subject to imputed income* and taxation.

- Your children up to the last day of the month in which they turn 26. The term “children” or “child” means:
 - your natural child
 - your legally adopted child or child placed with you for adoption
 - your stepchild
 - your eligible foster child, defined as an individual who is placed in your care by an authorized placement agency or by judgment, decree or other order of any court of competent jurisdiction
 - a child for which a court has granted you legal custody
 - a child of your eligible domestic partner
- Your unmarried disabled child (no age limit) who is unable to earn a living due to a physical or mental handicap.
- Your natural or adopted children for whom you are required to provide coverage due to a Qualified Medical Child Support Order (QMCSO), up to the end date of the coverage period stipulated by the QMCSO or age 26, whichever comes first.

EXCLUSIONS

Legally separated or former spouses are not eligible dependents, even if you have a court order requiring you to provide health insurance to your ex-spouse. Also, any person not described as eligible in a category listed is not a dependent for the purposes of these plans. Grandchildren, your parents, and other relatives or extended family members are not eligible for coverage.

* Imputed income is the cash value of certain benefits provided to employees by their employer.



Dependent Verification

If you choose to cover dependents under any of National Life's plans, you'll need to know their Social Security numbers and birth dates to make your elections. National Life verifies that dependents you enroll meet the eligibility requirements for medical, dental, vision, and other benefits (if you elect to cover them).

Employees who are adding dependents to any National Life plans outside of a standard enrollment period will be asked to provide proof of dependent eligibility within 30 days of the eligibility date. If your dependents are not approved by the deadline, these dependents will not be enrolled in coverage.

Audits may be conducted at any time and employees may be asked to provide acceptable documentation to confirm their dependents' eligibility.

If you do not provide the requested documentation for a dependent within 30 days of the request, or if a dependent is found not to meet eligibility requirements, that dependent will be removed from coverage.

The medical plan does require verification of your unmarried disabled child if they are 26 years of age or older.

MID-YEAR CHANGES

The benefit choices you make when you are first hired and during the Annual Open Enrollment period are generally effective for the calendar year. Certain qualifying life events (QLE), such as getting married or having a child, allow you to make changes to some benefits during the year. The rules for making changes to your benefits are determined by the federal government.

Examples of Qualifying Life Events:

- Your marriage, divorce, legal separation, or annulment;
- The birth of your baby, or adoption or placement of a child with you for adoption, or another change in the number of your dependents;
- Your dependent's/dependent of domestic partner's eligibility or ineligibility for coverage (for example, he or she reaches the plan's eligibility age limit, gains or loses other coverage);
- A change in coverage of your spouse or your dependent under another employer's plan (This would include election changes resulting from election cycles that differ from National Life's);
- Your qualification for a special enrollment under the Health Insurance Portability and Accountability Act of 1996 (HIPAA);
- A court order received by the plan, such as a Qualified Medical Child Support Order (QMCSO); or
- You, your spouse's/domestic partner's or your dependent's/dependent of domestic partner's qualification for Medicare or Medicaid.

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

Qualifying Life Event Verification

In order to complete a QLE enrollment, you will be required to submit verification. If you do not submit the required documentation within 30 days from your event date, you and/or your dependents will not have benefits coverage. The Benefit Service Center will let you know what documentation is required based on your life event.

Reaching Age 65

When an employee or their spouse reaches age 65, they are not required to enroll in Medicare. Employee and spouses can stay on the National Life sponsored plans as long as the employee is in a benefit eligible position.

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

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:

802-229-3066

yourbenefits@NationalLife.com

National Life has three medical plan options. Each of the plans encourage prevention while providing medical care when you need it.

This section provides an overview of each medical plan and prescription drug coverage. 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.

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. Expenses that count toward your deductible also count toward your out-of-pocket maximum.

COINSURANCE

The percentage of the total medical bill 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.

EMBEDDED DEDUCTIBLE AND OUT-OF-POCKET

Once an individual with two-person or family coverage meets the individual deductible, the plan will pay its portion of the co-insurance. If that individual meets the individual out-of-pocket maximum, the plan will pay 100% of all covered expenses for that person, even if the family maximum has not been met.

AGGREGATE DEDUCTIBLE AND OUT-OF-POCKET

For a two-person or family plan, the entire deductible must be met before the plan will pay its portion of the co-insurance. Once the family out-of-pocket maximum is met, the plan pays 100% for all members on the plan.

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.

PREFERRED 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.

For questions, please call the
National Life Benefit Service Center
802-229-3066. Mon-Fri, 9am-5pm ET.

ON-SITE CARE

The National Life Health + Wellness Center is a full-service health center offering a variety of services that will help you and your spouse or partner lead a healthier life at little to no cost.*



HOURS OF OPERATION

Monday – Thursday
7:30AM – 5:00PM

Friday – Sunday: CLOSED

SERVICES AVAILABLE INCLUDE, BUT NOT LIMITED TO:

- Same day acute care visits
- Routine annual physicals
- Well woman exams
- Lifestyle management programs including weight management, tobacco cessation, alcohol cessation, etc.
- Chronic disease management including hypertension, hyperlipidemia, diabetes mellitus, etc.
- Anxiety and Depression management
- Immunizations including Influenza, COVID-19, Shingrix, Hepatitis B, TDAP and more
- Minor wound care
- Blood pressure checks
- Biometric screening
- Periodic injections including but not limited to Vitamin B12, Depo-Provera, GLP-1**
- Medication Adherence and refills
- Employee Assistance Program Counseling
- On site testing including urinalysis, influenza, COVID, strep, etc.
- On site phlebotomist for routine and as needed blood draws
- EKG
- Virtual and in-person visits offered!

PHONE: 802-229-7515 FAX: 802-229-7518

EMAIL: NationalLifeHealthandWellnessCenter@evernorth.com

NOTE: Email should only be used for general questions. It should not be used for personal health questions. Contact the Health + Wellness Center for the EAP Counselor's hours

* The National Life Health and Wellness Center is free or a \$20 fee depending on the medical plan in which you are enrolled. All preventive visits for associates enrolled in the NLG medical plan are free. You do not have to be enrolled in the National Life medical plan to utilize the Health Center but will be charged a \$20 fee.

** After a visit has been completed with your provider (or the Health Center provider) demonstrating the need for the injections.

MEDICAL PLANS

A brief comparison of the coverage under the Cigna Medical plans.

In- Network	Option 1: HRA Plan	Option 2: HSA Plan	Option 3: OAP Plan
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
Deductible • Single • 2-Person/Family	Medical deductible: \$1,500 \$3,000*	Aggregate 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

Find a Network Provider

Access myCigna.com or the myCigna app to find a provider in your area.
Group number - 3209368



Choose **WELL**

ALEX is available to help make the right choice for you and your family.
start.myalex.com/national-life
See page 7 for details

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

*Embedded Deductible and Out-of-Pocket (OOP) Maximum (HRA and OAP Plan only) - An embedded 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.

PRESCRIPTION PLANS

A brief comparison of the coverage under the Cigna Prescription plans.

In- Network	Option 1: HRA Plan	Option 2: HSA Plan	Option 3: OAP Plan
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
Rx Deductible (Deductible does not apply to mail order Rx)			
• Single	\$100	Medical deductible applies***	\$100
• 2-Person/Family	\$200		\$200
Rx Generic**	\$20	10%	10%
Rx Preferred	\$30	20%	20%
Rx Brand	\$60	50%	50%
Rx Max Out-of-Pocket			
• Single	\$3,600 OOP max	Combined Medical & Rx maximum out-of-pocket. Rx is paid 100% after maximum out-of-pocket	\$2,350 OOP max
• 2-Person/Family	\$7,200 OOP max		\$4,700 OOP max

Find a Network Provider

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Group number - 3209368



Choose **WELL**

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start.myalex.com/national-life

See page 7 for details

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

**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.

HEALTH PLAN COSTS

2025 Premiums

	HRA	HSA	OAP
Annual Plan Cost			
ANNUAL PLAN COST	Single Plan	\$13,645.31	\$11,441.59
	2-Person Plan	\$27,205.32	\$22,850.83
	Family Plan	\$35,512.74	\$29,825.26
	NLGroup Annual Contribution		
	Single Plan	\$9,553.72	\$9,553.72
	2-Person Plan	\$18,966.19	\$18,966.19
	Family Plan	\$24,456.71	\$24,456.71
	Employee Annual Contribution		
	Single Plan	\$4,091.59	\$1,887.87
BI-WEEKLY	2-Person Plan	\$8,239.13	\$3,884.64
	Family Plan	\$11,056.03	\$5,368.55
	Payroll Deductions		
	Single Plan	\$157.37	\$72.61
	2-Person Plan	\$316.89	\$149.41
	Family Plan	\$425.23	\$206.48
			\$132.64

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Group number - 3209368



Choose **WELL**

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start.myalex.com/national-life
See page 7 for details

Should you leave the company and need COBRA for a period of time, your rate will be calculated using the Annual Plan Cost and will include a 2% administration fee.

HOW THE PLANS WORK



We will introduce each of the three plans on the following pages. As with anything, it is 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.

Cigna One Guide®

800-244-6224

[MYCIGNA.COM](https://mycigna.com)

MYCIGNA APP



Choose **WELL**

ALEX is available to help make the right choice for you and your family.
start.myalex.com/national-life

See page 7 for details

HRA MEDICAL 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. If you are on a two-person or family plan, the deductible and out-of-pocket maximum are embedded.

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 20 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. *More information can be found on page 25.*

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. For new hires and those enrolling during the year, the amount will be pro-rated based on enrollment date.

The HRA Plan is Easy to Use.



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

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

HSA MEDICAL 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. If you are on a two-person or family plan, the deductible and out-of-pocket maximum are aggregate.

The HSA prescription program works a little differently than the other plans.

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 medical 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 as in the other medical plans offered.

See page 25 for options when filling a prescription.

In the HSA Plan, you have access to a Health Savings Account or HSA. You can put tax-free money from your paycheck into the HSA to pay for qualified health related expenses. HSAs are regulated by the IRS with special eligibility rules. *More information can be found on page 29.*

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). For new hires and those enrolling during the year, the amount will be pro-rated based on enrollment date.

The HSA Plan is as Easy as Swiping a Debit Card.



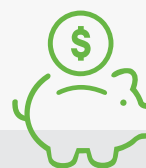
Present your CIGNA ID card



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

Unused HSA funds roll over year to year and never expire, but unlike the HRA, you can take these funds with you, even if you leave the company!

OAP MEDICAL 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. If you are on a two-person or family plan, the deductible and out-of-pocket maximum are embedded.

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 20 for options when filling a prescription.

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

The OAP Plan is Easy to Use.



Present your
CIGNA ID card



Pay the
required co-pay
(if an office visit)



Your provider's
office bills
CIGNA
for the service



Should you owe
any portion of
the bill, you will
receive an
invoice from your
provider



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

Always check your EOB on myCigna.com to ensure the billed amount is what you should pay.

PRESCRIPTIONS

<30 Days

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

30-90 Days

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 [Cigna.com/Rx90network](https://www.cigna.com/Rx90network) to find a Cigna 90 NOW retail pharmacy.

Mail Service Pharmacy

Home delivery is a convenient option when you're taking a medication on a regular basis. To get started using home delivery, log into myCigna.com or use the myCigna app.

All maintenance medications delivered to you will be managed directly through Express Scripts Pharmacy, a Cigna company.

Specialty Pharmacy

Accredo®, a Cigna specialty pharmacy, is focused on supporting complex medical conditions. Easily order, manage, and track your medications on your phone or online with fast shipping at no extra cost.

Accredo provides 24/7 access to hundreds of trained pharmacists and nurses experienced in complex conditions that require specialty medications.

For those enrolled in the HRA or OAP Plan: your plan has SaveOnSP. If you are filling a medication through Accredo that is available with SaveOnSP, you'll pay \$0 out-of-pocket for your medication once your deductible has been satisfied.

For those enrolled in the HSA Plan: your plan also now has SaveOnSP. If you are filling a medication through Accredo that is available with SaveOnSP, you'll pay \$0 out-of-pocket for your medication¹.

Speak with an Accredo Representative 877.826.7657

¹ SaveOnSP is only available to non-Health Savings Account (HSA) plans.

PRESCRIPTIONS



If you have questions, please call the number on the back of your Cigna ID card.

You can also chat with us online on [myCigna.com](https://mycigna.com), Monday–Friday, 9:00 am–8:00 pm ET.

Step Therapy

Certain high-cost medications are part of the Step Therapy program. These medications have a (ST) next to them on your drug list.

Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication.

Some of the therapeutic categories covered by Step Therapy include ADD/ADHA, allergies, depression, high blood pressure, high cholesterol, osteoporosis, skin conditions, and sleep disorders.

View Your Pharmacy Benefits Online 24/7

Log into [myCigna.com](https://mycigna.com) or the myCigna app to:

- See if you're taking a medication that needs approval for coverage, has a quantity limit, or is part of Step Therapy
- View your plan's drug list
- Learn more about how your plan covers your medications

Live WELL

Spend Smarter on Medications

USE THE PRICE A MEDICATION TOOL

- Compare the price of your medication at in-network retail pharmacies and through Cigna's home delivery pharmacy
- View lower-cost alternatives, if available
- See which medications your plan covers
- View your costs for a 30-day and 90-day supply
- Find out if your medication needs approval before your plan will cover it

PRESCRIPTIONS

Your plan is designed to provide you with quality healthcare coverage, and that includes a cost-effective pharmacy benefit. Certain medications on your drug list have extra requirements before your plan will cover them.

Prior Authorization

Certain medications need approval from Cigna before your plan will cover them. These medications have a (PA) next to them on your drug list on [myCigna.com](https://mycigna.com) or the myCigna app.

If you're taking a medication that requires approval, ask your provider to call Cigna first.

Quantity Limits

For some medications, your plan only covers up to a certain amount over a certain length of time. For example, your plan may only cover 30 mg a day for 30 days of a certain medication. These medications have a (QL) next to them on your drug list on [myCigna.com](https://mycigna.com) or the myCigna app.

To receive coverage for a larger quantity, the provider should call Cigna to request approval.



Cigna provides other Pharmacy Management Programs to help improve the safety and cost-effectiveness of your prescription drug coverage.

Call Cigna for info 800-244-6224

**Making healthcare decisions can be confusing.
There are so many questions:**

Are you paying too much for a prescription?

How can you make healthier choices?

Is this provider in your network?



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.

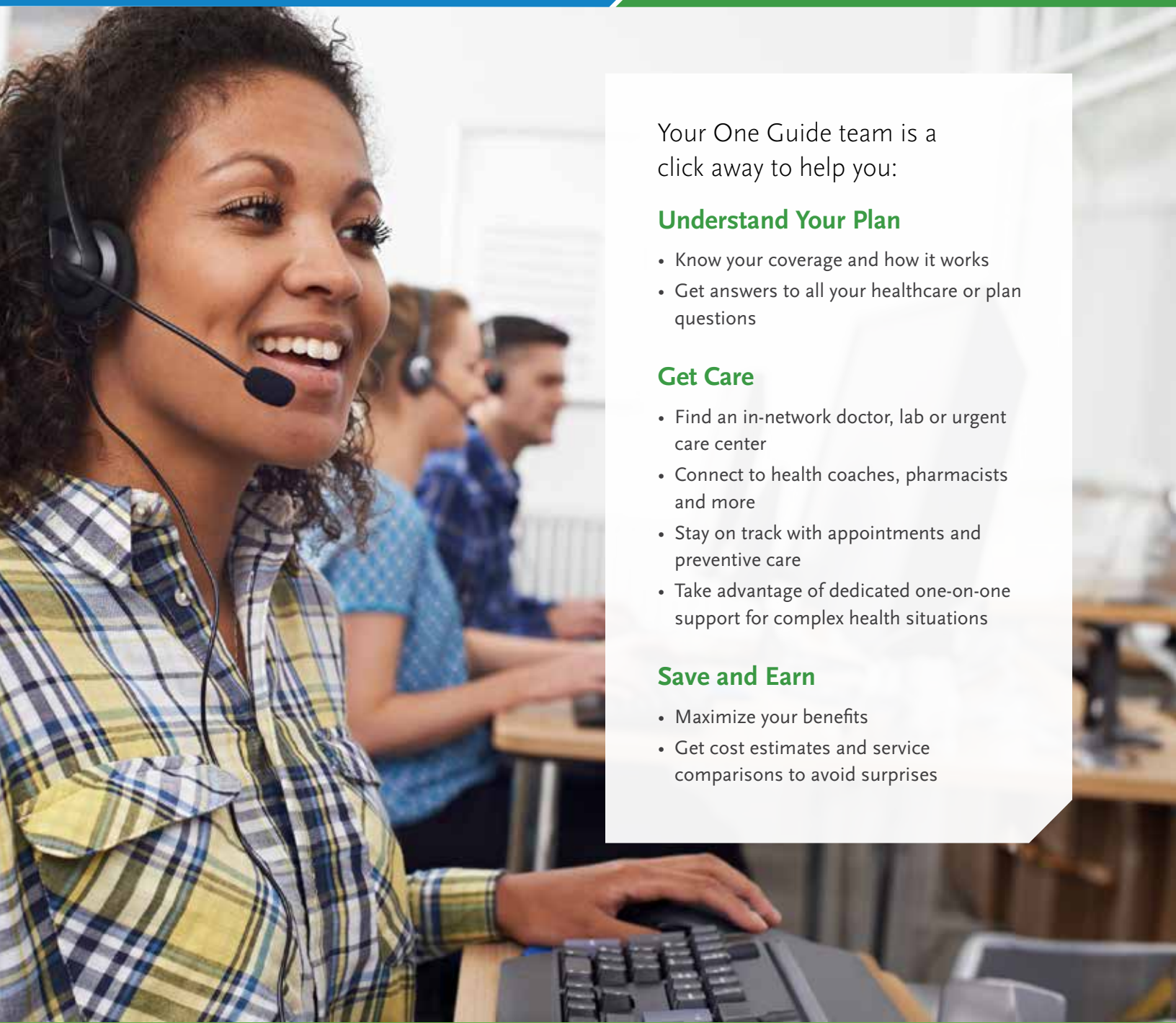
One Guide personal support, tools and reminders can help you stay healthy and save money. Cigna One Guide service is there to help you find answers to questions like these and many more.

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.

Cigna One Guide®

enhanced customer service gives you guidance when you need it the most.

**TO REACH CIGNA ONE GUIDE CALL 800-244-6224
LOG ON TO [MYCIGNA.COM](https://mycigna.com) OR ACCESS THE MYCIGNA APP.**



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 healthcare 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
- Get cost estimates and service comparisons to avoid surprises

Cigna One Guide®

enhanced customer service gives you guidance when you need it the most.

TO REACH CIGNA ONE GUIDE CALL 800-244-6224
LOG ON TO [MYCIGNA.COM](https://mycigna.com) OR ACCESS THE MYCIGNA APP.

HRA (HEALTH REIMBURSEMENT ACCOUNT)

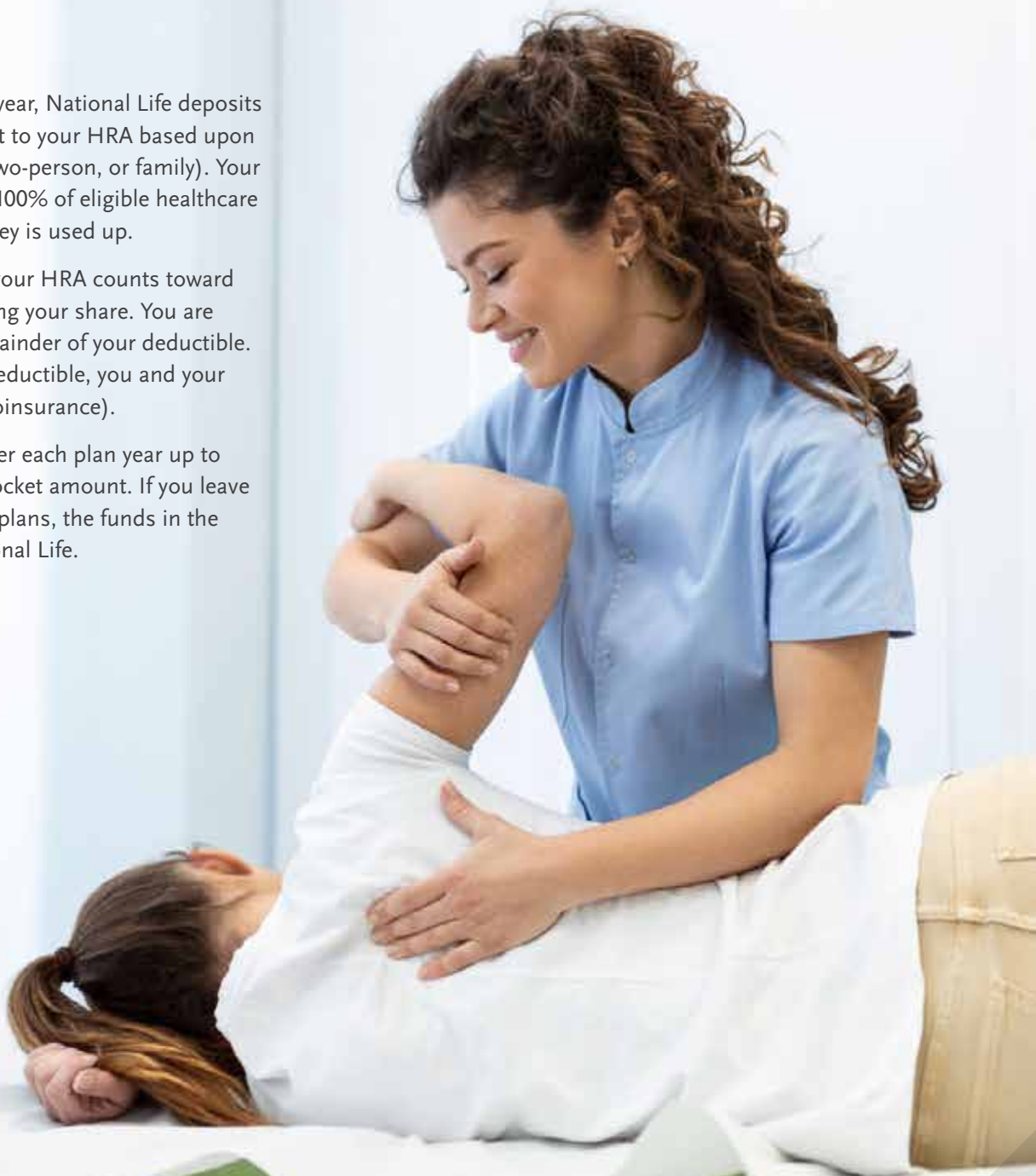
When you enroll in the HRA Plan, you will be enrolled in the Health Reimbursement Account. The HRA is owned and funded by National Life and is used to help pay for eligible medical expenses.

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 (single, two-person, or family). Your account is used to pay 100% of eligible healthcare 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.



HSA (HEALTH SAVINGS ACCOUNT)

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.

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 National Life's 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.

What Are The Tax Benefits of an HSA?

AN HSA HAS A UNIQUE TRIPLE TAX BENEFIT!



Contributions

They're taken out of your paycheck before taxes, which reduces your taxable income.



Withdrawals

Funds you use to pay for eligible healthcare expenses are not taxed.



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.

HSA (HEALTH SAVINGS ACCOUNT)

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 2025, those limits are \$4,300 for an individual and \$8,550 for two-person or a family. Individuals who will be 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.

In addition to payroll deductions, 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?

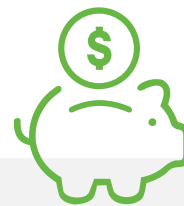
When you enroll in the HSA Plan, you will be automatically enrolled in a Health Savings Account. You'll receive information from HSA Bank which will include information on using and managing your HSA, as well as a convenient debit card. When you have an eligible expense at a provider's office or pharmacy, 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 election 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.



Important

Your HSA contributions are available for use only after they are deposited each pay.

FSA (FLEXIBLE SPENDING ACCOUNT)

The Flexible Spending Account (FSA) allows you to pay for a wide range of common, out-of-pocket healthcare and dependent care expenses with pre-tax dollars.

When you enroll in your benefits, you may elect to set aside money on a pre-tax basis – before federal and state taxes are withheld – to reimburse yourself for certain healthcare and dependent care expenses throughout the year.

If you do not spend all the money you have elected for your flexible spending account for that year, the remaining money will be forfeited.

The grace period gives you an extra 2 1/2 months at the end of the year to incur expenses before you lose it. The grace period is from January 1 – March 15. You have until April 30 to submit claims for expenses incurred during the benefit period.

Choose **WELL**

- You decide how much to contribute to either or both Flexible Spending Accounts. The annual amount you elect to contribute is then deducted evenly from your paychecks throughout the year, before taxes are deducted. You save on federal and most state taxes.
- When you have an eligible expense, such as daycare for your child or a healthcare co-payment, you're paid back from the tax-free money you set aside so you never pay taxes on this income.
- Remember that if you enroll in the HSA Plan, you can use a Limited Purpose FSA for dental and vision expenses only until you reach the deductible on your HSA Plan.
- Very important! Because of the pre-tax benefits, the IRS rules require that you forfeit any money left in your account at the end of the year. This means you must plan carefully.
- Expenses must be incurred prior to March 15 of the following year. You have until April 30 to submit expenses incurred from the prior calendar year through March 15.

FSA (FLEXIBLE SPENDING ACCOUNT)

There are three types of Flexible Spending Accounts available to our employees.

1. **Healthcare FSA (HCFSA)** can be used if you are enrolled in the HRA Plan¹, OAP Plan, or any other non-HSA plan and allows pre-tax reimbursement of eligible health related costs (medical, dental, vision, prescription, and durable medical goods) not covered or reimbursed by insurance. This includes expenses incurred by you, your spouse and/or any dependents. You will have the option of receiving a debit card or not. If you do not choose the debit card, you will have to submit for reimbursement.
2. **Limited Purpose Healthcare FSA (LPFSA)** can be used if you are enrolled in the HSA Plan. The LPFSA allows pre-tax reimbursement of eligible dental and vision expenses only until your medical deductible has been met, at which time it can also be used for medical expenses.
3. **Dependent Care FSA (DCFSA)** can be used for daycare expenses for a child or elder tax dependent that allows you (and your spouse if you are married) to work. It cannot be used for a dependent's healthcare. Maximum annual contribution is \$5,000.² You may elect a Dependent Care FSA regardless of which medical plan you choose.

National Life Group offers a matching contribution of up to \$1,000³ for those who qualify for and contribute to a dependent care flexible spending account.

NOTICE: Administration of the flexible spending accounts is with HealthEquity.

To access your FSA, you will need to log onto healthequity.com.

For a complete list of eligible expenses, visit www.irs.gov and click on "Forms and Publications".

See Publication 502 for healthcare expenses or 503 for dependent care expenses.

Questions? Call the IRS at 800-829-3676 or visit healthequity.com.

More information on each FSA can be found at today.NationalLife.com/benefits

¹ If you are enrolled in the HRA Plan and choose a Healthcare FSA, the funds in your HRA will be used to FIRST pay for medical expenses billed to Cigna before you can use your FSA Funds to pay for medical expenses. FSA Funds can also be used to pay for all other qualified health related expenses.

² If you are married and your spouse also has a Dependent Care FSA, your combined contribution limit is \$5,000 a year. If you are married and file a separate tax return, your maximum annual contribution is \$2,500. In addition, if you are married, you cannot contribute more than the lower of your or your spouse's earned income for the year. Additional limits apply if your spouse is disabled or a full-time student.

³ Your contribution and National Life's contribution combined cannot be more than \$5,000.

COMMUTER BENEFIT



Transit and Parking Benefits

Commuter benefits let you use pre-tax dollars to pay for eligible transit and parking expenses. Contribution limits for qualified transportation fringe benefits (commuter benefits) for 2025 is \$325* for parking and \$325* for transit. Commuter benefits are funded via pre-tax payroll contributions and help you realize significant savings on everyday commuting costs. Don't think of it as money deducted from your paycheck—think of it as money added to your wallet.

- Commuter funds never expire.Λ
- Activate at any time; no need to wait for enrollment season.
- Pause, change, or update your benefits any time
- Participants with both transit and parking benefits may contribute the combined maximum.
- Send payments directly to your parking provider
- Get monthly transit passes or tickets mailed to your home
- Get reimbursed for eligible out-of-pocket parking expenses
- Load funds onto your smart card or debit card

*The projected IRS commuter spending limits for 2025 are \$325 for transit and \$325 for parking.

Λ Conditions apply. Member must remain employed with organization that continues to sponsor commuter benefit.

HWA (HEALTH & WELLBEING ACCOUNT)



National Life supports your health and wellbeing by offsetting the cost of eligible products and services that help achieve your goals.

How It Works

National Life provides funds on a quarterly basis and will reimburse the cost of eligible items monthly through payroll.

Examples of Eligible Uses:

- gym memberships
- ski passes
- massages
- financial advisor services
- language lessons
- art classes
- music lessons
- tax prep services
- paddle boards
- canoes
- bikes and more

You can use this benefit for yourself, your spouse or domestic partner, and your dependent children.

This taxable benefit offers up to \$450 per quarter (\$1,800 annually) towards eligible expenses.

Funds do not roll over quarter-to-quarter or year-to-year, so be sure to submit your expenses as they are incurred.

To participate you must be a benefits-eligible employee in bands seven and below. New hires become eligible the first day of the quarter following their hire date (1st of January, April, July, or October).

For full program details, the full list of eligible items, the submission process, receipt requirements and more, see the HWA Policy and FAQ on [Plan Information and Forms on National Life Today](#).

Take advantage of preventive check-ups and screenings. These services help you to stay healthy and identify problems early and are covered 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 the National Life Health + Wellness Center

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 to the National Life Health + Wellness Center or see your doctor, visit an urgent care center or walk-in clinic, or call MDLIVE.

Use MDLIVE

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

Access 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 is also advantageous to always be an informed consumer of healthcare.

USING YOUR MEDICAL 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](https://mycigna.com) or download the myCigna app to find tools to help you compare prices on the healthcare 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](https://mycigna.com) if you have a question about your benefits or to learn more.

Know Where to Go For Care

You can seek care in many places, including your regular doctor, the National Life Health + Wellness Center, MDLIVE, 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.**

See page 23 for details about using One Guide.

Choice is Good. More Choice is Better.

If you can't make it to the National Life Health + Wellness Center or your personal doctor, Cigna Virtual Care through MDLIVE 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
- well-baby and well-child care checkups
- 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.



myCigna.com is your personalized Cigna Website. Your online account gives access to a variety of features including:

Close Gaps in Care

At Cigna, they want to help you do everything you can to improve or maintain your health. If they notice that you've missed a doctors appointment in your care plan, haven't refilled a prescription or have had a gap in your care that could affect your health, they 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.

Health Coaching

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.

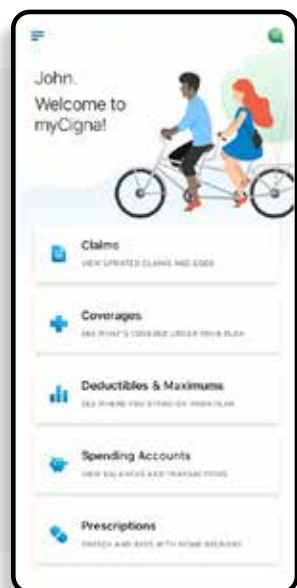
Programs they offer have been chosen to help you take steps toward a healthier life. Cigna does their best to suggest programs you might be interested in by listening to you and looking at information like your health assessment answers and claim information.

Stress Management, Weight Management, and Tobacco Cessation

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

Airrosti Physical Therapy

Airrosti's in-clinic and virtual care can help whether you've been living with chronic pain or if you've recently experienced an acute injury. Airrostit's providers will find the root cause of your pain and deliver treatment to rapidly alleviate pain, improve mobility, and promote overall physical wellbeing.



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 one touch away from your:

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

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.)

Case Management

If you or a loved one is faced with a medical condition, it's understandable to feel overwhelmed. Ask for a case manager who is your personal Nurse Advocate and is ready to support you at every step of your journey toward better health – helping you understand your health plan benefits, so that you can access services that go beyond medical treatment – quickly, easily and seamlessly.

Foodsmart

Foodsmart's telehealth experience provides easy access* to a registered dietitian who works with Cigna medical customers to create a program customized to their unique budget and health goals. Cigna medical customers can meet with a dietitian through telephone or video. The dietitian visit includes access to the Foodsmart support tools, including:

- Thousands of recipes
- Customized meal plans
- Grocery price comparison
- Integrated grocery/restaurant ordering support

To get started, see the “Foodsmart Step-by-Step Guide” in the [Benefits Info Center](#) on NL Today.

*Access may vary depending on location.

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.

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.

OMADA®

Omada is a personalized program designed to help you reach your health goals, whether that's losing weight, managing diabetes, lowering your blood pressure, or improving your overall health. You'll get a dedicated health coach and the latest technology to support you in making lasting changes that fit your life, one step at a time.

If you or your covered adult dependents are enrolled in the company medical plan offered through Cigna, are at risk for type 2 diabetes or heart disease or living with diabetes or high blood pressure, and are accepted into the program, you'll receive the program at no additional cost. **Take the 1-minute health screener to see if you are eligible: omadahealth.com/nationallife.**



Fertility, Family Building, & Menopause Benefit

National Life is proud to offer inclusive fertility and family building benefits through Progyny, a leading fertility and family building benefits solution. Progyny provides support for infertility, adoption, pregnancy, post partum, and menopause. They understand every couple or individual is unique and help them achieve the dream of building a family. Progyny's solution includes treatments such as IVF and egg freezing, support for surrogacy and adoption, along with education, guidance, and emotional support. To make your fertility benefit easier to understand and utilize, Progyny has bundled all of the individual services, tests, and treatments you may need to pursue into Progyny Smart Cycles.

Progyny is available to participants on the NL medical plan and provides comprehensive treatment leveraging the latest technologies and treatments, access to high-quality care through a premier network of fertility specialists, and personalized emotional support and guidance for every path to parenthood from dedicated Patient Care Advocates (PCAs).

Services Included in the Progyny Benefit:

PROGYNY FERTILITY & FAMILY BUILDING

Support for preconception, fertility (including male), adoption, surrogacy

PROGYNY PREGNANCY & POST PARTUM

Identifies and engages early on with those who are high-risk and continues the focus on overall health of the mother during and after pregnancy

PROGYNY MENOPAUSE

Supports members through perimenopause and menopause with access to specialized providers and increased network access, with education and digital tools that are connected to the overall health journey.

You can also explore fertility and family building content including Progyny's podcast, expert interviews, video tutorials and more at progyny.com/education.

To learn more and activate your benefit, contact your dedicated Progyny PCA at 866.960.3902.

You Will Have Access To:

3 Smart Cycles



Progyny Rx
integrated fertility
medication

**Fertility
Preservation**
egg and sperm
freezing

**Donor Tissue
Purchase**
egg and sperm

¹ The downloading and use of the Progyny app is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Always consult your provider for appropriate examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest hospital.

MDLIVE® for Cigna® Virtual Care

Primary Care

Preventive care, routine care and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions.
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities contracted with MDLIVE

Behavioral Care

Talk therapy and psychiatry from the privacy of home, with no waiting rooms

- Access to licensed psychiatrists and board certified therapists
- Schedule an appointment that works for you and have recurring sessions with the same provider
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, life changes, grief, and depression

Dermatology

Fast, customized care for skin, hair and nail conditions - no appointment required

- Board-certified dermatologists review pictures and symptoms ; prescriptions available, if appropriate
- Care for most common hair, skin, and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots, and more
- Diagnosis and customized treatment plan, usually within 24 hours

Urgent Care

On-demand 24/7 or schedule a time that works for you

- Includes pediatric care, allowing your child to be seen quickly and from the comfort of their home.
- Care for many minor illnesses and injuries, such as infections, cold & flu, and sinus problems
- A convenient and affordable alternative to urgent care centers and the ER
- Prescriptions available, if appropriate

Visit myCigna.com or call MDLIVE at 888.726.3171 when you need virtual care.

It's Easy to Connect to Care.

STEP 1: Access MDLIVE by logging into myCigna.com or by using the myCigna app.

Setting up your secure account only takes about 15 minutes. Then, you're ready for your visit. Don't forget to download the app and always be prepared.

STEP 2: Find the "Talk to a Doctor" button on the homepage.

STEP 3: Select the type of virtual care you need Medical or Counseling.

Estimated cost will be shown. Speak to your doctor on the phone or online.

STEP 4: Schedule your appointment or start your visit today.



Founded in 2012 with the mission to eliminate the stigma associated with mental health and make therapy available to all, Talkspace has been used by over one million people.

Talkspace is an online therapy service that connects users to a dedicated, licensed therapist via private messaging (text, voice, video) or live video session. The platform is fully HIPAA compliant and uses banking grade encryption to protect data.

Talkspace treats a wide range of behavioral conditions including depression, anxiety, relationships, PTSD, addiction, eating disorders and more.



How Cigna Can Help

Challenges to mental well-being come in many forms, and so do the ways our Cigna partners can work through them. Whether you need help reducing stress, are feeling motivated to make a change in your life, or need to talk to someone, Cigna offers a variety of behavioral support tools and services to help ensure you get the support that works best for you.

In addition, **Cigna provides 24/7 guided navigation on [myCigna.com](https://mycigna.com)**. After completing a brief assessment, you are presented with real-time customized options, programs and services. This includes access to find care digitally, virtually or in-person.

Get started today!*

- Visit talkspace.com/cigna to register – available to active Cigna members, including dependents (13+) and spouses. For dependents under the age of 18, parental consent may be required.
- Complete intake and assessment to see your curated list of therapist matches.
- Review professional profiles and choose your dedicated therapist.
- Create an account and download the app (iOS and Android) for easy future access.
- Messaging can begin the same day as registration.

* Engaging with a Talkspace therapist via a live video session is subject to the same co-pay or co-insurance (after deductible) that would apply to an in-person visit. For messaging, there is a clock running in the background calculating the amount of time spent texting. Once these minutes add up to a billable CPT code (usually 30 or 60 minutes), then a claim is submitted, and the member would have their cost-share amount applied. On average, a week of texting with a provider is equal to about one 60-minute session, although this does vary. Boundaries and expectations are established at the onset of treatment, just as they would for an office visit, so any overuse of texting is monitored and corrected if necessary. Talkspace also ensures the texting is being used to gain improvement.



Overcome Whatever Life Sends Your Way.

iPrevail is a digital therapeutics platform which helps you control of the stress of everyday life and challenges associated with difficult transitions.

iPrevail helps you:

- Overcome feelings of anxiety and loneliness
- Reduce negativity and feelings of depression
- Decrease stress from relationships, work, school and daily life
- Build resilience and positivity

Sign up at iprevail.com/cigna¹ to be matched with a personalized support program.



Worry Less. Enjoy Life More.

Take control of your emotional health with Happify, a free app and self-directed program with science-based games, guided meditations and activities designed to help you:

- Defeat negative thoughts
- Gain confidence
- Reduce stress and anxiety
- Boost health and performance
- Increase emotional well-being

Download the free app at happify.com/Cigna.²

More apps and services are available. Please log into myCigna.com to discover additional resources.

¹ Registering on and using iPrevail is subject to terms and conditions. Standard mobile phone and data usage and charges apply. iPrevail's website and mobile app are for educational purposes only. Services do not provide medical advice or treatment and are not a substitute for medical assessments, treatments and licensed medical care. Information presented by iPrevail is not to be used for self-diagnosis. Always consult with your doctor regarding treatment, testing and medical advice. Prevail Health Solutions is an independent company and is solely responsible for its products and services. Cigna makes no representations or warranties as to the quality or accuracy of the information provided on the iPrevail website or mobile app. Cigna assumes no responsibility and shall have no liability under any circumstances arising out of the use or misuse of such products.

² The downloading and use of the Happify mobile app is subject to terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone and data usage charges apply. The Happify website and mobile app are for educational purposes only. They do not provide medical advice tailored to you in any way. They do not constitute medical advice and are not a substitute for proper medical care provided by a physician. Do not rely on the website or app information as a tool for self-diagnosis. Always consult with your doctor for appropriate examinations, treatment, testing and care recommendations. Happify, Inc. is an independent company and is solely responsible for its products and services. Cigna makes no representations or warranties as to the quality or accuracy of the information provided on the Happify website or mobile app. Cigna assumes no responsibility and shall have no liability under any circumstances arising out of the use or misuse of such products.



Behavioral Support for Children and Teens

Children aren't just small adults, so Brightline was designed for their unique range of behavioral and mental health needs. They'll receive care from coaches, therapists, and psychiatrists who work together providing resources for parents, ongoing support, and progress updates designed to help ensure every family can thrive.

Brightline provides:

- Multidisciplinary care teams
- Family-focused support
- Evidence and measurement
- Elegant, seamless experience

The Brightline app is there when and where you need it to help ensure a bright future for every child and teen. Common challenges addressed in sessions include: anxiety, depression, ADHD, trauma, sleep, tough transitions, anger management, low self-esteem, starting school, and navigating identities.

Brightline Member Support
888-224-7332
care@hellobrightline.com

Download the free app at
www.hellobrightline.com.¹

¹ The downloading and use of the Brightline app is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. All clinical services are provided by licensed physicians and clinicians practicing within independently owned and operated professional practices. These are known as Brightline Medical Associates, PA, Brightline Medical Associates of California, Inc., Brightline Medical Associates of New Jersey, and Brightline Medical Associates of Kansas, Inc. Brightline, Inc. does not itself provide any physician, behavioral health professional, or other healthcare provider services. Always consult your provider for appropriate examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest hospital.

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% COVERED^{1, 3}

- Oral Exam
- Fluoride Application
- Emergency Care
- Cleanings
- Sealants
- X-rays

Basic (Class II)

80% COVERED^{2, 3}

- Fillings
- Periodontics
- Repairs to Dentures
- Repairs to Bridges, Crowns, and Inlays
- Endodontics
- Oral Surgery
- Anesthesia

Major (Class III)

60% COVERED^{2, 3}

Installations of:

- Inlays and Onlays
- Prosthesis Over Implant
- Stainless Steel/Resin Crowns
- Crowns
- Bridges
- Dentures

Implants (Class IX)

60% COVERED^{2, 3}

- Full tooth implants subject to plan maximum

Orthodontic (Class IV)

60% COVERED – \$0 DEDUCTIBLE

- Lifetime Maximum of \$2,000
- Teeth straightening is not subject to plan deductible

¹ Deductible does not apply to Preventive services

² Basic, Major, and Implant services have a Deductible of \$50 per person / \$150 per family

³ All services, except Orthodontia, have a \$1,500 per calendar year maximum per person on the plan

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.



Bi Weekly Payroll Deductions

Single	\$6.02
2-Person	\$11.18
Family	\$19.56

[CLICK HERE](#) to learn how to find a dentist, use the coverage, and get help.

Find a Network Provider

Access myCigna.com or the myCigna app to find a provider in your area.
Group number - 3209368

Be **WELL**

- 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.

National Life provides the VSP Base Plan at no premium cost to the employee. All benefit eligible employees are automatically enrolled in the plan.

The VSP BASE Plan

		Your Coverage with a VSP Provider	
BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Well Vision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> \$200 featured frame brands allowance \$180 frame allowance 20% savings on the amount over your allowance \$100 Walmart®/Sam's Club®/Costco® frame allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements	\$0 \$80 - \$90 \$120 - \$160	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Primary Eyecare	Retinal screening for members with diabetes <ul style="list-style-type: none"> Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
Lightcare™	\$180 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	\$25	Every other calendar year

You may enroll your eligible dependents during the enrollment period. You do not have to be enrolled in a medical plan to elect vision coverage. You also have the option to enroll in the Buy-Up Plan for extra benefits!

The VSP Buy-up Plan

Provides an increased frame allowance and the ability to get new frames every year!

		Your Coverage with a VSP Provider	
BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Frame	<ul style="list-style-type: none"> • \$220 featured frame brands allowance • \$200 frame allowance • 20% savings on the amount over your allowance • \$110 Walmart®/Sam's Club®/Costco® frame allowance 	Included in Prescription Glasses	Every calendar year
VSP EasyOptions (members can choose one of these upgrades)	<ul style="list-style-type: none"> • An additional \$50 frame allowance, or • Fully covered premium or custom progressive lenses, or • Fully covered light-reactive lenses, or • Fully covered anti-glare coating, or • An additional \$50 contact lens allowance 	Included in Prescription Glasses	Every calendar year
Your Bi-Weekly Contribution	\$2.42 Member only	\$3.52 Member + 1	\$6.29 Member + family

Plan Information

VSP Member Services: (800) 877-7195

or log on to www.vsp.com

Group number: 30017510

Call Member Services for out-of-network plan details.



Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.



National Life provides \$50,000 of company-paid basic life insurance at no cost to you! You may buy additional, voluntary coverage for yourself up to five times your annual salary.

These are National Life term products. The basic life insurance and any voluntary life would pay a benefit to your beneficiary if you were to die. The policies are convertible, which means you can continue coverage if your employment status changes.

Voluntary term life insurance can be issued up to 5 times annual salary. Guaranteed issue at time of hire is 3 times annual salary. Any amount over 3 times your salary requires Evidence of Insurability (EOI). During the Annual Open Enrollment period, any amount chosen or increased that is more than 1 times your annual salary will require EOI.

Premium rates for voluntary term life are calculated based on your coverage amount, age, and tobacco usage. Your rate will be calculated when you enroll and will change as your salary changes.

See plan information and rate table on the [National Life Benefit Portal](#) or at today.NationalLife.com/benefits.

Live **WELL**

- National Life pays the full cost of your basic life insurance coverage; you pay the full cost of any voluntary life coverage you elect.
- There are no changes to our life plans, but you should still review these coverages and update your elections and beneficiaries if needed.
- Typically, the right amount of coverage will depend on your age, your family situation, and other personal saving you may have.
- Remember, National Life offers employees a 50% discount on first year premiums for any National Life life product purchased for themselves.



As an employee, you can convert the voluntary term life anytime and the NLG paid term life of \$50,000 at separation of service.

Converting NLG paid Basic Term Life and Voluntary Term Life After Retirement or Separation of Service.

The policy must be converted to a permanent policy and the face amount must match the term life amount. If you have both basic¹ and voluntary life, they can be combined into one permanent policy, but the face amount must match the two term policies combined.

THE NEW POLICY SHALL NOT

- (a) include Disability or Accidental Death Benefits (except the insurance coverage may provide for waiver of premium upon disability), or
- (b) exceed the amount of Basic Life Insurance and/or Voluntary Insurance that it replaces.

The rating is determined by whether you utilize nicotine. To receive a better premium class, the agent would need to collect the form 20114, HIPPA and labs; to add ABR, NLG needs the 20114, HIPPA and ABR disclosures.

The normal conversion paperwork is the Term Conversion Application 20007, Agent report 1441G, illustration and initial premium would be needed to apply for the conversion.

The term conversion paperwork should be sent to Contract Change.

¹ Basic Life cannot be converted until you leave the company.

NAMING A BENEFICIARY

Certain benefits, such as your Life Insurance, AD&D coverage, the National Life Group 401(k) Plan, and Pension require you to name a beneficiary. This is the person or entity who would receive the assets of these benefits in the event of your death.

Take time during the Annual Open Enrollment to name a beneficiary or, if you have already done so, review this information for accuracy.

Remember, if you do not name a beneficiary, your assets would be distributed according to the terms of your plan which may not be how you would prefer them to be distributed.

More apps and services are available. please log into myCigna to discover additional resources

Remember to name a beneficiary

Each plan requires a separate beneficiary election.



CRITICAL ILLNESS INSURANCE

Being diagnosed with a critical illness can happen to anyone at any time. Even with medical coverage, out-of-pocket expenses can quickly add up. That's why having Critical Illness Insurance is important.

Reliance Standard's Critical Illness Insurance can help provide you and your family with the additional financial protection you may need for expenses associated with an unexpected covered critical illness – so you can focus on getting better. Critical Illness Insurance provides you with a lump-sum benefit for diagnosis of a covered critical illness or specified event like a heart attack or stroke. It can help you pay for expenses such as travel, room and board, transportation, child care or treatment options not covered by traditional insurance. What you do with the money is up to you.

Choose the coverage that works best for you and your family. Your cost will depend on the level of coverage you choose. **Rates can be found at today.NationalLife.com/benefits or on the National Life [Benefits Portal](#).** The policy is portable, which means you can take it with you if your employment status changes.

You can select a benefit amount of \$10,000, \$20,000, \$30,000, \$40,000 or \$50,000. Evidence of insurability is required for benefit amounts above the guaranteed issue coverage of \$30,000. Your Spouse benefit cannot exceed 100% of your benefit amount. Your Dependent Child(ren) is eligible for 25% of your benefit amount. No evidence of insurability is required for spouse and/or child(ren).

Payments will be made directly to you, not to the doctors, hospitals or other healthcare providers. You will receive a check mailed directly to your home. The payment you receive is yours to spend as you see fit.

This is not qualifying health coverage ("minimum essential coverage") that satisfies the health coverage requirement of the affordable care act. If you don't have minimum essential coverage, you may owe an additional payment with your taxes.

Be **WELL**

ADDITIONAL FINANCIAL PROTECTION

When you or your family needs it the most to help with out-of-pocket expenses.

COST-EFFECTIVE

You can sign up for this coverage at economical group rates, which means you may pay less for your coverage.

CONVENIENT

Reliance Standard makes it easy to apply for a claim via phone, email, fax, or regular mail.

PORTABLE

You can take your coverage with you if you leave National Life – benefits won't change if you port your coverage.

CONSIDER YOUR OPTIONS

Weigh the benefits and costs of this coverage at the same time you are considering your medical plan options to see how they can work together.

OFFSET YOUR DEDUCTIBLE

Critical Illness Insurance can help pay for or offset your deductible and coinsurance if you experience a critical illness.

WELLNESS BENEFIT

This policy includes a \$50 wellness benefit paid per person per calendar year for a covered health screening or test, such as a mammogram, stress test or colonoscopy.

ACCIDENTAL INJURY INSURANCE

An accident can happen to anyone at any time. Even with medical coverage, out-of-pocket expenses can quickly add up. That's why having Accidental Injury Insurance is important.

If you have an accident, it can lead to extra out-of-pocket costs, beyond what your medical plan may cover. Reliance Standard's Accidental Injury Insurance can help by paying you for treatments or injuries resulting from a covered accident. It can help you pay for expenses such as rehabilitation, transportation, child care, travel or other out-of-pocket expenses.

Choose the coverage that works best for you and your family. Your bi-weekly cost will depend on the level of coverage you choose.

Rates can be found at today.NationalLife.com/benefits or on the National Life [Benefits Portal](#). You can choose to cover yourself, your spouse, and eligible children up to age 26. The policy is portable, which means you can take it with you if your employment status changes.

Payments will be made directly to you, not to the doctors, hospitals or other healthcare providers. You will receive a check mailed directly to your home. The payment you receive is yours to spend as you see fit.

Accidental Injury Insurance Provides Benefits for Covered Conditions, Such as:

- Hospitalization
- Fractures
- Ambulance transportation
- Burns
- Lacerations
- Surgery
- Concussions
- Dislocations
- Eye Injury

Live **WELL**

COST-EFFECTIVE

Economical group rates, means you may pay less for your coverage.

CONVENIENT

Reliance Standard makes it easy to apply for a claim via phone, email, fax, or regular mail.

PORTABLE

Take the coverage with you if you leave National Life – benefits won't change.

CONSIDER YOUR OPTIONS

The benefits from this coverage work together with your medical plan.

OFFSET YOUR DEDUCTIBLE

If you experience a covered accident this benefit can help pay for or offset your deductible and coinsurance.

EVIDENCE OF INSURABILITY

Evidence of Insurability (proof of good health) is never required.

This is not qualifying health coverage ("minimum essential coverage") that satisfies the health coverage requirement of the affordable care act. If you don't have minimum essential coverage, you may owe an additional payment with your taxes.

HOSPITAL INDEMNITY INSURANCE



A hospital stay can happen at any time, and it can be costly. Reliance Standard's Hospital Indemnity can help you and your loved ones have additional financial protection. It can help cover these unexpected events – so you can focus on getting better.

Even with medical coverage, out-of-pocket costs can add up. But with Reliance Standard's Hospital Indemnity, you receive a check after a qualified hospitalization resulting from a covered injury or illness. You can use the money however you'd like. For example, it can help you pay for expenses related to child care, travel, or other out-of-pocket expenses. There are no copays, deductibles, coinsurance, or network requirements. And benefits aren't reduced because you receive a payment from any other coverage you have, such as medical, accidental injury or critical insurance.

Choose the protection that works best for you or your family. Your bi-weekly cost will depend on the coverage you choose. **Rates can be found at [today. NationalLife.com/benefits](https://www.nationallife.com/benefits) or on the [National Life Benefits Portal](#).**

You can choose to cover yourself, your spouse or domestic partner, and dependent children up to age 26. The policy is portable, which means you can take it with you if your employment status changes.

This is not qualifying health coverage ("minimum essential coverage") that satisfies the health coverage requirement of the affordable care act. If you don't have minimum essential coverage, you may owe an additional payment with your taxes.

Choose **WELL**

ADDITIONAL FINANCIAL PROTECTION

Protection for you and your family when you need it most.

COST-EFFECTIVE

You can sign up for this coverage at economical group rates, which means you may pay less for your coverage.

CONVENIENT

We make it easy. Your insurance premiums can be deducted from your paycheck.

PORTABLE

You can take your coverage with you if you leave National Life – benefits and rates won't change if you port your coverage.*

OFFSET YOUR DEDUCTIBLE

Hospital Care Insurance can help pay for or off set your deductible and coinsurance if you experience a covered accident.

CONSIDER YOUR OPTIONS

Weigh the benefits and costs of this coverage at the same time you are considering your medical plan options to see how they can work together.

* Under most plans, coverage is portable under the age of 70 and ends at age 100. Review the plan documents for details.

GROUP ACCIDENT TRAVEL INSURANCE



National Life provides Group Accident/Travel Insurance, through Federal Insurance Company (CHUBB), at no cost. All employees, officers, and directors of National Life are covered 24 hours a day, 7 days a week, while traveling* on Company business which is at the authorization, direction and expense of National Life.

Benefits are provided in the amount up to \$250,000 if an accident results in a covered loss and from an insured hazard. The description of benefits is provided in the Summary Plan Description.

Employees have the right to name a beneficiary on their policy. To make a beneficiary change, employees must have the change:

1. in writing
2. filed with the National Life Group People Center
3. provided to the insurance company at the time of the claim or at such other time as they may request

If no beneficiary is named, claims will be made according to the following schedule:

1. Spouse
2. Equal shares to your surviving children
3. Equal shares to your surviving parents
4. Equal shares to your surviving brothers and sisters
5. Your estate

Claim forms should be completed within 20 days of the date of loss and provided to the People Center or the Insurance Risk Manager for processing.

Important Information

Customer Service – **888-987-5920**

Policy number – 9906-61-55

Group ID: N2CHUEB

*Excludes commute time.

VOLUNTARY AD&D INSURANCE

You are able to purchase Accidental Death and Dismemberment (AD&D) coverage for yourself and your dependents.

Coverage Options

FOR AN INSURED EMPLOYEE

Employee only coverage is a minimum of \$10,000 to a maximum of \$300,000, in increments of \$10,000. Amounts above \$250,000 cannot exceed 10 times your annual salary. Family coverage is available to dependent children and spouse of the employee.

FOR AN INSURED SPOUSE

If an Insured Spouse suffers a loss for which a benefit is payable under the Policy and there is an Insured Dependent Child on the date of the accident causing the loss, the Insured Spouse's Principal Sum is 50% of the Insured's Principal Sum on the date of the accident causing the loss. If there is no Insured Dependent Child on the date of the accident causing the loss, the Insured Spouse's Principal Sum is 60% of the Insured's Principal Sum on the date of the accident causing the loss.

FOR AN INSURED DEPENDENT CHILD

If an Insured Dependent Child suffers a loss for which a benefit is payable under the Policy and there is an Insured Spouse on the date of the accident causing the loss, the Insured Dependent Child's Principal Sum is the lesser of \$30,000 or 10% of the Insured's Principal Sum on the date of the accident causing the loss.

If there is no Insured Spouse on the date of the accident causing the loss, the Insured Dependent Child's Principal Sum is the lesser of \$45,000 or 15% of the Insured's Principal Sum on the date of the accident causing the loss.

Important Information

Customer Service – 800-551-0824

Policy number – PAI 0009121587

Group ID: National Life Insurance Company

Benefits

ACCIDENTAL DEATH BENEFIT

If injury to the Insured Person results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Principal Sum.

ACCIDENTAL DISMEMBERMENT BENEFIT

If injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury, in any one of the losses specified in this table, the Company will pay the percentage shown of the Principal Sum for that Loss.*

Premium Rate per \$1,000 of Principal Sum is as Follows:

Employee Only Coverage	\$0.007 bi-weekly
Employee & Family Coverage	\$0.011 bi-weekly

For Loss of	Percentage of Principal Sum
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

* "Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

SHORT & LONG TERM DISABILITY

Disability benefits replace a portion of your income if you are not able to work because of an illness or injury. National Life provides basic Short Term and Long Term Disability benefits at no cost to you.

You may elect to increase your Long Term Disability coverage through the voluntary “buy-up” plan. If elected, you are required to contribute toward the cost of voluntary “buy-up” LTD insurance.

Your contributions will be made on a post-tax basis. This means that (under the law as of the date the policy was issued) your Monthly Benefit may be treated as non-taxable for the purposes of filing your Federal Income Tax Return. It is recommended that you contact your personal tax advisor.

SHORT TERM DISABILITY		LONG TERM DISABILITY
When Benefits Begin	Date of Hire. <i>Note: You must apply and submit medical evidence to begin payments</i>	After a continuous disability period of six months (180 days), provided you are disabled as determined by Reliance Standard Life (RSL) <i>Note: You must apply and submit medical evidence to begin payments</i>
Benefit Amount	Company-paid Short Term Disability*: 100% of your bi-weekly earnings as defined by the plan up to 12 weeks and 65% of your bi-weekly earnings as defined by the plan from weeks 13 up to 26, may be reduced by disability income from other sources	Company-paid Long Term Disability: 60% of your basic earnings as defined by the plan (\$15,000 maximum benefit per month) minus disability income from other sources Buy-up Plan: An additional 10% for a total of 70% of your basic earnings as defined by the plan (\$16,250 maximum benefit per month) minus disability income from other sources
How Long Benefits Continue	For as long as you remain disabled as determined by the administrator or up to 26 weeks, whichever is less	For as long as you remain disabled as determined by RSL or reach age 65 (If you are disabled on or after age 62, benefit duration is determined based on age when disabled) <i>Note: Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury or sickness occurring while confined in any penal or correctional institution.</i>
Important Information	Think you need time away? For more information, check out the Leave of Absence and Accommodation page on NL Today.	Reliance Standard Customer Service: 800-351-7500 www.reliancestandard.com Group number: 12310

* If you live in a state which provides state-mandated disability coverage, your STD benefit may be reduced by the amount you receive from the state plan.

Life can be unpredictable and the law can be complicated. LegalShield created a model for legal coverage in which you know exactly what you're getting and precisely how much you're paying for it. Once you sign up, you can sit back, relax, and know you're covered by an entire law firm.

What is LegalShield?

In a perfect world, you'd never need a lawyer, but it helps to have a team of lawyers on your side. LegalShield has made smart legal coverage simple - in the form of accessible, affordable, full-service coverage. LegalShield has a network of dedicated law firms in 50 states and Canada made up of seasoned lawyers averaging 22 years of experience. Our Provider Law Firms provide legal protection to over 4 million members, even in covered emergency situations, 24/7/365 days a year.

Your legal plan covers you and your family 24/7/365 days a year and the LegalShield mobile app answers questions and access to your benefits at the touch of a button.

THE LEGALSHIELD MEMBERSHIP INCLUDES:

- Phone Consultations
- Letters and Phone Calls on Your Behalf
- Contract and Document Review
- Trial Defense in a Covered Civil Action
- 24/7/365 Access to a Lawyer if Your Rights, Freedoms or Liberties are Threatened
- Uncontested Name Change
- Uncontested Separation or Annulment
- Uncontested Divorce
- Will Preparation
- Power of Attorney
- Mortgage Documents Reviewed
- Speeding Ticket Assistance
- Advice with Traffic Accidents
- IRS Audit Assistance
- 25% off Additional Legal Services

Visit www.legalshield.com or call 954 214-0331 for rates, details and sign up.

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children. An individual rate is available for those enrollees who are not married, do not have a domestic partner and do not have minor children or dependents. No family benefits are available to individual plan members.



THE IDSHIELD MEMBERSHIP INCLUDES:

Trend Micro Maximum Security

Multidevice protection against ransomware, viruses, dangerous websites, and identity thieves. Mobile security for Android and iOS. Our cloud-based AI technology delivers highly effective and proactive protection against ever-evolving malware infections.

VPN Proxy One

Protection anywhere you connect using encrypted communications for full anonymity - no location or online activity tracking.

Password Manager

Create, store, and access encrypted passwords.

Enhanced Privacy Management

Consultation to help members protect their privacy across the internet and on their smart devices.

Financial Account Monitoring

Provides monitoring for banking, credit card and investment account activity.

Reputation Management

Scans social media for any content you have posted in the past that could damage your reputation. Ranks your reputation based on your social media accounts.

Always connected.

Always protected.

Track your alerts 24/7 with the mobile app.

IDShield has a plan for individuals and has a family plan which covers you, your partner and up to 10 dependents under the age of 18.

Your data and reputation can be stolen with just a few keystrokes. Arm yourself against cybercrimes with IDShield.

Identity theft protection that is more than a website. Our recovery service, by licensed investigators, will do whatever it takes for as long as it takes to ensure your identity is restored to its pre-theft status!

PET PARTNERS

Choose from Accident Only or Accident & Illness with Wellness. Policies are guaranteed issue, with no medical questions and you can select any veterinarian you like.

	ACCIDENT ONLY	ACCIDENT & ILLNESS WITH WELLNESS
Annual Deductible	\$250	\$500
Coinsurance	70%	70%
Annual Limit	\$8,000	\$8,000 only applies to the accident and illness portion of the plan
Age Requirements	Minimum of 8 Weeks old No Maximum Age	Minimum of 8 Weeks old No Maximum Age
Waiting periods	Injuries: None Illnesses: N/A Cruciate Ligament (knee) Injury: 6 months Pre-Existing Conditions are covered after 12 months (look back period is from DOB) Prior Coverage Credit: N/A	Injuries: None Illnesses: None Cruciate Ligament (knee) Injury: 6 months Pre-Existing Conditions are covered after 12 months (look back period is 6 months) Prior Coverage Credit: Included
Wellness Coverage	No	Yes (benefit schedule applies)
Additional Benefits	Office Exams & Telehealth Consult ¹ Rehabilitation and Physical Therapy ¹ Alternative and Behavioral Care ¹ Final Respects ⁴	Office Exams & Telehealth Consult ¹ Rehabilitation and Physical Therapy ¹ Inherited and Congenital Care ² Alternative and Behavioral Care ¹ Final Respects ⁴
Biweekly Cost Per Pet	Dog or Cat = \$4.69	Dog = \$23.27 Cat = \$13.92

Wellness Schedule

Max Allowable Limit per plan year

- \$15 Rabies Vaccine, Blood/Fecal/Parasite Test, Urinalysis or ERD, Heartworm Test or Feline Leukemia (FeLV) Test
- \$25 Flea/Tick Prevention, Heartworm Prevention, Spay/Neuter, Microchip, Office Visit/Exam (Wellness Exam Only)
- \$30 Preventative Vaccines (as recommended by AVMA)
Limit shown is maximum paid for all vaccinations, regardless of number



To enroll in this benefit visit
[CLICK HERE](#)

¹ Subject to Deductible & Coinsurance

² Subject to Deductible and Coinsurance, and 30-day Benefit Waiting Period.

³ Subject to Deductible and Coinsurance Behavioral Care subject to \$1,000 Annual Limit and 14-day Benefit Waiting Period

⁴ \$300 Limit Paid in excess of Annual Limit Not subject to Deductible or Coinsurance

OTHER NATIONAL LIFE BENEFITS



In addition to the health and protection benefit elections that are typically made once a year (when you are first hired or during the Annual Open Enrollment period), National Life offers several benefits that are available to you to fit your lifestyle.

Your participation may be automatic, or you decide whether to enroll and when to elect coverage. Summaries of these programs are provided on the following pages; more information is available on NLToday and in the Employee Guidebook.

EMPLOYEE ASSISTANCE PROGRAM



The National Life
Health + Wellness Center
has an on-site EAP Counselor

Stop by the Health Center
or call ext. 7515 to make
an appointment.

Face-to-Face Assistance

SERVICE LEVEL

- 24/7 Telephonic Access 888-371-1125
- Provider Referrals

PARTICIPANT SERVICES

- Telephonic or Video Consultation
- Crisis Intervention Services
- Community Resources
- Life at Work Resources
- Healthy Rewards
- Emotional Wellbeing Online
 - Assessment Tools
 - FAQ
 - Article Library
 - Online Access & Referral
 - Quarterly Awareness Series
- Up to 6 face-to-face sessions per issue for you and/or your family

Important Information

All employees and members of their household are eligible to use the program regardless if they carry the NL medical coverage.

CUSTOMER SERVICE

Phone: 888-371-1125

Website: myCigna.com

Employer ID: nationallife

EMPLOYEE ASSISTANCE PROGRAM

Full-Service Life Events

TELEPHONIC SERVICES

Child Care

Child care centers, family child care homes, in-home care, baby-sitting agencies, nanny agencies and au pair agencies, preschools/nursery schools, before and after school programs

Senior Care

Home health agencies, nursing homes, assisted living facilities, continuing care retirement communities, social and recreational programs, long distance care-giving, backup care, respite care

Prenatal Care

Birth methods, nutrition, exercise and diet, childcare pre-planning, breastfeeding and formula feeding

Parenting

Child development, sibling rivalry, separation anxiety, sleep and bedtime routines, toilet training, child safety, discipline, raising adolescents

Summer Care

Residential camps, day camps, traditional camp programs, specialized camp programs

Special Needs

Common childhood illnesses, children with multiple disabilities, developmental delays, mentally challenged/ill

Pet Care

Veterinarians, insurance, pet-sitting resources, obedience training, pet store, pet supply catalogs

Adoption

State adoption specialists, adoption support groups, private adoption, national adoption organizations

Education

Kindergarten programs, before-and-after-school programs, public schools, undergraduate and graduate programs

Legal

30 minute free consultation, 25% discount on usual fees, referrals to local providers, coverage for most legal issues

Financial Information

Spending habits, budgeting strategies, managing credit, debit management, debt consolidation, financial planning information

ONLINE SERVICES

Family & Care-giving

Adoption, Child Care, Parenting, Senior Care, Education, Pet Care

Health and Well-Being

Live Healthy, Health & Aging, Common Health Concerns

Daily Living

Consumer Information, Legal Issues, Travel & Recreation, Finances

Self-Search Provider Locators

Education Materials

Personal Assessments

Interactive Tools

Assisted Search – Email

Website: myCigna.com

Employer ID: nationallife

REFERRALS AND FULFILLMENT

- Up to 3 Qualified Referrals where available; if additional needed consumer calls back
- Life Events Turnaround Time: 12 business hours; emergency is 6 business hours
- Online and Print Fulfillment Materials

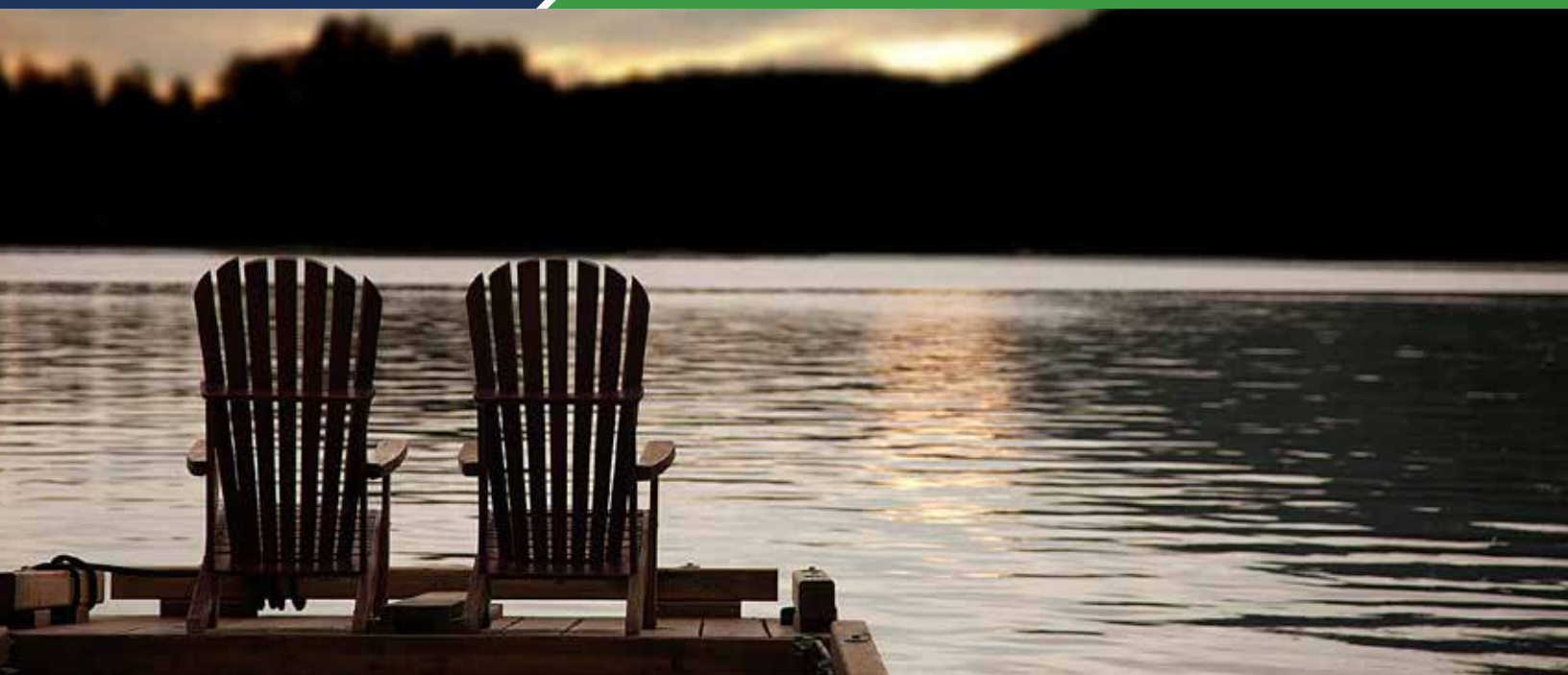
CUSTOMER SERVICE

Phone: 888-371-1125

Website: myCigna.com

Employer ID: nationallife

401(k) PLAN



National Life offers a 401(k) retirement savings plan to help you save for your retirement. A 401(k) plan is one of the best ways to save for retirement, and National Life automatically enrolls all eligible employees, including part-time employees, so that you can ensure a more secure financial future.

National Life Group's 401(k) plan allows you to make payroll contributions, up to 50% of your salary. You are automatically enrolled at a 6% contribution to the Target Date Funds¹ starting with your first paycheck and are immediately 100% vested in these contributions.

On top of your contributions to the 401(k), National Life will make a matching contribution based on your base compensation. Unlike your contributions, you are not 100% vested in the matching contributions until you have completed two years of service or are age 55.

For employees hired prior to 1/1/2021

- Annual Base Compensation \$45,000 or less
– 75% match up to 6% of salary
- Annual Base Compensation \$45,001 or more
– 50% match up to 6% of salary

For employees hired on or after 1/1/2021

- 100% match up to 6% of salary
- Changes can be made after you receive your first paycheck.

¹ Target Date Funds, or age-based funds, are designed to provide a simple investment solution through a portfolio with an asset allocation mix that becomes more conservative as your retirement date approaches. Mutual Funds are sold by prospectus. For more complete information, please download or request a prospectus from the retirement plan administrator. Please read it and consider carefully a Fund's objectives, risks, charges, and expenses before you invest or send money. The prospectus contains this and other information about the investment company. There is no guarantee that a "Target Date" investment will provide adequate retirement income. The participant may lose money by investing in target date funds, including losses near and following retirement.

² Employees hired prior to 1/1/2021 are also participants in the National Life Group Pension Plan for Employees. For more information, see the Summary Plan Description on NLToday.com/benefits.

401(k) PLAN

There are 3 ways to save in the National Life Group 401(k) Plan along with catch-up contributions.

- **Pre-tax contributions** that come out of your pay before taxes are deducted helping you save now.
- **Roth after-tax contributions** which come out of your pay after taxes have been withheld. These contributions aren't taxed when paid out at retirement and investment earnings may not be taxed.
- **The plan also allows you to make traditional after-tax contributions** in addition to pre-tax and Roth after-tax contributions for additional savings. Matching contributions are not made on traditional after-tax contributions.
- **Pre-tax and Roth Catch-up contributions** are also available for anyone age 50 and older.

Beneficiary Choices

Beneficiaries are elected and updated on the Total Retirement Platform. Beneficiaries should be reviewed and update as needed.

Automatic Increase in Annual Contribution

You can hit your savings goal gradually with automatic enrollment in Contribution Accelerator. This service automatically raises your contribution rate 1% each March until it reaches 12%. You can opt-out of auto-escalation any time by going to the Principal Financial website.

Personal Choice Retirement Account (PCRA)

You also have more options when it comes to investing your National Life Group 401(k) account. The PCRA provides participants significantly expanded investment choices in addition to the core investments in the plan. A \$50 annual account fee is charged for any open PCRA, regardless of the account balance. The fee will be deducted from your Core Account balance.

PCRA Eligibility Requirements:

- Initial transfer to the PCRA of at least \$2,500 or more
- Subsequent transfers to your PCRA of at least \$1,000 or more
- Minimum of 50% must remain in the Core Account at all times

The fee is not related to the transfer of or the trades within these accounts and is payable annually.

Investment Choices

The National Life Group 401(k) plan provides multiple investment choices, including stocks, target dated funds, bonds, or money market investments. This flexibility allows you to spread your contributions, or diversify, among different types of investments, making your retirement portfolio less susceptible to market changes.

Consult with your financial adviser to help you determine how to best use your National Life Group 401(k) plan to prepare for your financial future.

**The National Life Group
401(k) Plan is administered
by Principal Financial.**

Visit www.principal.com for helpful articles, planning tools, and calculators – and to make changes to your account at any time during the year.

Call Principal at 800-547-7754 for more info.

EDUCATIONAL ASSISTANCE

After three months of employment, the company will reimburse 2/3, up to a maximum of \$5,250 per calendar year, for expenses incurred by an employee for continuing education through an accredited program that either offers growth in an area related to his or her current position or might lead to promotional opportunities.

Approved courses can include college credit courses, continuing education unit courses, seminars and certification tests. Participants must receive a “C-” or better for undergraduate courses and a “B-” or better for graduate courses or obtain certification documenting successful completion of a course for non-graded courses to receive any reimbursement.

The company has also partnered with the University of Arizona Global Campus to provide a **free college tuition*** program and with Champlain College to assist employees in earning degrees at a reduced cost.

The University of Arizona Global Campus Full Tuition Grant program enables employees to take one course at a time up to ten courses per a 12-month period for undergraduate courses, and up to eight courses per a 12-month period for masters levels courses. Most associates will have tuition waived, and will have some out-of-pocket expenses* while pursuing an undergraduate or master’s degree.

NLGroup University

To enhance your learning experience, specific courses are available to assist in your skill building and professional development.

LOMA’s Fellow Life Management Institute (FLMI)

Employees have full access to the Life Office Management Association (LOMA) series of specialized life insurance courses leading to insurance industry designations and certifications, which are pre-paid 100% by NLGroup. The cost associated with any LOMA coursework counts toward the annual maximum of \$5,250.

CLU, ChFC Designations

Through course study and testing, employees can earn:

- The Chartered Life Underwriter (CLU) designation, the highest level designation available in the life insurance profession
- The Chartered Financial Consultant (ChFC) designation, evidence of an extensive education in financial planning

* UAGC provides a free tuition program. However, students will be responsible for the cost of books and other fees which will vary based on the program.

TIME OFF

Holidays

Employees are eligible for 10 paid holidays per year. Days include:

- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas

Volunteer Time

National Life encourages and supports participation in volunteer activities that align with the mission of National Life's Charitable Foundation and giving guidelines. Regular full and part-time employees may use up to 40 hours per year to volunteer in the community.

Combined Time Off

National Life uses a combined time off (CTO) program as opposed to traditional vacation and sick leave programs. Employees may use CTO for any purpose including vacations, unpaid holidays, illness or time away from work for personal or family matters.

Non-exempt employees accrue time, can carry over up to 40 hours to the next calendar year, and, should they decide to leave the company, will be paid any accrued, unused time in their final paycheck.

Years of Service	CTO Days
0 to 2	22
3 to 5	24
6 to 10	26
11 to 15	28
16 & Up	30

Exempt employees have no maximum number of days, nor do they accrue time or have hours to roll over to the next calendar year. Should they decide to leave the company, they will not receive a payout of unused time.

Paid Family Leave

After 12 months of employment and at least 1,250 hours worked, employees have access to six weeks of paid family time for a qualified Family and Medical Leave Act (FMLA) covered absence. Qualified absences include caring for a seriously ill family member and assisting a family member called for active duty.

Bereavement Leave

All benefit-eligible employees are given up to four days of paid time off due to the death of an immediate family member (spouse, parent, stepparent, sibling, child, stepchild, grandchild, and father/mother/son/daughter in-laws) and up to two days of paid time off due to the death of an extended family member (grandparent, aunt, uncle, niece, nephew, and first cousin).

Paid Military Leave

Eligible employees, who are members of the National Guard or Reserves of the U.S. military, are paid the difference between what is typically paid by the company and paid by the military for up to 12 months in a rolling calendar year.

If you need to request a leave of absence visit the [Leave of Absence Info Page](#) on NL Today and start with the FAQ.

Paid Parental Leave

All employees are eligible for six weeks of paid leave to bond with a newborn, adopted, or newly placed child in your home.

Birth mothers are eligible for an additional six weeks of short term disability paid time off after the birth of a child. This time is in addition to the Paid Parental Leave for a total of 12 weeks of paid leave after the birth of a child.

Family and Medical Leave Act (FMLA)

Under FMLA, employees can take up to 12 weeks of unpaid, job-protected leave during a 12-month period. Reasons for taking leave include birth of a child; placement for adoption or foster care; a serious health condition that makes the employee unable to perform ones job duties; to care for the employee's spouse, son or daughter, or parent who has a serious health condition.

Eligible employees with a spouse, child, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use FMLA entitlement to address certain qualifying exigencies.

Time does not have to be taken consecutively with the exception of the paid bonding time with a newborn or newly placed child.

If you need to request a leave of absence visit the [Leave of Absence Info Page](#) on NL Today and start with the FAQ.

Mother's Room

National Life provides a spacious, private room to support women balancing their return to work with their needs as mothers of young children. The room offers a clean, secure, and comfortable environment for women who need to express breast milk during their work shift.

You may reserve space in the room by signing up with the People Center.

Care@Work Backup Care

Backup Care is available using Care.com's vetted network of in-center child care facilities and in-home caregivers for children and adults. Backup Care is short-term care, when regular care is not available. National Life provides four subsidized back-up care days per year. Employee co-pays are \$3/hr for in-home Backup Care and \$5/day for in-center Backup Care.

To register and sign up for back-up care, go to www.care.com/yourbenefits.

Important note about the use of CTO time before Leave of Absence is approved:

There can be a delay in the timing of when a leave of absence (i.e. family leave, medical leave, etc.), claim is approved which may impact an associates bi-weekly pay. If you want to use CTO as a bridge until the claim is approved:

- You must enter the CTO in your timecard directly in UKG prior to your leave, or
- Once on a leave, you must notify your Manager to request it on your behalf.
- This must be done no later than the last day of the pay period.

If an employee does use CTO time during the interim period while waiting for the leave to be approved, and would like to have that time returned once the leave is approved, the employee or their manager will need to [email the Benefits team](#) no later than 30 days from the leave approve date (shown in the Matrix system).

ADDITIONAL PROGRAMS/SERVICES



Friendly competition at our 2023 employee picnic.

Lifestyle Improvement for Employees (LIFE) Program

- Promotes lifelong good health and encourages employees to take steps to improve or maintain their health and wellbeing
- Cardio room, weight room, aerobics studio and lockers at our Vermont location
- Workout facilities and fitness classes are available virtually and onsite at our Vermont and Texas locations. A small fee may apply for some classes. Open to all employees 7 days a week; 5am to 9pm
- On-site PAR course on the Vermont campus (walking trail through woods with workout stations), basketball hoop, horseshoe pit, volleyball court, and snowshoe trails
- The Vermont campus is certified as a Bicycle Friendly Business by the League of American Bicyclists. Covered bike parking and a maintenance station for bikers

See today.nationallife.com/life-program for details.

Recreation Association

- Provides activities for employees and their family
- Holiday parties, sporting events, trips to casinos, attractions and shows

See today.nationallife.com/recreation-association for details.

On-site food options

- VT: Breakfast, lunch and snack items at reasonable prices. Fresh salad bar and baked goods available daily.
- TX: The Hightower Cafe is an onsite deli serving Starbucks coffee, breakfast and lunch options which rotate daily with delivery available.

Employee Appreciation Events

- Special events hosted by management to show appreciation for employee contributions to the company's success
- Includes barbecues, dinners, and ice cream socials

Share the Good Campaign

- Thank the nonprofit organizations who support our communities by donating to them each year through our Share the Good Campaign
- National Life Group Foundation will match from \$1 up to a maximum of \$2,000 of donations to up to four of your chosen nonprofit organizations
- You can have the donation deducted from your paycheck as a lump sum or in smaller increments throughout the year from each paycheck
- the annual campaign begins in November

Attractions Club (ACLUB)

A nationwide network of businesses offering discounts on travel, entertainment and attractions, including theme parks, movies, Las Vegas and Broadway show tickets, hotels, rental cars, and more.

[Sign up here](#) with the access code: NATLLIFE

Employee Discounts

Obtain discounts from local merchants on a wide variety of products and services.

These discounts change frequently, visit [the discounts page on NL Today](#) for current offers.

NLG PRODUCT EMPLOYEE DISCOUNTS



National Life Insurance Products

Employees can purchase individual National Life Insurance Company insurance products with a 50% discount on first year premiums for the employee. Must be purchased with an agent licensed in VT and be on VT paper. Does not apply to LSW products.

National Life Group Annuities

Employees can purchase annuity policies issued by either of National Life's insurance companies and receive the commission credited to the issued policy as a bonus. If you choose to work with an agent instead of purchasing directly, 50% of commission will be applied to you and 50% to the agent.

Employee Only Annuity

SecurePlus Optimizer is a fixed indexed annuity available only to employees with special rates and convenient contributions via payroll deduction (made on a post tax basis).

Optional bonus Guaranteed Lifetime Income Rider available. Employees will receive a 10% bonus in the income calculation base on all contributions.

Enrollment is easy. Employees can print the application kit with instructions for state of residence directly from the employee portal. Completed applications are sent to Chris Newbern in the Addison office.

REQUIRED ENROLLMENT NOTICES

Notice of Special Enrollment Rights

Federal law allows special enrollment rights to allow you to elect health coverage or add dependents in the case of certain events:

After declining health coverage

If you decline enrollment for yourself or your dependents because you have other health insurance coverage, you may be able to enroll yourself and/or your dependents in company-sponsored coverage in the future provided you request enrollment within 31 days after your other coverage ends.

New dependents

If you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new dependents provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

Loss of Coverage for Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program (CHIP) is in effect, you may be able to enroll yourself and your dependents if you or your dependents lose eligibility for that other coverage, provided you request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or CHIP.

Eligibility for Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under the company's plans, you may be able to terminate your National Life coverage for yourself and your dependents, provided you request enrollment in the other plan within 60 days after your or your dependents' determination of eligibility for such assistance.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. This law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy, will also receive coverage for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedemas

Coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

Your Privacy Rights

The Health Insurance Portability and Accountability Act (HIPAA) requires the federal government to issue national standards to protect the privacy of personal health information for purposes of treatment, payment, and healthcare operations. The National Life health plans maintain a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the plan. **If you would like a copy of the Notice of Privacy Practice, contact the National Life Benefit Service Center at ext. 3066 / 802-229-3066.**

Genetic Information Nondiscrimination Act

The Genetic Information Nondiscrimination Act (GINA) was effective January 1, 2010. National Life is in compliance with GINA. GINA prohibits using genetic information to discriminate with respect to health benefits. Employer-sponsored group health plans and insurers are prohibited from:

- Restricting enrollment or adjusting premiums based on genetic information; and
- Requiring or requesting genetic information or genetic testing prior to, or in connection with, enrollment.

REQUIRED ENROLLMENT NOTICES

Newborns' And Mothers' Health Protection Act (NMHPA)

Under federal law, group health plans and health insurance issuers offering group health insurance generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the plan or issuer may pay for a shorter stay if the attending physician (e.g., your physician, nurse, midwife, or a physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other healthcare provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

The Impact of Purchasing Coverage Through the Marketplace

Our health coverage meets the minimum value standard, and the cost of our coverage to you is intended to be affordable (based on wages). Although our coverage is intended to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. **If you decide to shop for coverage in the Marketplace, healthcare.gov or in Vermont portal.healthconnect.vermont.gov, will guide you through the process.**

If you choose to purchase health insurance through the Marketplace instead of electing the health insurance provided by your employer:

- You may lose your employer's contribution to your health insurance
- You may also lose any tax deductions from your employer contribution — in addition to your employee contributions to employer-sponsored coverage — on your Federal and State income taxes
- Payments to the Marketplace are made on an after-tax basis

Consolidated Omnibus Budget Reconciliation Act (COBRA)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives you and your dependents the right to temporarily continue healthcare coverage for a period of time if your National Life coverage ends due to a qualifying event such as termination of employment.

You will receive an initial COBRA notice when you are first hired, as required by federal law. If you leave National Life employment or experience a COBRA qualifying event, you will receive a more detailed COBRA notice with information on how to continue coverage and the cost of continuation coverage from the National Life Benefit Service Center.

Summary of Benefits and Coverage Notice

You can find information on all of our plans in the format required by the Affordable Care Act (called Summary of Benefits and Coverage, or SBC), on the National Life Benefit Portal at www.NationalLife.HRIntouch.com or today.NationalLife.com/benefits.

These summaries may be helpful to provide more information about National Life benefits, or to compare our plans to others, such as plans available to you through your spouse's employer.

IMPORTANT CONTACT INFO

If you have questions regarding your eligibility or have general benefit questions, please call the National Life Benefit Service Center by phone at **EXT 3066** or **802-229-3066** or send an email to yourbenefits@NationalLife.com. You may also contact the carrier directly. See below for carrier contact information.

BENEFIT	CARRIER	TELEPHONE	WEBSITE	GROUP #
Medical Plans	Cigna	800-244-6224	myCigna.com	3209368
Dental Plans	Cigna	866-494-2111	myCigna.com	
Health Savings Account	HSA Bank	800-244-6224	myCigna.com	
Health Reimbursement Account	Cigna	800-244-6224	myCigna.com	
Health/Dependent Care FSA	HealthEquity	877-924-3967	healthequity.com	
Health + Wellbeing Account	HealthEquity	877-924-3967	healthequity.com	
Critical Illness	Reliance Std.	800-351-7500	www.rsli.com	
Accidental Injury Insurance	Reliance Std.	800-351-7500	www.rsli.com	
Hospital Care Insurance	Reliance Std.	800-351-7500	www.rsli.com	
Vision Plan	VSP	800-877-7195	www.vsp.com	30017510
Life Insurance	National Life	802-229-3066	www.NationalLife.com	
Accidental Death & Dismemberment	AIG	800.551-0824		PAI9121587
Leave of Absence	Matrix	877-202-0055	matrixabsence.com	
Long Term Disability Insurance	Reliance Std.	800-351-7500	www.rsli.com	122310
Legal Services and Theft Protection	LegalShield	954-214-0331	www.legalshield.com/info/nationallifebd	
Employee Assistance Program	Cigna	888-371-1125	myCigna.com	nationallife
Pet Insurance	Pet Partners	800-956-2495	www.petpartners.com	
Virtual Care	MDLIVE	888-726-3171	www.mdliveforcigna.com	
Retirement/Deferred Comp	Principal	800-547-7754	www.principal.com	

Thank You for Being Part of Our Team!

We are very excited that you are part of our team! We look forward to working with you on your journey at National Life Group. If you need additional assistance or have further questions on your benefits, please contact National Life Benefit Service Center at **802-229-3066** or YourBenefits@NationalLife.com.

Benefit Plan Contacts

NATIONAL LIFE BENEFIT SERVICE CENTER

yourbenefits@NationalLife.com

802-229-3066

CIGNA – 800-244-6224



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

National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest, Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. Life Insurance Company of the Southwest is not an authorized insurer in New York and does not conduct insurance business in New York.

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