EMPLOYEE BENEFITS PLAN

CENTRAL PIEDMONT COMMUNITY COLLEGE

PLAN YEAR: JANUARY 1, 2023 - DECEMBER 31, 2023

CENTRAL PIEDMONT
COMMUNITY COLLEGE

PIERCE GROUP BENEFITS

www.piercegroupbenefits.com

EMPLOYEE BENEFITS GUIDE

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Welcome to the Central Piedmont Community College comprehensive benefits program. This booklet highlights the benefits offered to all eligible employees for the plan year listed below. Benefits described in this booklet are voluntary, employee-paid benefits unless otherwise noted.

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EFFECTIVE DATES: JANUARY 1, 2023 - DECEMBER 31, 2023

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** for informational purposes only

PRE-TAX & POST-TAX BENEFITS

CENTRAL PIEDMONT COMMUNITY COLLEGE

ENROLLMENT PERIOD: OCTOBER 10, 2022 - OCTOBER 28, 2022
EFFECTIVE DATES: JANUARY 1, 2023 - DECEMBER 31, 2023

PRE-TAX BENEFITS

Flexible Spending Accounts
FlexFacts
- Medical Reimbursement Maximum: $2,850/year
- Dependent Care Reimbursement Maximum: $5,000/year

You will need to re-enroll in the Flexible Spending Accounts if you want them to continue next year.
IF YOU DO NOT RE-ENROLL, YOUR CONTRIBUTION WILL STOP EFFECTIVE DECEMBER 31, 2022.

Dental Insurance
MetLife

Vision Insurance
Superior

Cancer Benefits
Colonial Life

Accident Benefits
Colonial Life

Medical Bridge Benefits
Colonial Life

POST-TAX BENEFITS

Short-Term Disability Benefits
Colonial Life

Long-Term Disability Benefits
Sun Life

Critical Illness Benefits
Colonial Life

*Group Term Life Insurance**
MetLife

Life Insurance
Colonial Life
- Term Life Insurance
- Whole Life Insurance

Telemedicine
Call A Doctor Plus
Direct Billing Only

EMPLOYEES WILL NEED TO RE-ENROLL IN GROUP TERM LIFE INSURANCE IN ORDER TO CONTINUE COVERAGE FOR THE NEW PLAN YEAR BEGINNING JANUARY 1, 2023.

Please note your insurance products will remain in effect unless you speak with a representative to change them.

THINGS YOU NEED TO KNOW

QUALIFICATIONS:

- Employees must work 40 hours or more per week.
- Employees must be a contributing member of the North Carolina Retirement System.

IMPORTANT FACTS:

- The plan year for Colonial Insurance products, Spending Accounts, Sun Life Long-Term Disability, MetLife Dental, MetLife Group Term Life, and Superior Vision lasts from January 1, 2023 through December 31, 2023.
- Deductions for Colonial Insurance products, Spending Accounts, Sun Life Long-Term Disability, MetLife Dental, MetLife Group Term Life, and Superior Vision will begin January 2023. The Call A Doctor Plus Telemedicine plan is available by Direct Billing only. No deductions will be taken via payroll deduction.
- If signing up for any coverage on your spouse and/or children, please have their dates of birth and social security numbers available when speaking with the Benefits Representative.
- PLEASE NOTE: **Pierce Group Representatives are not authorized to assist employees with their SHP enrollment or make SHP enrollment elections on an employee's behalf.**
- If you will be receiving a new debit card, whether you are a new participant or to replace your expired card, please be aware that it may take up to 30 days following your plan effective date for your card to arrive. Your card will be delivered by mail in a plain white envelope. During this time you may use manual claim forms for eligible expenses. Please note that your debit card is good through the expiration date printed on the card.
- Elections made during this enrollment period **CANNOT BE CHANGED AFTER THE ENROLLMENT PERIOD** unless there is a family status change as defined by the Internal Revenue Code. Examples of a family status change are: marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of a spouse's employment, or the transition of spouse's employment from full-time to part-time, or vice-versa. Once a family status change has occurred, an employee has 30 days to notify the North Carolina Service Center at 1-888-662-7500 to request a change in elections.
- Flexible Spending Account expenses must be incurred during the Plan Year in order to be eligible for reimbursement.
- An employee has 90 days after the plan year ends to submit claims for spending account expenses that were incurred during the plan year. **Please note that if employment terminates during the plan year, that employee's plan year ends the day employment ends.** The employee has 90 days after the termination date to submit claims.
- With Dependent Care Flexible Spending Accounts, the maximum reimbursement you can request is equal to the current account balance in your Dependent Care account. ***You cannot be reimbursed more than has actually been deducted from your pay.***
- As a married couple, one spouse cannot be enrolled in a Medical Reimbursement FSA at the same time the other opens or contributes to an HSA.
- The Colonial Cancer plan and the Health Screening Rider on the Colonial Accident and Colonial Medical Bridge plan have a 30-day waiting period for new enrollees. Coverage, therefore, will not begin until January 31, 2023.
- **Additionally, some policies may include a pre-existing condition clause. Please read your policy carefully for full details.**
- Please be aware there are certain coverages that may be subject to federal and state tax when premium is paid by pretax deduction or employee contribution.
- An employee taking a leave of absence, other than under the Family & Medical Leave Act, may not be eligible to re-enter the Flexible Benefits Program until the next plan year. Please contact your Benefit Administrator for more information.

EMPLOYEE BENEFITS GUIDE

CENTRAL PIEDMONT COMMUNITY COLLEGE

IN PERSON

During your open enrollment period, a Pierce Group Benefits representative will be available by appointment to answer any questions you may have and to assist you in the enrollment process.

ONLINE

You may enroll or make changes online to your benefits plan. To enroll online, please see the information below and on the following pages.

ENROLLMENT PERIOD: OCTOBER 10, 2022 - OCTOBER 28, 2022

YOU CAN MAKE THE FOLLOWING BENEFIT ELECTIONS ONLINE DURING THE ENROLLMENT PERIOD:

- Enroll/Re-Enroll in Flexible Spending Accounts⁺ (Medical Reimbursement and Dependent Care).
- Enroll in, change or cancel Dental Insurance.
- Enroll in, change or cancel Vision Insurance.
- Enroll in, change or cancel Group Term Life Insurance (must re-enroll to continue coverage).
- Enroll in, change or cancel Long-Term Disability Insurance.
- Enroll in, change or cancel Telemedicine coverage (DIRECT BILLING ONLY*).**
- Enroll in, change or cancel Colonial coverage (see the following pages for enrollments/changes that can be completed online).

⁺*You will need to re-enroll in the Flexible Spending Accounts if you want them to continue each year.*

*The Telemedicine plan is available by Direct Billing only. No deductions will be taken via payroll deduction.

**Please see the coordinating pages of your benefit booklet/back cover for enrollment instructions and/or contact information for the Telemedicine plan.

ACCESS YOUR BENEFITS ONLINE WHENEVER, WHEREVER.

Benefits Details | ***Educational Videos*** | ***Download Forms*** | ***Online Chat with Service Center***

To view your personalized benefits website, go to:

www.piercegroupbenefits.com/centralpiedmontcommunitycollege

or piercegroupbenefits.com and click "Find Your Benefits".

IMPORTANT NOTE & DISCLAIMER

This is neither an insurance contract nor a Summary Plan Description and only the actual policy provisions will prevail. All information in this booklet including premiums quoted is subject to change. All policy descriptions are for information purposes only.
Your actual policies may be different than those in this booklet.

BENSELECT ONLINE ENROLLMENT:

COMPLETE THE STEPS BELOW TO BEGIN THE ONLINE ENROLLMENT PROCESS

HELPFUL TIPS:

- If you are a new employee and unable to log into the online system, please speak with the Benefits Representative assigned to your location, or contact Human Resources.
- If you are an existing employee and unable to log into the online system, please contact Pierce Group Benefits at 888-662-7500 between 8:30am and 5:00pm, or speak with the Benefits Representative assigned to your location.

1. **Go to https://harmony.benselect.com/cpcc**
   - Enter your User Name: Social Security Number with or without dashes (ex. 123-45-6789 or 123456789)
   - Enter your PIN: Last 4 numbers of your Social Security Number *followed by* last 2 numbers of your Date of Birth year (ex. 678970)

2. The screen prompts you to create a NEW PIN [_____].

3. Choose a security question and enter answer [_____].

4. Confirm (or enter) an email address.

5. Click on 'Save New PIN' to continue to the enrollment welcome screen.

6. From the welcome screen click "Next".

7. The screen shows 'Personal Information'. Verify that the information is correct and enter the additional required information (marital status, work phone, e-mail address). Click 'Next'.

8. The screen allows you to add family members. It is only necessary to enter family member information if adding or including family members in your coverage. Click 'Next'.

9. The screen shows 'Benefit Summary'. Review your current benefits and make changes/selections for the upcoming plan year.

   - ***HEALTH CARE FSA:*** Enter annual amount. MAX $2,850/year
   - ***DEPENDENT CARE FSA:*** Enter annual amount. MAX $5,000/year
   - ***DENTAL:*** You may enroll online in Dental coverage.
   - ***VISION:*** You may enroll online in Vision coverage.
   - ***GROUP TERM LIFE:*** You may enroll online in Group Term Life coverage (must re-enroll to continue coverage).
   - ***LONG-TERM DISABILITY:*** You may enroll online in Long-Term Disability coverage.

<<< ***enrollment instructions continued on next page*** >>>

BENSELECT ONLINE ENROLLMENT CONT.:

- ***CANCER ASSIST***
  You may enroll online in Cancer Assist coverage.
- ***DISABILITY - EDUCATOR DISABILITY ADVANTAGE (EDA1100)***
  You may enroll online in EDA1100 coverage.
- ***ACCIDENT 1.0***
  You may enroll online in Accident 1.0; however persons over age 64 applying for coverage and employees wishing to purchase an individual policy for their spouse should speak with the Benefits Representative.
- ***MEDICAL BRIDGE***
  You may enroll online in Medical Bridge coverage.
- ***TERM LIFE 5000***
  You may enroll online in Term Life 5000; however, employees wishing to purchase an individual policy for their spouse should speak with the Benefits Representative.
- ***WHOLE LIFE 5000 Plus***
  You may enroll online in Whole Life 5000 Plus; however, employees wishing to purchase an individual policy for their spouse should speak with the Benefits Representative.

10. Click 'Sign & Submit' once you have decided which benefits to enroll in.
11. Review your coverage. If any items are 'Pending', you will need to decide whether to enroll or decline this benefit.
12. Click 'Next' to review and electronically sign the authorization for your benefit elections.
13. Review the confirmation, then if you are satisfied with your elections, enter your PIN and click 'Sign Form'.
14. Click 'Download & Print' to print a copy of your elections, or download and save the document. **Please do not forget this important step!**
15. Click 'Log Out'.

The following summary is included in this booklet for informational purposes only. Open Enrollment for the State of North Carolina Teachers' and State Employees' Health Plan is not part of this benefits plan open enrollment period. Pierce Group Representatives are not authorized to assist employees with their SHP enrollment or make SHP enrollment elections on an employee's behalf.

2023 STATE HEALTH PLAN COMPARISON

Active and Non-Medicare Subscribers

PLAN DESIGN FEATURES	Enhanced PPO Plan (80/20)		Base PPO Plan (70/30)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	$1,250 Individual $3,750 Family	$2,500 Individual $7,500 Family	$1,500 Individual $4,500 Family	$3,000 Individual $9,000 Family
Coinsurance	20% of eligible expenses after deductible is met	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	30% of eligible expenses after deductible is met	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	$4,890 Individual $14,670 Family	$9,780 Individual $29,340 Family	$5,900 Individual $16,300 Family	$11,800 Individual $32,600 Family
Preventive Services	$0 (covered at 100%)	N/A	$0 (covered at 100%)	N/A
Office Visits	$0 for CPP PCP on ID card; $10 for non-CPP PCP on ID card; $25 for any other PCP	40% after deductible is met	$0 for CPP PCP on ID card; $30 for non-CPP PCP on ID card; $45 for any other PCP	50% after deductible is met
Specialist Visits	$40 for CPP Specialist; $80 for other Specialists	40% after deductible is met	$47 for CPP Specialist; $94 for other Specialists	50% after deductible is met
Speech/Occu/Chiro/PT	$26 for CPP Provider; $52 for other Providers	40% after deductible is met	$36 for CPP Provider; $72 for other Providers	50% after deductible is met
Urgent Care	$70		$100	

PCP: Primary Care Provider, CPP: Clear Pricing Project

To find a CPP Provider, visit www.shpnc.org and click Find a Doctor.

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA

PLAN DESIGN FEATURES	Enhanced PPO Plan (80/20)		Base PPO Plan (70/30)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Copay waived w/admission or observation stay)	$300 copay, then 20% after deductible is met		$337 copay, then 30% after deductible is met	
Inpatient Hospital	$300 copay, then 20% after deductible is met	$300 copay, then 40% after deductible is met	$337 copay, then 30% after deductible is met	$337 copay, then 50% after deductible is met
PHARMACY BENEFITS				
Tier 1 (Generic)	$5 copay per 30-day supply		$16 copay per 30-day supply	
Tier 2 (Preferred Brand & High-Cost Generic)	$30 copay per 30-day supply		$47 copay per 30-day supply	
Tier 3 (Non-preferred Brand)	Deductible/coinsurance		Deductible/coinsurance	
Tier 4 (Low-Cost Generic Specialty)	$100 copay per 30-day supply		$200 copay per 30-day supply	
Tier 5 (Preferred Specialty)	$250 copay per 30-day supply		$350 copay per 30-day supply	
Tier 6 (Non-preferred Specialty)	Deductible/coinsurance		Deductible/coninsurance	
Preferred Blood Glucose Meters (BGM) and Supplies*	$5 copay per 30-day supply		$10 copay per 30-day supply	
Preferred and Non-Preferred Insulin	$0 copay per 30-day supply		$0 copay per 30-day supply	
Preventive Medications	$0 (covered by the Plan at 100%)		$0 (covered by the Plan at 100%)	

* This does not include Continuous Glucose Monitoring Systems or associated supplies. Preferred Continuous Glucose Monitoring Systems and associated supplies are considered a Tier 2 member copay.

North Carolina State Health Plan FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA

Don't lose the chance to put $800 back into your pocket this year!

Participating in a healthcare flexible spending account (FSA) is like receiving a 30% discount from your medical providers.

How does a healthcare FSA work?

A healthcare FSA is a flexible spending account that allows you to set aside pre-tax dollars for eligible medical, dental, and vision expenses for you and your dependents, even if they are not covered under your primary health plan.

You choose an annual election amount. At the beginning of the plan year, your account is pre-funded and your full contribution is immediately available for use. Your election amount is then deducted from your paychecks in equal installments throughout the year.

Why should I enroll in a healthcare FSA?

Almost everyone has some level of predictable and non-reimbursable medical needs.

If you expect to incur medical expenses that won't be reimbursed by another plan, you'll want to take advantage of the savings this plan offers. Money contributed to a healthcare FSA is free from federal and most state taxes and remains tax-free when it is spent on eligible expenses. On average, partici-pants enjoy a 30% tax savings on their annual contribution. This means you could be saving up to $800 per year on healthcare expenses!

How do I use my FSA to pay for healthcare expenses?

You can use your Flex Facts debit card to pay your providers for eligible healthcare expenses, or pay with your personal funds and submit a claim for reimbursement.

Qualifying expenses

What qualifies?

Healthcare FSA funds can cover costs for:

- Copays, deductible payments, coinsurance
- Doctor office visits, exams, lab work, x-rays
- Hospital charges
- Prescription drugs
- Dental exams, x-rays, fillings, crowns, orthodontia
- Vision exams, frames, contact lenses, contact lens solution, laser vision correction
- Physical therapy
- Chiropractic care
- Medical supplies and first aid kits
- Over-the-counter medications
- And much more...

What doesn't qualify?

Certain expenses are not eligible, for instance:

- Expenses incurred in a prior plan year
- Cosmetic procedures or surgery
- Dental products for general health
- Hygiene products
- Insurance premiums
- Late payment fees charged by healthcare providers

A comprehensive list of eligible expenses can be found at flexfacts.com

Online & mobile access

Get instant access to your account with the **Flex Facts Portal** and the **Flex Facts Mobile App**.

- View your account balance and transaction history
- Submit and view claims
- Upload and store receipts
- View important alerts and communications
- Sign up for direct deposit
- Sign up for text message alerts

Register for the Flex Facts Participant Portal at www.flexfacts.com

Download the Flex Facts Mobile App on the App Store or Google play store

Helpful hints

- Your full election amount is available on the first day of the plan year, which means you'll have access to the money you need, when you need it.
- You can't change your election amount during the plan year, unless you experience a change in status or qualifying event.
- Save your receipts when you spend your healthcare FSA dollars. You may need itemized invoices to verify the eligibility of expenses or for reimbursement requests.
- If your employment terminates before the end of the plan year, your account will terminate unless you are eligible for, and elect, COBRA coverage.
- Any unused funds that remain in your account at the end of the plan year will be forfeited. Plan care-fully and use all the money in your healthcare FSA by the end of the plan year.
- You cannot contribute to an FSA and HSA within the same plan year.
- As a married couple, one spouse cannot be enrolled in an FSA at the same time the other is contributing to an HSA.

Save up to $1,500 on dependent care expenses this year!

Participating in a dependent care flexible spending account (DCA) is like receiving a 30% discount from your care provider.

How does a dependent care FSA work?

A dependent care FSA is a flexible spending account that allows you to set aside pre-tax dollars for dependent care expenses, such as daycare, that allow you to work or look for work.

You choose an annual election amount, up to $5,000 per family. The money is placed in your account via payroll deduction, in equal installments, and then used to pay for eligible dependent care expenses incurred during the plan year.

Why should I enroll in a dependent care FSA?

Child and dependent care is a large expense for many families. Millions of people rely on child care to be able to work, while others are responsible for older parents or disabled family members.

If you pay for care of dependents in order to work, you'll want to take advantage of the savings this plan offers. Money contributed to a dependent care account is free from federal and most state taxes and remains tax-free when it is spent on eligible expenses. On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving up to $1,500 per year on dependent care expenses!

Qualifying Dependents*

- Your qualifying child under the age of 13
- Your spouse or qualifying adult child or relative who is physically or mentally incapable of self-care

*additional restrictions may apply. See Internal Revenue Code Section 152.

How do I use my DCA to pay for dependent care expenses?

You can use your Flex Facts Debit Card to pay your provider for eligible dependent care expenses, or pay with your personal funds and submit a claim for reimbursement.

Qualifying expenses

What qualifies?

Dependent care FSA funds can cover costs for:

- Before school or after school care for children 12 and younger
- Custodial care for dependent adults
- Licensed day care centers
- Nanny / Au Pair
- Nursery schools or preschools
- Late pick-up fees
- Summer or holiday day camps

What doesn't qualify?

Certain expenses are not eligible, for instance:

- Expenses incurred in a prior plan year
- Expenses for non-disabled children 13 and older
- Educational expenses including kindergarten or private school tuition fees
- Food, clothing, sports lessons, field trips, and entertainment
- Overnight camp expenses
- Late payment fees for child care

A comprehensive list of eligible expenses can be found at flexfacts.com.

Online & mobile access

Get instant access to your account with the **Flex Facts Portal** and **Mobile App**.

- View your account balance and transaction history
- Submit and view claims
- Upload and store receipts
- View important alerts and communications
- Sign up for direct deposit
- Sign up for text message alerts

Register for the Flex facts Participant Portal at www.flexfacts.com

Download the Flex Facts Mobile App on the App Store or Google Play store

Helpful hints

- You must have funds in your dependent care FSA before you can spend them.
- You can't change your election amount during the plan year, unless you experience a change in status or qualifying event.
- Keep your receipts, as you will need an itemized invoice for all reimbursement requests.
- If your employment terminates before the end of the plan year, your account will be terminated.
- Any unused funds that remain in your account at the end of the year will be forfeited (also known as the use-it-or-loose-it rule).

24/7 access to quality care... on your schedule!

Central Piedmont Community College

	Complete
Teladoc Connect in under 10 minutes to US-based, board certified physicians who can answer questions, diagnose and even prescribe when necessary.	✓
Pharmacy Discount Card Save up to 75% on your prescription medication using our pharmacy discount card. It's easy to use and accepted at over 50,000 pharmacies nationwide!	✓
Life Assistance Access to professional Life Counselors and specialists who can help you achieve balance in your personal, family and work life is just a call away.	✓
Bill Saver Our Bill Saver program can help reduce the amount you owe for medical and dental bills over $400, often resulting in savings between 25-50%.	✓

Please use link below to enroll:
http://www.getcadrplus.com/index.cfm?id=355696

Call A Doctor Plus
We Win When You Win.

Explanation of Benefits

The Call A Doctor Plus program provides your team with fast, convenient, 24/7 access to quality care by phone, video or mobile app. Here is more information about each service offered, including how to access the benefit.

Teladoc – Talk to a doctor in minutes

Teladoc provides your team with 24/7 phone or video access to doctors who can diagnose common medical conditions, provide treatment plans, and even write prescriptions when needed. Whether they're on vacation or it's 2 in the morning, your team can have access to the care they need, when they need it.

Key Benefits:

- → Talk to a doctor in 10 minutes on average
- → No co-pays, deductibles or per-call charges
- → 92% of issues are resolved on the first call
- → US-based, board-certified doctors
- → Connect 24/7/365 by phone, video or app
- → Get answers, prescriptions and treatment plans

Get Started in 3 Easy Steps!

1. Visit Teladoc.com or call (800) 835-2362 and select the option to 'set up your account'.
2. Be prepared to provide the following information
    a. First Name
    b. Last Name
    c. Date of Birth
    d. Zip Code
    e. Email Address: your primary email address
    f. Preferred Language
    g. Gender
    h. The name of your employer
3. Follow the rest of the steps, complete your medical history and you're all set!

Note: if trying to register online and your account cannot be found, please call (800) 835-2362 so that Teladoc's Client Service team can help you locate and set up your account.

Once you are finished, you can add dependents and download the mobile app.

Contact Teladoc

- → Phone: (800) 835-2362
- → Online: www.teladoc.com

Health Advocate – Help for life's challenges

Health Advocate gives your team 24/7 access to a Licensed Professional Counselor for help with personal, family, and work problems. They also have access to a work/life specialist who can help them find a wide range of support resources to help balance their work and life. All it takes is one phone call!

Key Benefits:

- → Support for stress, depression or anxiety
- → Help with work, marital or family issues
- → Network attorneys to assist with legal issues
- → Financial professionals for money matters
- → Childcare and Eldercare services
- → Thousands of online resources

Medical Bill Saver

Your team also has access to Health Advocates Medical Bill Saver program. Medical Bill Saver can help your team reduce the cost of uncovered medical and dental bills over $400. It's easy and can often result in 25 to 50% savings.

- → We work directly with doctors and other providers on your behalf
- → We have very high success rates of achieving significant savings
- → Our work often results in lower out-of-pocket costs
- → You become a savvier healthcare consumer through the process
- → Everyone in your immediate family can use the service.
- → ...and much more!

Contact Health Advocate

- → Phone: (877) 240-6863
- → Online: members.healthadvocate.com
  - o Select 'Complete Telehealth'

Pharmacy Discount Card – Save on prescription medication

Our FREE pharmacy discount card allows your employees to save up to 75% on your prescription medication using the pharmacy discount card. It's easy to use and accepted at over 50,000 pharmacies nationwide!

Key Benefits:

- → Save up to 75% on prescriptions
- → No claim forms to file
- → No deductibles
- → No limits or maximums
- → No pre-existing conditions

Accessing the Discount Card

1. Register for a card at npsncard.com/teladoc
   a. Provide your personal information, including name, address, email and/or phone
   b. Click 'submit' and a card is sent to you by mail in 3 to 4 weeks
   c. If selected, your card will be immediately texted to your phone
2. Find a provider.
   a. Use searchrx.com to search local partners for the lowest possible price
   b. Search from over 50,000 pharmacies to find the best price
3. Go to your pharmacy of choice and present your card.
   a. You will pay the discounted rate at the time of purchase by showing your card.
   b. You will not have to fill out any reimbursement paperwork your savings are immediate!

Contact the Discount Card → Online: npsncard.com/teladoc

Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Central Piedmont Community College

Network: PDP Plus

	Plan option 1 Active Dental Full 12 Month Plan		Plan option 2 Active Dental Full 10 Month Plan	
	In-Network[1] % of Negotiated Fee[2]	**Out-of-Network[1]** % of R&C Fee**	**In-Network[1]** % of Negotiated Fee[2]	**Out-of-Network[1]** % of R&C Fee**
Coverage Type				
Type A: Preventive (cleanings, exams)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%	50%	50%
Type D: Orthodontia	50%	50%	50%	50%
Deductible†				
Individual	$25	$25	$25	$25
Family	$75	$75	$75	$75
Annual Maximum Benefit				
Per Person	$1,500	$1,500	$1,500	$1,500
Orthodontia Lifetime Maximum				
Per Person***	$1,500	$1,500	$1,500	$1,500

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

[1] "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

[2] Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

†Applies only to Type B & C Services.

*** Orthodontia excluded for adults. Available for dependent children up to age 19.

	12 month rates	10 month rates
Employee only	$0	$0
Employee spouse	$41.70	$50.04
Employee children	$50.80	$60.96
Employee family	$99.00	$118.80

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Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Central Piedmont Community College

List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	Plan Option 1: Active Dental Full 12 Month Plan How Many/How Often	Plan Option 2: Active Dental Full 10 Month Plan How Many/How Often
Type A — Preventive		
Prophylaxis (cleanings)	Once per 6 months	Once per 6 months
Oral Examinations	One exam per 6 months	One exam per 6 months
Topical Fluoride Applications	One fluoride treatment per calendar year for dependent children up to his/her 19th birthday	One fluoride treatment per calendar year for dependent children up to his/her 19th birthday
X-rays	• Bitewings X-rays; two sets per calendar year	• Bitewings X-rays; two sets per calendar year
Sealants	One application of sealant material every 5 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 14th birthday	One application of sealant material every 5 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 14th birthday
Type B — Basic Restorative		
Fillings	Once per 24 months per surface	Once per 24 months per surface
Simple Extractions		
X-rays	• Full mouth X-rays; one per 60 months	• Full mouth X-rays; one per 60 months
Endodontics	Root canal treatment limited to once per tooth	Root canal treatment limited to once per tooth
Periodontics	• Periodontal scaling and root planing once per quadrant, every 24 months • Periodontal surgery once per quadrant, every 36 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year	• Periodontal scaling and root planing once per quadrant, every 24 months • Periodontal surgery once per quadrant, every 36 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year
Type C — Major Restorative		
Crown, Denture and Bridge Repair/ Recementations	• Repairs once every 12 months • Recementations once every 12 months	• Repairs once every 12 months • Recementations once every 12 months
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday, once per tooth area per lifetime	Space maintainers for dependent children up to his/her 14th birthday, once per tooth area per lifetime
Oral Surgery		
Implants	Replacement once every 84 months	Replacement once every 84 months

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Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

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Bridges and Dentures	• Initial placement to replace one or more natural teeth, which are lost while covered by the plan • Dentures and bridgework replacement; one every 84 months • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed	• Initial placement to replace one or more natural teeth, which are lost while covered by the plan • Dentures and bridgework replacement; one every 84 months • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	Replacement once every 84 months	Replacement once every 84 months
Endodontics	Root Canal/Pulp Therapy/Apexification/Recalcification treatment limited to once per tooth	Root Canal/Pulp Therapy/Apexification/Recalcification treatment limited to once per tooth
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Type D — Orthodontia		
	• Your children, up to age 19, are covered while Dental insurance is in effect. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia • Payments are on a repetitive basis • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary • Orthodontic benefits end at cancellation of coverage	• Your children, up to age 19, are covered while Dental insurance is in effect. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia • Payments are on a repetitive basis • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary • Orthodontic benefits end at cancellation of coverage

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

Exclusions This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;

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- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders.
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

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Dental Insurance

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Central Piedmont Community College

Limitations

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, payment is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's payment for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your participation ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

Questions & Answers

Q. Who is a participating dentist?

A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.†

Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-942-0854 to have a list faxed or mailed to you.

Q. What services are covered under this plan?

A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern. Please review the enclosed plan benefits to learn more.

Q. May I choose a non-participating dentist?

A. Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.

Q. Can my dentist apply for participation in the network?

A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.†† The website and phone number are for use by dental professionals only.

Q. How are claims processed?

A. Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854

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Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

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Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of $300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

A. Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.** Please remember to hold on to all receipts to submit a dental claim.

Q. How does MetLife coordinate benefits with other insurance plans?

A. Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

Q. Do I need an ID card?

A. No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

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†Based on internal analysis by MetLife. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

††Due to contractual requirements, MetLife is prevented from soliciting certain providers.

*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.

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SuperiorVision®

superiorvision.com | 1 (800) 507-3800

Vision Care Plan for Central Piedmont Community College

You may choose from two plans: Base plan or Enhanced plan

Benefits through Superior National network

Frequency	Base	Enhanced
Exam	12 months	12 months
Frame	24 months	12 months
Contact lens fitting	12 months	12 months
Eyeglass lenses	12 months	12 months
Contact Lenses	12 months	12 months

(based on date of service)

Need help? Contact 1 (800) 507-3800 or visit superiorvision.com for assistance.

Exams

Eye exam copay (Base / Enhanced):
$20
Contact lens fitting[2] copay (standard and specialty):
$25
Specialty In-network allowance:
$50

Materials[1]

Materials copay (Base / Enhanced):
$0

Frames

In-network allowance (Base / Enhanced):
$100 / $150

Contacts[5]

in lieu of glasses

In-network allowance(Base / Enhanced):
$120 / $150

Premiums

	Base plan	Enhanced Plan
Monthly		
Employee only:	$6.84	$9.98
Employee + spouse:	$13.56	$19.78
Employee + child(ren):	$13.28	$19.36
Employee + family:	$20.20	$29.44
Tenthly		
Employee only:	$8.21	$11.98
Employee + spouse:	$16.27	$23.74
Employee + child(ren):	$15.94	$23.23
Employee + family:	$24.24	$35.33

Lenses (per pair) (Base / Enhanced)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to $34
Bifocal	Covered-in-full	Up to $48
Trifocal	Covered-in-full	Up to $64
Progressives	Covered at trifocal level[4]	Up to $64

Shop with convenience while using your benefits through these in-network online retailers.

1800contacts® GLASSES.COM contactsdirect befitting eyewear

Lens Add-Ons[6]	Your Cost
Anti-scratch coating	$15
Ultraviolet coating	$12
Tints - solid	$15
Tints - gradient	$18
Polycarbonate lenses	$40
Blue light filtering	$15
Digital single vision	$30
Progressive lenses (premium / ultra / ultimate)	$110 / $150 / $225
Anti-reflective coating (standard / premium / ultra / ultimate)	$50 / $70 / $85 / $120
Polarized lenses	$75
Plastic photochromic lenses	$80
Hi-index (1.67 / 1.75)	$80 / $120

Overage Discounts[6]	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance

Non-Covered Services Discounts[6]	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	$39 cost

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to $44
Eye exam (OD)	Up to $39
Frame	Up to $50 basic plan / Up to $81 enhanced plan
Contact lens fitting (standard / specialty)[2]	Not covered
Contact lenses[5]	Up to $100

LASIK Discounts[6]

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit superiorvision.com or contact your benefits coordinator.

Hearing Aid Discounts[6]

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit superiorvision.com or contact your benefits coordinator.

Free Mobile App

With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements **1.** Materials co-pay applies to lenses and frames only, not contact lenses. **2.** Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. **3.** If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses **4.** Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay **5.** Contact lenses are in lieu of eyeglass lenses and frames benefit. **6.** Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.

Central Piedmont Community College Plan Benefits

Explore the coverage that makes it easy to give yourself and your loved ones more security today…and in the future.

Basic Term Life Insurance

Your employer provides you with Basic Term Life insurance coverage in the amount of $10,000 (Reduces by 35% at age 65 and 50% at age 70).

Supplemental Term Life Insurance Coverage Options

For You	Multiples of $10,000 up to a maximum of $250,000
For Your Spouse/Domestic Partner	Multiples of $10,000 up to the lesser of 100% of your Life Benefits and $50,000.
For Your Dependent Children*	Child 15 days but less than 6 months- $500 Child 6 months and over- $5,000

*Child(ren)'s Eligibility: Dependent children ages from 15 days to 19 years old, or 25 years old if a child is a full-time student, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

Monthly Costs* for Supplemental Term Life Insurance

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates (based on your age as of your last birthday) as well as those for your spouse/domestic partner (based on your spouse/domestic partner's age as of his/her last birthday). Rates to cover your child(ren) are also shown.

Age	**Monthly Cost Per $1,000 of Employee Coverage**	**Monthly Cost Per $1,000 of Spouse/Domestic Partner Coverage**
Less than 30	$0.053	Dep Spouse† - $0.190
30 – 34	$0.070	
35 – 39	$0.080	
40 – 44	$0.100	
45 – 49	$0.150	
50 – 54	$0.230	
55 – 59	$0.430	
60 – 64	$0.660	
65 – 69	$1.012	
70 +	$1.030	
Cost for your Child(ren)†	$0.240	

† **Covers all eligible children and all eligible Spouse/Domestic Partner**

*Note: rates are subject to the policy's right to change premium rates, and the employer's right to change employee

contributions.

Use the table below to calculate your premium based on the amount of life insurance you will need.
Example: $100,000 Supplemental Life Coverage

1. Enter the rate from the table (example age 36)	$0.090	$ _____
2. Enter the amount of insurance in thousands of dollars (Example: for $100,000 of coverage enter $100)	100	_____
3. Monthly premium (1) x (2)	$9.00	$ _____

Repeat the three easy steps above to determine the cost for each coverage selected.

Once Enrolled, You have Access to MetLife Advantages[SM] - Services to Help Navigate What Life May Bring

Grief Counseling[1] *To help you, your dependents, and your beneficiaries cope with loss*

Your MetLife employer-paid life insurance plan offers you, your dependents, and your beneficiaries access to grief counseling[1] sessions and funeral related concierge services to help cope with a loss – at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.[1] In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling 1-855-609-9989 or log on to https://griefcounseling.harrisrothenberg.net/default.aspx (Username: metlifeassist; Password: support).

Download this helpful Funeral Planning Guide at www.metlife.com/funeralguide.

Funeral Discounts and Planning Services[2]

Ensuring your final wishes are honored

As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services - either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you and your family in making confident decisions when planning ahead as well as bereavement travel services - available 24 hours, 7 days a week, 365 days a year - to assist with time-sensitive travel arrangements to be with loved ones.

Beneficiary Claim Assistance[3]

For support when beneficiaries need it most

This program is designed to help beneficiaries sort through the details and serious questions about claims and financial needs during a difficult time. MetLife has arranged for Massachusetts Mutual Life Insurance

Company (Mass Mutual) financial professionals to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and help with financial questions.

Life Settlement Account[5]

For immediate access to death proceeds

The Total Control Account® (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life claim payments of $5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call 1-800-638-7283 for more information about options available to you.

Will Preparation [7]

To help ensure your decisions are carried out

When you enroll for supplemental term life coverage, you will automatically receive access to Will Preparation Services at no extra cost to you. Both you and your spouse/domestic partner will have unlimited in-person or telephone access to one of Hyatt Legal Plans' nationwide network of 14,000+ participating attorneys for preparation of or updating a will, living will or power of attorney.* When you use a participating plan attorney, there will be no charge for the services.* Like life insurance, a carefully prepared will (simple or complex), living will and power of attorney are important.

- A will lets you define your most important decisions, such as who will care for your children or inherit your property.
- A living will ensures your wishes are carried out and protects your loved ones from having to make very difficult and personal medical decisions by themselves. Also called an "advanced directive," it is a document authorized by statutes in all states that allows you to provide written instructions regarding use of extraordinary life-support measures and to appoint someone as your proxy or representative to make decisions on maintaining extraordinary life-support if you should become incapacitated and unable to communicate your wishes.
- Powers of attorney allow you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated

Call 1-800-821-6400 and a Client Service Representative will assist you.

* You also have the flexibility of using an attorney who is not participating in the Hyatt Legal Plans network and being reimbursed for covered services according to a set fee schedule. In that case you will be responsible for any attorney's fees that exceed the reimbursed amount.

Estate Resolution Services[SM7] (ERS)

Personal service and compassion assistance to help probate your and your spouse's/domestic partner's estates.

MetLife Estate Resolution Services [SM] provides probate services in person or over the phone to the representative (executor or administrator) of the deceased employee's estate and the estate of the employee's spouse/domestic partner. Estate Resolution Services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs and completion of correspondence necessary to transfer non-probate assets. ERS covers participating plan attorneys' fees for telephone and face-to-face consultations or for the administrator or executor to discuss general questions about the probate process.

WillsCenter.com[8]

Self-service online legal document preparation

Employees and spouses/domestic partners have access to WillsCenter.com, an online document service to prepare and update a will, living will, power of attorney, funeral directive, memorandum of wishes or HIPAA authorization form in a secure 24/7 environment at no additional cost. This service is available with all life coverages. Log on to www.willscenter.com to register as a new user.

Digital Storage[9]

MetLife Infinity is a resource that can help you create a digital legacy for your beneficiaries, estate administrators and others who play important roles in your major life events. It is available to anyone regardless of affiliation with MetLife. MetLife Infinity offers a unique way to capture and securely store your important documents, audio files, photos, and videos. Items you can store using MetLife Infinity include deeds, wills and executor instructions and financial and life stage planning documents. Once you've captured your digital legacy, MetLife Infinity allows you to designate individuals to receive your collection electronically in the event of your death or at another time you indicate. To access MetLife Infinity, visit *https://metlifeinfinity.com* to register and learn more.

Retirement Planning[3]

A four-part workshop series that offers you comprehensive retirement education. You also have the option to meet with a local financial professional to discuss your specific circumstances and individual goals.

Range of solutions for continuing workplace coverage

Portability

So you can keep your coverage even if you leave your current employer

Should you leave Central Piedmont Community College for any reason, and your Basic and Supplemental Term Life insurance under this plan terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least $20,000 up to a maximum of $1,000,000 .

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your employer or certificate for specific details.
Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-888-252-3607 or contact your employer for more information.

Transition Solutions[3]

Assistance identifying solutions for your financial situations

Transition Solutions provides assistance for important, time-sensitive benefit and financial decisions due to change in benefits including:

- Group Life Insurance Continuation Options
- Lump-sum distributions

- Reduction in benefits for active or retired employees
- Benefits coordination due to layoffs, merger, acquisition or bankruptcy
- Define Contribution Plan termination
- Retiree Group Life elimination

Additional Features

This insurance offering from your employer and MetLife comes with additional features that can provide assistance to you and your family.

Accelerated Benefits Option[10]

For access to funds during a difficult time

If you become terminally ill and are diagnosed with 6 months or less to live, you have the option to receive up to 50% of your life insurance proceeds. This can go a long way towards helping your family meet medical and other expenses at a difficult time. Amounts not accelerated will continue under your employer's plan for as long as you remain eligible per the certificate requirements and the group policy remains in effect.

The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C.Sec 101(g)).[10]

Accelerated Benefits Option is not the same as long term care insurance (LTC). LTC provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that require constant supervision.

The Accelerated Benefits Option is also available to spouses/domestic partners insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

Conversion

For protection after your coverage terminates

You can generally convert your group term life insurance benefits to an individual whole life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or change in employee class. Conversion is available on all group life insurance coverages. If you experience an event that makes you eligible to convert your coverage, please call 1-877-275-6387 to begin the conversion process. Please contact your employer for more information.

Waiver of Premiums for Total Disability (Continued Protection)

Offering continued coverage when you need it most

If you become Totally Disabled, you may qualify to continue certain insurance. You may also be eligible for waiver of your supplemental term insurance premium until you reach age 65, die, or recover from your disability, whichever is sooner.

Total Disability or Totally Disabled means you are unable to do your job and any other job for which you are fit by education, training or experience due to injury or sickness. The Total Disability must begin before age 60, and your waiver will begin after you have satisfied a 12-month waiting period of continuous disability. The waiver of premium will end when you turn age 65, die, or recover. Please note that this benefit is only available after you have participated in the supplemental term life plan for one year and it is not available on dependent coverage. This one-year requirement applies to new participants in the plan.

What's Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year for group policies issued in Missouri, North Dakota and Colorado) of the effective date of the certificate or an increase in coverage. This exclusionary period is one year for residents of Missouri and North Dakota. If the group policy was issued in Massachusetts, the suicide exclusion does not apply to dependent life coverage. The suicide exclusion does not apply to residents of Washington, or to individuals covered under a group policy issued in Washington.

Please note that a reduction schedule may apply. Please see your employer or certificate for specific details.

- -

Additional Coverage Information

How To Apply*

Complete your enrollment form and return it to your Human Resources Manager today! Be sure to indicate your Beneficiary.

Act Now During the Enrollment Period.

Note: If you do not wish to make a change to your coverage, you do not need to do anything

*All applications are subject to review and approval by Metropolitan Life Insurance Company. Based on the plan design and the amount of coverage requested, a Statement of Health may need to be submitted to complete your application.

For Employee Coverage

Enrollment in this Supplemental Term Life insurance plan is available without providing medical information as long as you have not been hospitalized within 90 days preceding your enrollment date, and:

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline
- You are continuing the coverage you had in the last year

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits.
- You are enrolling for coverage equal to/less than $100,000

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form.

For Dependent Coverage†

You must be covered in order to obtain coverage for your spouse/domestic partner and child(ren).

Your spouse/domestic partner and dependent children do not need to provide medical information as long as s/he/they have not been hospitalized within 90 days preceding the enrollment date, and:

†A domestic partner declaration may be required for those partners not registered with a government agency where such registration is available.

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had for your spouse/domestic partner and child(ren) in the last

year

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling for spouse/domestic partner coverage equal to/less than $20,000

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form.

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect in order for your spouse/domestic partner's and eligible children's coverage to take effect. In addition, your spouse/domestic partner and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective on the first of the month following the receipt of your completed application for all requests that do not require additional medical information. A request for your amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of the date that notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase. The coverage for your spouse/domestic partner and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized.

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer for your Basic and Supplemental coverages, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary. You are the beneficiary for your Dependent coverage.

[1] Grief Counseling and Funeral Planning services are provided through an agreement with Harris, Rothenberg International (HRI), Inc. HRI is not an affiliate of MetLife, and the services HRI provides are separate and apart from the insurance provided by MetLife. HRI has a nationwide network of over 35,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. Subject to state regulatory approval, not approved in all states. The grief counseling program does not provide support for issues such as domestic issues, parenting issues, or marital/ relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources departments about available company resources. This program is available to insureds, their dependents and beneficiaries, who must have received a serious medical diagnosis or suffered a loss that has occurred, meaning, the diagnosis or loss must have taken place prior to accessing the grief counseling program. Events that may result in a loss are not covered under this program unless and until such loss has occurred.

[2] Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.

[3] The financial professionals involved in the programs Delivering the Promise, Transition Solutions and Retirewise were affiliated with MetLife until July 2016, when Massachusetts Mutual Life Insurance Company (MassMutual) acquired MSI Financial Services Inc. MetLife continues to administer these programs, but has arranged with MassMutual for specially-trained financial professionals associated with MassMutual to offer financial education and provide personal guidance to employees and former employees of firms providing this program through MetLife.

[5] The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCAs are maintained in MetLife's general account and are subject to claims of MetLife's creditors. MetLife bears the investment risk of the assets backing TCAs, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to TCAs will never fall below the guaranteed minimum rate. Guarantees are subject to the financial strength and claims paying ability of MetLife.

[7] Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio, a MetLife company. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. For New York sitused cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

[8] WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

[9] MetLife Infinity is offered by MetLife Corporate Services, Inc., an affiliate of Metropolitan Life Insurance Company.

[10] The Accelerated Benefits Option is subject to state availability and regulation. The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable federal tax treatment. If the accelerated benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation.

This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances.

Receipt of accelerated benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of accelerated benefits will have on public assistance eligibility for you, your spouse or your family.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Central Piedmont Community College and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Life coverage is provided under a group insurance policy form G2130-S issued to your employer by MetLife. Life coverage under your employer's plan terminates, when your employment ceases, when your Life contributions cease, or upon termination of the group contract. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent or when a dependent spouse/domestic partner reaches age 70. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

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The benefits of good hard work.

Cancer Insurance

Our Cancer Assist plan helps employees protect themselves and their loved ones through their diagnosis, treatment and recovery journey.

This individual voluntary policy pays benefits that can be used for both medical and/or out-of-pocket, non-medical expenses traditional health insurance may not cover. Available exclusively at the workplace, Cancer Assist is an attractive addition to any competitive benefits package that won't add costs to a company's bottom line.

Talk to your benefits representative today to learn more about this product and how it helps provide extra financial protection to employees who may be impacted by cancer.

Competitive advantages

- Composite rates.
- Four distinct plan levels, each featuring the same benefits with premiums and benefit amounts designed to meet a variety of budgets and coverage needs (benefits overview on reverse).
- Indemnity-based benefits pay exactly what's listed for the selected plan level.
- The plan's Family Care Benefit provides a daily benefit when a covered dependent child receives inpatient or outpatient cancer treatment.
- Employer-optional cancer wellness/health screening benefits available:
  - Part One covers 24 tests. If selected, the employer chooses one of four benefit amounts for employees: $25, $50, $75 or $100. This benefit is payable once per covered person per calendar year.
  - Part Two covers an invasive diagnostic test or surgical procedure if an abnormal result from a Part One test requires additional testing. This benefit is payable once per calendar year per covered person and matches the Part One benefit.

Flexible family coverage options

- Individual, Individual/Spouse, One-parent and Two-parent family policies.
- Family coverage includes eligible dependent children (to age 26) for the same rate, regardless of the number of children covered.

Attractive features

- Available for businesses with 3+ eligible employees.
- Broad range of policy issue ages, 17-75.
- Each plan level features full schedule of 30+ benefits and three optional riders (benefit amounts may vary based on plan level selected).
- Benefits don't coordinate with any other coverage from any other insurer.
- HSA compliant.
- Guaranteed renewable.
- Portable.
- Waiver of premium if named insured is disabled due to cancer for longer than 90 consecutive days and the date of diagnosis is after the waiting period and while the policy is in force.
- Form 1099s may not be issued in most states because all benefits require that a charge is incurred. Discuss details with your benefits representative, or consult your tax adviser if you have questions.

Optional riders (available at an additional cost/payable once per covered person)

- Initial Diagnosis of Cancer Rider pays a one-time benefit for the initial diagnosis of cancer. A benefit amount in $1,000 increments from $1,000-$10,000 may be chosen. The benefit for covered dependent children is two and a half times ($2,500-25,000) the chosen benefit amount.
- Initial Diagnosis of Cancer Progressive Payment Rider pays a $50 lump-sum payment for each month the rider has been in force, after the waiting period, once cancer is first diagnosed. The issue ages for this rider are 17-64.
- Specified Disease Hospital Confinement Rider pays $300 per day for confinement to a hospital for treatment of one of 34 specified diseases covered under the rider.

Cancer Assist Benefits Overview

This overview shows benefits available for all four plan levels and the range of benefit amounts payable for most common cancer treatments. Each benefit is payable for each covered person under the policy. Actual benefits vary based on the plan level selected.

Each benefit requires that charges are incurred for treatment. All benefits and riders are subject to a 30-day waiting period. Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. States without a waiting period will have a pre-existing condition limitation. Product has exclusions and limitations that may affect benefits payable. Benefits vary by state and may not be available in all states. See your Colonial Life benefits representative for complete details.

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Radiation/Chemotherapy

- Injected chemotherapy by medical personnel: $250-$1,000 once per calendar week
- Radiation delivered by medical personnel: $250-$1,000 once per calendar week
- Self-injected chemotherapy: $150-$400 once per calendar month
- Topical chemotherapy: $150-$400 once per calendar month
- Chemotherapy by pump: $150-$400 once per calendar month
- Oral hormonal chemotherapy (1-24 months): $150-$400 once per calendar month
- Oral hormonal chemotherapy (25+ months): $75-$200 once per calendar month
- Oral non-hormonal chemotherapy: $150-$400 once per calendar month

Anti-nausea Medication

$25-$60 per day, up to $100-$240 per calendar month

Medical Imaging Studies

$75-$225 per study, up to $150-$450 per calendar year

Outpatient Surgical Center

$100-$400 per day, up to $300-$1,200 per calendar year

Skin Cancer Initial Diagnosis

$300-$600 payable once per lifetime

Surgical Procedures

Inpatient and Outpatient Surgeries: $40-$70 per surgical unit, up to $2,500-$6,000 per procedure

Reconstructive Surgery

$40-$60 per surgical unit, up to $2,500-$3,000 per procedure including 25% for general anesthesia

Anesthesia

General: 25% of Surgical Procedures Benefit
Local: $25-$50 per procedure

Hospital Confinement

30 days or less: $100-$350 per day
31 days or more: $200-$700 per day

Family Care

Inpatient and outpatient treatment for a covered dependent child: $30-$60 per day, up to $1,500-$3,000 per calendar year

Second Medical Opinion on Surgery or Treatment

$150-$300 once per lifetime

Home Health Care Services

Examples include physical therapy, speech therapy, occupational therapy, prosthesis and orthopedic appliances, durable medical equipment: $50-$150 per day, up to the greater of 30 days per calendar year or twice the number of days hospitalized per calendar year

Hospice Care

Initial: $1,000 once per lifetime
Daily: $50 per day
$15,000 maximum for initial and daily hospice care per lifetime

Transportation and Lodging

- **Transportation** for treatment more than 50 miles from covered person's home: $0.50 per mile, up to $1,000-$1,500 per round trip
- **Companion Transportation** (for any companion, not just a family member) for commercial travel when treatment is more than 50 miles from covered person's home: $0.50 per mile, up to $1,000-$1,500 per round trip
- **Lodging** for the covered person or any one adult companion or family member when treatment is more than 50 miles from the covered person's home: $50-$80 per day, up to 70 days per calendar year

Benefits also included in each plan

Air Ambulance, Ambulance, Blood/Plasma/Platelets/Immunoglobulins, Bone Marrow or Peripheral Stem Cell Donation, Bone Marrow Donor Screening, Bone Marrow or Peripheral Stem Cell Transplant, Cancer Vaccine, Egg(s) Extraction or Harvesting/Sperm Collection and Storage (Cryopreservation), Experimental Treatment, Hair/External Breast/Voice Box Prosthesis, Private Full-time Nursing Services, Prosthetic Device/Artificial Limb, Skilled Nursing Facility, Supportive or Protective Care Drugs and Colony Stimulating Factors

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Cancer Insurance

Wellness Benefits

To encourage early detection, our cancer insurance offers benefits for wellness and health screening tests.

For more information, talk with your benefits counselor.

Part One: Cancer Wellness/Health Screening

Provided when one of the tests listed below is performed after the waiting period and while the policy is in force. Payable once per calendar year, per covered person.

Cancer Wellness Tests

- Bone marrow testing
- Breast ultrasound
- CA 15-3 *[blood test for breast cancer]*
- CA 125 *[blood test for ovarian cancer]*
- CEA *[blood test for colon cancer]*
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA *[blood test for prostate cancer]*
- Serum protein electrophoresis *[blood test for myeloma]*
- Skin biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

Health Screening Tests

- Blood test for triglycerides
- Carotid Doppler
- Echocardiogram *[ECHO]*
- Electrocardiogram *[EKG, ECG]*
- Fasting blood glucose test
- Serum cholesterol test for HDL and LDL levels
- Stress test on a bicycle or treadmill

Part Two: Cancer Wellness — Additional Invasive Diagnostic Test or Surgical Procedure

Provided when a doctor performs a diagnostic test or surgical procedure after the waiting period as the result of an abnormal result from one of the covered cancer wellness tests in Part One. We will pay the benefit regardless of the test results. Payable once per calendar year, per covered person.

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Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable.

The policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form CanAssist (and state abbreviations where applicable – for example: CanAssist-TX).

Individual Cancer Insurance Description of Benefits

The policy and its riders may have additional exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Coverage is dependent on answers to health questions. Applicable to policy forms CanAssist-NC and rider forms R-CanAssistIndx-NC, R-CanAssistProg-NC and R-CanAssistSpDis-NC.

Cancer Insurance Benefits	Level 1	Level 2	Level 3	Level 4
Air Ambulance, per trip	$2,000	$2,000	$2,000	$2,000
Maximum trips per confinement	*2*	*2*	*2*	*2*
Ambulance, per trip	$250	$250	$250	$250
Maximum trips per confinement	*2*	*2*	*2*	*2*
Anesthesia, General	25% of Surgical Procedures Benefit			
Anesthesia, Local, per procedure	$25	$30	$40	$50
Anti-Nausea Medication, per day	$25	$40	$50	$60
Maximum per month	*$100*	*$160*	*$200*	*$240*
Blood/Plasma/Platelets/Immunoglobulins, per day	$150	$150	$175	$250
Maximum per year	*$10,000*	*$10,000*	*$10,000*	*$10,000*
Bone Marrow or Peripheral Stem Cell Donation, per lifetime	$500	$500	$750	$1,000
Bone Marrow or Peripheral Stem Cell Transplant, per transplant	$3,500	$4,000	$7,000	$10,000
Maximum transplants per lifetime	*2*	*2*	*2*	*2*
Companion Transportation, per mile	$0.50	$0.50	$0.50	$0.50
Maximum per round trip	*$1,000*	*$1,000*	*$1,200*	*$1,500*
Egg(s) Extraction or Harvesting or Sperm Collection, per lifetime	$500	$700	$1,000	$1,500
Egg(s) or Sperm Storage, per lifetime	$175	$200	$350	$500
Experimental Treatment, per day	$200	$250	$300	$300
Maximum per lifetime	*$10,000*	*$12,500*	*$15,000*	*$15,000*
Family Care, per day	$30	$40	$50	$60
Maximum per year	*$1,500*	*$2,000*	*$2,500*	*$3,000*
Hair/External Breast/Voice Box Prosthesis, per year	$200	$200	$350	$500
Home Health Care Services, per day	$50	$75	$100	$150
Maximum per year	*30 days or twice the days confined*			
Hospice, Initial, per lifetime	$1,000	$1,000	$1,000	$1,000
Hospice, Daily	$50	$50	$50	$50
Maximum combined Initial and Daily per lifetime	*$15,000*	*$15,000*	*$15,000*	*$15,000*
Hospital Confinement, 30 days or less, per day	$100	$150	$250	$350
Hospital Confinement, 31 days or more, per day	$200	$300	$500	$700
Lodging, per day	$50	$50	$75	$80
Maximum days per year	*70*	*70*	*70*	*70*
Medical Imaging Studies, per study	$75	$125	$175	$225
Maximum per year	*$150*	*$250*	*$350*	*$450*
Outpatient Surgical Center, per day	$100	$200	$300	$400
Maximum per year	*$300*	*$600*	*$900*	*$1,200*
Private Full-time Nursing Services, per day	$50	$75	$125	$150
Prosthetic Device/Artificial Limb, per device or limb	$1,000	$1,500	$2,000	$3,000
Maximum per lifetime	*$2,000*	*$3,000*	*$4,000*	*$6,000*

Individual Cancer Insurance Description of Benefits

The policy and its riders may have additional exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Coverage is dependent on answers to health questions. Applicable to policy forms CanAssist-NC and rider forms R-CanAssistIndx-NC, R-CanAssistProg-NC and R-CanAssistSpDis-NC.

Cancer Insurance Benefits	Level 1	Level 2	Level 3	Level 4
Radiation/Chemotherapy				
Injected chemotherapy by medical personnel, per week	$250	$500	$750	$1,000
Radiation delivered by medical personnel, per week	$250	$500	$750	$1,000
Self-Injected Chemotherapy, per month	$150	$200	$300	$400
Pump Chemotherapy, per month	$150	$200	$300	$400
Topical Chemotherapy, per month	$150	$200	$300	$400
Oral Hormonal Chemotherapy (1-24 months), per month	$150	$200	$300	$400
Oral Hormonal Chemotherapy (25+ months), per month	$75	$100	$150	$200
Oral Non-Hormonal Chemotherapy, per month	$150	$200	$300	$400
Reconstructive Surgery, per surgical unit	$40	$40	$60	$60
Maximum per procedure, including 25% for general	*$2,500*	*$2,500*	*$3,000*	*$3,000*
Second Medical Opinion, per lifetime	$150	$200	$300	$300
Skilled Nursing Care Facility, per day, up to days confined	$75	$100	$100	$150
Skin Cancer Initial Diagnosis, per lifetime	$300	$300	$400	$600
Supportive/Protective Care Drugs/Colony Stimulating Factors, per	$50	$100	$150	$200
Maximum per year	*$400*	*$800*	*$1,200*	*$1,600*
Surgical Procedures, per surgical unit	$40	$50	$60	$70
Maximum per procedure	*$2,500*	*$3,000*	*$5,000*	*$6,000*
Transportation, per mile	$0.50	$0.50	$0.50	$0.50
Maximum per round trip	*$1,000*	*$1,000*	*$1,200*	*$1,500*
Waiver of Premium	Yes	Yes	Yes	Yes
Policy-Wellness Benefits				
Bone Marrow Donor Screening, per lifetime	$50	$50	$50	$50
Cancer Vaccine, per lifetime	$50	$50	$50	$50
Part 1: Cancer Wellness/Health Screening, per year	One amount per account: $0, $25, $50, $75 or $100			
Part 2: Cancer Wellness/Health Screening, per year	Same as Part 1			

Additional Riders may be available at an additional cost				

WAITING PERIOD

The policy and its riders may have a waiting period. Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. If your cancer has a date of diagnosis before the end of the waiting period, coverage for that cancer will apply only to losses commencing after the policy has been in force for two years, unless it is excluded by name or specific description in the policy.

No recovery during the first 12 months of this policy for cancer with a date of diagnosis prior to 30 days after the effective date of coverage. If a covered person is 65 or older when this policy is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated by rider.

EXCLUSIONS

We will not pay benefits for cancer or skin cancer:

■ If the diagnosis or treatment of cancer is received outside of the territorial limits of the United States and its possessions; or

■ For other conditions or diseases, except losses due directly from cancer.

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Colonial Life

Group Critical Illness Insurance

Plan 1

When life takes an unexpected turn due to a critical illness diagnosis, your focus should be on recovery — not finances. Colonial Life's group critical illness insurance helps provide financial support by providing a lump-sum benefit payable directly to you for your greatest needs.

Coverage amount: _____

An unexpected moment changes life forever

Chris was mowing the lawn when he suffered a stroke. His recovery will be challenging and he's worried, since his family relies on his income.

HOW CHRIS'S COVERAGE HELPED

The lump-sum payment from his critical illness insurance helped pay for:

- *Co-payments and hospital bills not covered by his medical insurance*
- *Physical therapy to get back to doing what he loves*
- *Household expenses while he was unable to work*

For illustrative purposes only.

Critical illness benefit

COVERED CONDITION[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Benign brain tumor	100%
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Loss of hearing	100%
Loss of sight	100%
Loss of speech	100%
Major organ failure requiring transplant	100%
Occupational infectious HIV or occupational infectious hepatitis B, C, or D	100%
Permanent paralysis due to a covered accident	100%
Stroke	100%
Sudden cardiac arrest	100%
Coronary artery disease	25%

KEY BENEFITS

- Available coverage for spouse and eligible dependent children at 50% of your coverage amount
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

For more information, talk with your benefits counselor.

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Subsequent diagnosis of a different critical illness[2]

If you receive a benefit for a critical illness, and are later diagnosed with a different critical illness, 100% of the coverage amount may be payable for that particular critical illness.

Subsequent diagnosis of the same critical illness[2]

If you receive a benefit for a critical illness, and are later diagnosed with the same critical illness,[3] 25% of the coverage amount may be payable for that critical illness.

Additional covered conditions for dependent children

COVERED CONDITION[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Cerebral palsy	100%
Cleft lip or palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Spina bifida	100%

Preparing for the unexpected is simpler than you think. With Colonial Life, you'll have the support you need to face life's toughest challenges.

1. Refer to the certificate for complete definitions of covered conditions.
2. Dates of diagnoses of a covered critical illness must be separated by more than 180 days.
3. Critical illnesses that do not qualify include: coronary artery disease, loss of hearing, loss of sight, loss of speech, and occupational infectious HIV or occupational infectious hepatitis B,C,or D.

THIS INSURANCE PROVIDES LIMITED BENEFITS
Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS
We will not pay the Critical Illness Benefit, Benefits Payable Upon Subsequent Diagnosis of a Critical Illness or Additional Critical Illness Benefit for Dependent Children that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

PRE-EXISTING CONDITION LIMITATION
We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

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Colonial Life

Group Critical Illness Insurance

Plan 2

When life takes an unexpected turn, your focus should be on recovery — not finances. Colonial Life's group critical illness insurance helps relieve financial worries by providing a lump-sum benefit payable directly to you to use as needed.

Coverage amount: _____

Preparing for a lifelong journey

Rebecca was born with Down syndrome. Her parents' critical illness coverage provided a benefit that can help cover expenses related to Rebecca's care and her changing needs.

HOW THEIR COVERAGE HELPED

The lump-sum amount from the family coverage benefit helped pay for:

- *A hospital stay and treatment for corrective heart surgery*
- *Physical therapy to build muscle strength*
- *Special needs daycare*

For illustrative purposes only.

Critical illness and cancer benefits

COVERED CRITICAL ILLNESS CONDITION[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Benign brain tumor	100%
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Loss of hearing	100%
Loss of sight	100%
Loss of speech	100%
Major organ failure requiring transplant	100%
Occupational infectious HIV or occupational infectious hepatitis B, C, or D	100%
Permanent paralysis due to a covered accident	100%
Stroke	100%
Sudden cardiac arrest	100%
Coronary artery disease	25%
COVERED CANCER CONDITION[1]	**PERCENTAGE OF APPLICABLE COVERAGE AMOUNT**
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis	$400 per lifetime

KEY BENEFITS

- Available coverage for spouse and eligible dependent children at 50% of your coverage amount
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

For more information, talk with your benefits counselor.

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Subsequent diagnosis of a different critical illness[2]

If you receive a benefit for a critical illness, and are later diagnosed with a different critical illness, 100% of the coverage amount may be payable for that particular critical illness.

Subsequent diagnosis of the same critical illness[2]

If you receive a benefit for a critical illness, and are later diagnosed with the same critical illness,[3] 25% of the coverage amount is payable for that critical illness.

Reoccurrence of invasive cancer (including all breast cancer)

If you receive a benefit for invasive cancer and are later diagnosed with a reoccurrence of invasive cancer, 25% of the coverage amount is payable if treatment-free for at least 12 months and in complete remission prior to the date of reoccurrence; excludes non-invasive or skin cancer.

Additional covered conditions for dependent children

COVERED CONDITION[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Cerebral palsy	100%
Cleft lip or palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Spina bifida	100%

Preparing for the unexpected is simpler than you think. With Colonial Life, you'll have the support you need to face life's toughest challenges.

1. Refer to the certificate for complete definitions of covered conditions.
2. Dates of diagnoses of a covered critical illness must be separated by more than 180 days.
3. Critical illnesses that do not qualify include: coronary artery disease, loss of hearing, loss of sight, loss of speech, and occupational infectious HIV or occupational infectious hepatitis B,C,or D.

THIS INSURANCE PROVIDES LIMITED BENEFITS
Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS
We will not pay the Critical Illness Benefit, Benefits Payable Upon Subsequent Diagnosis of a Critical Illness or Additional Critical Illness Benefit for Dependent Children that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

EXCLUSIONS AND LIMITATIONS FOR CANCER
We will not pay the Invasive Cancer (including all Breast Cancer) Benefit, Non-Invasive Cancer Benefit, Benefit Payable Upon Reoccurrence of Invasive Cancer (including all Breast Cancer) or Skin Cancer Initial Diagnosis Benefit for a covered person's invasive cancer or non-invasive cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having invasive or non-invasive cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered under the certificate, and who are continuously covered from the date of birth or adoption.

PRE-EXISTING CONDITION LIMITATION
We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

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Group Critical Illness Insurance

First Diagnosis Building Benefit Rider

For more information, talk with your benefits counselor.

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The first diagnosis building benefit rider provides a lump-sum payment in addition to the coverage amount when you are diagnosed with a covered critical illness or invasive cancer (including all breast cancer). This benefit is for you and all your covered family members.

First diagnosis building benefit

Payable once per covered person per lifetime

- **Named insured** ..... **Accumulates $1,000 each year**
- **Covered spouse/dependent children** ..... **Accumulates $500 each year**

The benefit amount accumulates each rider year the rider is in force before a diagnosis is made, up to a maximum of 10 years.

If diagnosed with a covered critical illness or invasive cancer (including all breast cancer) before the end of the first rider year, the rider will provide one-half of the annual building benefit amount.

Coronary artery disease is not a covered critical illness. Non-invasive and skin cancer are not covered cancer conditions.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

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Colonial Life

Group Critical Illness Insurance

Infectious Diseases Rider

For more information, talk with your benefits counselor.

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The sudden onset of an infectious or contagious disease can create unexpected circumstances for you or your family. The infectious diseases rider provides a lump sum which can be used toward health care expenses or meeting day-to-day needs. These benefits are for you as well as your covered family members.

Payable for each covered infectious disease once per covered person per lifetime

COVERED INFECTIOUS DISEASE[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Hospital confinement for seven or more consecutive days for treatment of the disease	
Antibiotic resistant bacteria (including MRSA)	50%
Cerebrospinal meningitis (bacterial)	50%
Diphtheria	50%
Encephalitis	50%
Legionnaires' disease	50%
Lyme disease	50%
Malaria	50%
Necrotizing fasciitis	50%
Osteomyelitis	50%
Poliomyelitis	50%
Rabies	50%
Sepsis	50%
Tetanus	50%
Tuberculosis	50%
Hospital confinement for 14 or more consecutive days for treatment of the disease	
Coronavirus disease 2019 (COVID-19)	25%

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1. Refer to the certificate for complete definitions of covered diseases.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

EXCLUSIONS AND LIMITATIONS FOR INFECTIOUS DISEASES RIDER

We will not pay benefits for a covered infectious disease that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a covered infectious disease.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

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Group Critical Illness Insurance

Progressive Diseases Rider

For more information, talk with your benefits counselor.

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The debilitating effects of a progressive disease not only impact you physically, but financially as well. Changes in lifestyle may require home modification, additional medical treatment and other expenses. These benefits are for you as well as your covered family members.

Payable for each covered progressive disease once per covered person per lifetime

COVERED PROGRESSIVE DISEASE[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
This benefit is payable if the covered person is unable to perform two or more activities of daily living[2] and the 90-day elimination period has been met.	
Amyotrophic Lateral Sclerosis (ALS)	25%
Dementia (including Alzheimer's disease)	25%
Huntington's disease	25%
Lupus	25%
Multiple sclerosis (MS)	25%
Muscular dystrophy	25%
Myasthenia gravis (MG)	25%
Parkinson's disease	25%
Systemic sclerosis (scleroderma)	25%

1. Refer to the certificate for complete definitions of covered diseases.
2. Activities of daily living include bathing, continence, dressing, eating, toileting and transferring.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

EXCLUSIONS AND LIMITATIONS FOR PROGRESSIVE DISEASES RIDER

We will not pay benefits for a covered progressive disease that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a covered progressive disease.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

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Group Critical Illness Insurance

Exclusions and Limitations

STATE-SPECIFIC EXCLUSIONS

AK: Alcoholism or Drug Addiction Exclusion does not apply

CO: Suicide exclusion: whether sane or not replaced with while sane

CT: Alcoholism or Drug Addiction Exclusion replaced with Intoxication or Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply

DE: Alcoholism or Drug Addiction Exclusion does not apply

IA: Exclusions and Limitations headers renamed to Exclusions and Limitations for Critical Illness Covered Conditions and Critical Illness Cancer Covered Conditions

ID: War or Armed Conflict Exclusion replaced with War; Felonies and Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

IL: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism or Substance Abuse Disorder

KS: Alcoholism or Drug Addiction Exclusion does not apply

KY: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion replaced with Intoxicants, Narcotics and Hallucinogenics.

LA: Alcoholism or Drug Addiction Exclusion does not apply; Domestic Partner added to Spouse

MA: Exclusions and Limitations headers renamed to Limitations and Exclusions for critical illness and cancer

MI: Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion does not apply

MN: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion does not apply; Felonies and Illegal Occupations Exclusion replaced with Felonies or Illegal Jobs; Intoxicants and Narcotics Exclusion replaced with Narcotic Addiction

MS: Alcoholism or Drug Addiction Exclusion does not apply

ND: Alcoholism or Drug Addiction Exclusion does not apply

NV: Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

PA: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion: whether sane or not removed

SD: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply

TX: Alcoholism or Drug Addiction Exclusion does not apply; Doctor or Physician Relationship added as an additional exclusion

UT: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism

VT: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion: whether sane or not removed

STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

FL: Pre-existing is 6/12; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date shown on the Certificate Schedule. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.

GA: Pre-existing Condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received within 12 months preceding the coverage effective date.

ID: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition which caused a covered person to seek medical advice, diagnosis, care or treatment during the six months immediately preceding the coverage effective date shown on the Certificate Schedule.

IL: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed, treated, had medical testing by a legally qualified physician, received medical advice, produced symptoms or had taken medication within 12 months before the coverage effective date shown on the Schedule of Benefits.

IN: Pre-existing is 6 months/12 months

MA: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

ME: Pre-existing is 6 months/6 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MI: Pre-existing is 6 months/6 months

NC: Pre-existing Condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the effective date of a covered person. If a covered person is 65 or older when this certificate is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated.

NV: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date. Pre-existing Condition does not include genetic information in the absence of a diagnosis of the condition related to such information.

PA: Pre-existing is 90 days/12 months; Pre-existing Condition means a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date shown on the Certificate Schedule.

SD: Pre-existing is 6 months/12 months

TX: Pre-existing condition means a sickness or physical condition for which a covered person received medical advice or treatment within 12 months before the coverage effective date shown on the Certificate Schedule.

UT: Pre-existing is 6 months/6 months

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To be eligible for Short-Term Disability benefits you must have at least one year of contributing membership service in the Retirement System earned within the 36 calendar months preceding your disability. To be eligible for Long-Term Disability benefits you must have at least five years of contributing membership service in the Retirement System earned within the 96 calendar months prior to becoming disabled or upon cessation of continuous salary continuation payments, whichever is later.

THE STATE OF NORTH CAROLINA

PROVIDES A DISABILITY INCOME PLAN FOR ITS PERMANENT, FULL-TIME TEACHERS AND STATE EMPLOYEES – AT NO COST TO THE INDIVIDUAL.

The State Plan is designed to provide for the continuation of a portion of your salary should you suffer the misfortune of an *accident* or *sickness* which disables you for longer than 60 days. HERE'S HOW IT WORKS…

1. **WHEN YOU ARE DISABLED:**

	First 12 Months of Disability	**Thereafter****
Percentage of Your Total Monthly Salary the State Pays You*	50%	65%
Maximum Total Benefit	$3,000	$3,900
Reduced By	Workers' Compensation	Workers' Compensation Social Security
Not Reduced By	Social Security	----------

* 1/12 of your total pay during the 12 months prior to your disability.
** you must have at least five years of contributing membership service in the Retirement System earned within the 96 calendar months prior to the end of the short-term disability period.

2. Benefits under the State Plan are payable, for "Disability," which means that you are mentally or physically incapable of performing the duties of your usual occupation.

3. You become a member of the plan when you become a full-time, permanent employee of the State, and you are eligible to receive benefits from the Plan if you become disabled after you have completed one year's service. Your coverage under the Plan ends when your employment with the State terminates.

4. Benefits of the Plan are payable beginning **60 DAYS AFTER THE DATE OF YOUR DISABILITY** (60-day waiting period).

5. The Plan coordinates with other benefits related to your employment, so that *after* the amounts you are eligible to receive from Social Security (for the first six months only), Workers' Compensation, or State retirement plans, etc., the State pays you enough, in addition, to total a) 50% the first twelve months and b) 65% thereafter of your total salary, as explained in the chart above. **HOWEVER, ANY BENEFIT FROM A PLAN FOR WHICH *YOU* PAY THE ENTIRE COST YOURSELF DOES NOT AFFECT THE STATE PLAN IN ANY WAY.**

BENEFITS ARE SUBJECT TO NC STATE LAW

This information provided by Colonial Life Columbia, South Carolina 29202 www.coloniallife.com

Educator Disability Advantage Short-Term Disability

Educator Disability Advantage insurance[1] from Colonial Life is designed to provide financial protection for all education workers with plans that can help supplement and/or complement the Disability Income Plan of North Carolina. Educator Disability Advantage insurance provides flexible options for disability coverage and accidental injury benefits to help protect your income and maintain lifestyle needs if you become disabled due to a covered accident or sickness.

My Disability Coverage Worksheet

(For use with your Colonial Life benefits counselor)

Employee Coverage (includes both on- and off-job benefits)

How much coverage do I need?

- **Total Disability**

	On-Job Accident/Sickness	Off-Job Accident/Sickness
First three months	$_____/month	$_____/month
Next nine months	$_____/month	$_____/month

- **Partial Disability**

Up to three months	$_____/month	$_____/month

When will my benefits start?

After an accident: _____ days After a sickness: _____ days

What additional features or benefits are included?

- Normal pregnancy is covered the same as any other covered sickness.
- Waiver of Premium: We will waive your premium payments after 90 consecutive days of a covered disability.
- Goodwill Child Benefit: $1,000, up to two benefits per year for adoption or ward of a guardian
- Mental or Nervous Disorders Benefit

How much will it cost?

Your cost will vary based on the level of coverage you select.

How long could you afford to go without a paycheck?

Monthly Expenses:

Mortgage/rent	$_____
Groceries	$_____
Car	$_____
Medical bills	$_____
Utilities	$_____
Other	$_____
TOTAL	$_____

Disability benefits and more

Anita teaches at a local community college and enjoys spending time on active hobbies and volunteering with non-profits. When she was injured in a mountain biking accident, she worried that she might not be able to make ends meet for a while.

How Anita's coverage helped*

With her coverage, she received benefits for:

- Accident emergency treatment $400
- X-ray $150
- Collarbone fracture requiring surgery .. $1,200
- Elbow dislocation (nonsurgical) $400
- Hospital stay of three nights $150
- Short-term disability benefits $1,400

Total amount: **$3,700**

**For illustrative purposes only. Coverage amounts may vary based on injury, treatment, income and more.*

Additional Employee Coverage

In addition to disability coverage, this plan also provides employees with benefits related to accidental injuries, their treatment and more. Even if you're not disabled, the following benefits are payable for covered accidental injuries or sickness:

ACCIDENTAL INJURIES BENEFITS

- **Accident emergency treatment** **$400**
- **X-ray** **$150**
- **Accident follow-up treatment (including transportation)/Telemedicine** **$75**
  (up to six benefits per accident per person, up to twelve a year per person)

HOSPITAL CONFINEMENT BENEFIT FOR ACCIDENT OR SICKNESS

Pays in addition to disability benefit. Benefits begin on the first day of confinement in a hospital.

Up to three months ..... **$1,500/month ($50/day)**
The Hospital Confinement benefit increases to $7,500/month when the Total Disability benefit ends at age 70.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

- **Accidental death** **$25,000**
- **Loss of a finger or toe**
  Single dismemberment **$750**
  Double dismemberment **$1,500**
- **Loss of a hand, foot or sight of an eye**
  Single dismemberment **$5,000**
  Dismemberment **$10,000**
- **Common carrier death (includes school bus for school activities)** **$50,000**

COMPLETE FRACTURES	Nonsurgical	Surgical
Hip, thigh	$1,500	$3,000
Vertebrae	$1,350	$2,700
Pelvis	$1,200	$2,400
Skull (depressed)	$1,500	$3,000
Leg	$900	$1,800
Foot, ankle, kneecap	$750	$1,500
Forearm, hand, wrist	$750	$1,500
Lower jaw	$600	$1,200
Shoulder blade, collarbone	$600	$1,200
Skull (simple)	$525	$1,050
Upper arm, upper jaw	$525	$1,050
Facial bones	$450	$900
Vertebral processes	$300	$600
Rib	$300	$600
Finger, toe	$175	$350
Coccyx	$125	$250

COMPLETE DISLOCATIONS	Nonsurgical	Surgical
• **Hip**	$1,500	$3,000
• **Knee**	$975	$1,950
• **Shoulder**	$750	$1,500
• **Collarbone (sternoclavicular)**	$750	$1,500
• **Ankle, foot**	$750	$1,500
• **Collarbone (acromioclavicular and separation)**	$675	$1,350
• **Hand**	$525	$1,050
• **Lower jaw**	$450	$900
• **Wrist**	$400	$800
• **Elbow**	$400	$800
• **One finger, toe**	$125	$250

- For a chip fracture, your benefit would be 25% of the amount shown. Chip fractures are those in which a fragment of bone is broken off near a joint at a point where a ligament is attached.
- For multiple fractures or dislocations, we will pay for both, up to two times the highest amount.
- For your first dislocation, you would receive the amount shown; however, recurrent dislocations of the same joint are not covered.

Optional Spouse and Dependent Child(ren) Coverage

You may cover one or all of the eligible dependent members of your family for an additional premium. Eligible dependents include your spouse and ALL dependent children who are younger than age 26.

ACCIDENTAL INJURIES BENEFITS

- **Accident emergency treatment** $400
- **X-ray** $150
- **Accident follow-up treatment (including transportation)/Telemedicine** $75
  (up to six benefits per accident per person, up to twelve a year per person)

HOSPITAL CONFINEMENT BENEFIT FOR ACCIDENT OR SICKNESS

Up to three months ..... **$1,500/month ($50/day)**

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

- **Accidental death** $5,000
- **Loss of a finger or toe**
  Single dismemberment $75
  Double dismemberment $150
- **Loss of a hand, foot or sight of an eye**
  Single dismemberment $500
  Double dismemberment $1,000
- **Common carrier death (includes school bus for school activities)** $10,000

More than 1 in 4 of 20-year-olds become disabled before retirement age.[2]

Frequently Asked Questions

Will my disability income payment be reduced if I have other insurance?

Benefits are payable regardless of workers' compensation or any other insurance you may have with other insurance companies. Benefits are payable directly to you (unless you specify otherwise).

When am I considered totally disabled?

Totally disabled means you are:

- Unable to perform the material and substantial duties of your occupation;
- Not, in fact, working at any occupation; and
- Under the regular and appropriate care of a doctor.

What if I want to return to work part time after I am totally disabled?

You may be able to return to work part time and still receive benefits. We call this "Partial Disability." This means you may be eligible for coverage if:

- You are unable to perform the material and substantial duties of your job for more than half of your normally weekly scheduled hours;
- You are able to work at your job or your place of employment for less than half of your normally weekly scheduled hours;
- Your employer will allow you to return to your job or place of employment for less than half of your normally weekly scheduled hours; and
- You are under the regular and appropriate care of a doctor.

The total disability benefit must have been paid for at least fourteen days immediately prior to your being partially disabled.

When do disability benefits end?

The Total Disability Benefit will end on the policy anniversary date on or next following your 70th birthday, or when you are no longer considered disabled as defined in the policy, whichever comes first.

The Hospital Confinement benefit increases when the Total Disability Benefit ends.

Can I keep my coverage if I change jobs?

If you change jobs or retire, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable for life as long as you pay your premiums when they are due or within the grace period.

How do I file a claim?

Visit ColonialLife.com or call our Policyholder Service Center at 1-800-325-4368 for additional information.

What is a pre-existing condition?

A pre-existing condition means a sickness or physical condition for which any covered person was treated, received medical advice, or had taken medication within twelve months before the effective date of the policy. If you are age 65 or older when the policy is issued, pre-existing conditions include only conditions specifically excluded from coverage by the rider.

If you become disabled due to a pre-existing condition, we will not pay for any disability period if it begins during the first twelve months the policy is in force.

What is the Mental or Nervous Disorder benefit?

This benefit provides coverage for a disability due to a mental or nervous condition. Coverage provides a benefit up to three months per occurrence, with a cumulative lifetime maximum benefit of 24 months.

For more information, talk with your Colonial Life benefits counselor.

1. Educator Disability Advantage is the marketing name of the insurance product filed as "Disability Income Insurance Policy."
2. U.S. Social Security Administration, The Faces and Facts of Disability. https://www.ssa.gov/disabilityfacts/facts.html. Accessed April 2021.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by or are the result of: Cosmetic Surgery, Felonies and Illegal Occupations, Flying, Hazardous Avocations, Intoxicants and Narcotics, Racing, Semiprofessional or Professional Sports, Substance Abuse, Suicide or Self-Inflicted Injuries, and War or Armed Conflict.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form NCK1100. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Voluntary Long-Term Disability Insurance

Sun Life Financial®

Benefit Highlights

For All Eligible Employees of Central Piedmont Community College

Long-Term Disability insurance provides you with a monthly cash benefit to help pay for everyday expenses (such as mortgage/rent, utilities, childcare, or groceries) if a covered disability like a back injury or chronic illness takes you away from work for an extended time.

Benefits	
Monthly benefit (after your claim is approved)	Get a monthly check of $500 to $2,500 in any $100 increment you choose that replaces up to 60% of your Total Monthly Earnings.
Guaranteed Issue Amount	$2,500
When benefits begin	Benefits begin as soon as 90 days
Benefits may be paid for	Up to 5 years graded, or until you reach retirement age. See Q&A section for schedule of benefits.

NOTE: This is an increment plan. There are no offsets for NC Teachers Retirement Disability Income Plan, the Public Employees' Retirement System (PERS), the State Teachers' Retirement System (STRS), or for Social Security Disability Benefits, but income from other sources could reduce your benefit amount.

Additional plan features

- You're covered for injury or sickness 24 hours a day, seven days a week, on or off the job.
- Qualify for additional benefits if your covered disability begins with a hospital stay of 14 days or more.
- A vocational rehabilitation counselor will work with you, when appropriate, to create a return-to-work plan that's right for you

Employee coverage and cost for Long-Term Disability

The chart below shows possible coverage amounts and corresponding costs per monthly pay period. Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Annual earnings	Monthly coverage amounts	10 Pay Monthly costs	12 Pay Monthly costs
$10,000	$500	$6.90	$5.75
$20,000	$1,000	$13.80	$11.50
$30,000	$1,500	$20.70	$17.25
$40,000	$2,000	$27.60	$23.00
$50,000	$2,500	$34.50	$28.75

Long-term disability Q&A

What happens if I become disabled?

Contact your employer to report your disability and to check whether you are insured under the policy and eligible to file a claim for long-term disability insurance benefits. You will have to wait a certain number of days (see "when benefits begin"), for your benefits to kick in after you are no longer able to work due to a covered disability.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the definition of disability.

What if I have a pre-existing condition?

If you submit a claim within 12 months of your insurance taking effect, or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

How do I file a claim?

To file your claim, we need to receive information from you about your doctor, your income and your critical condition. We'll ask for you to authorize the release and disclosure of information, like medical records, to help us evaluate your claim. Your doctor will also need to fill out a form that provides us with specific medical information about your condition and expected recovery. Forms may be downloaded from www.sunlife.com/us. Make sure to complete and sign all forms, as missing information or signatures can delay your claim.

Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

Regarding how long benefits are paid: what does "up to 5 years graded" mean?

Depending on what age you are when you become disabled, that will determine how long your benefit is paid to you.

Age at Disablement	Benefit Duration Limit
Less than 61	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and older	12 months

Important Plan Provisions

Limitations and exclusions*

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); or for any Period of disability during which you are incarcerated.

* The above exclusions and limitations may vary by state law and regulations. Please see the certificate or ask your benefits administrator for information on Elimination Periods, Waiting Periods, and Pre-Existing Conditions limitations, where applicable.

Safeguard your finances so you can focus on your health during a long-term disability.

The Effective Date of any initial, increased or additional insurance will be delayed for an Employee if he or she is not Actively at Work. The initial, increased or additional insurance will become effective on the date the Employee returns to an Actively at Work status. An Employee is considered Actively at Work if he or she performs all the regular duties of his or her job for a full work day scheduled by the Employer at the Employer's normal place of business or a site where the Employer's business requires the Employee to travel.

This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

If your disability coverage is paid with pre-tax dollars, the benefit payments will be fully or partially taxable under federal tax law based on the percentage of the premiums paid with pre-tax dollars. State tax laws for disability benefit payments vary and other tax considerations apply. Please consult your legal or tax advisor for more information. Sun Life does not provide tax advice.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 15-GP-01, 12-DI-C-01, 12-GPPort-P-01, 12-STDPort-C-01, 16-DI-C-01, TDBPOLICY-2006, and TDI-POLICY. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 13-GP-LH-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 12-GPPort-01, and 12-STDPort-C-01. Product offerings may not be available inall states and may vary depending on state laws and regulations.

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GVLTDBH-EE-7689 SLPC 29107 6/18 (exp. 1/20)

Accident Insurance

Colonial Life®

Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they're unexpected. How you care for them shouldn't be.

In your lifetime, which of these accidental injuries have happened to you or someone you know?

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you'll feel better knowing you can have greater financial security.

What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

How do I file a claim?

Visit coloniallife.com or call our Customer Service Department at 1.800.325.4368 for additional information.

Accident 1.0-Preferred with Health Screening Benefit

Benefits listed are for each covered person per covered accident unless otherwise specified.

Initial Care

- Accident Emergency Treatment..... $150
- X-ray Benefit.....$50
- Ambulance $400
- Air Ambulance..... $2,000

Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	$6,600	$13,200
Knee (except patella)	$3,300	$6,600
Ankle – Bone or Bones of the Foot (other than Toes)	$2,640	$5,280
Collarbone (Sternoclavicular)	$1,650	$3,300
Lower Jaw, Shoulder, Elbow, Wrist	$990	$1,980
Bone or Bones of the Hand	$990	$1,980
Collarbone (Acromioclavicular and Separation)	$330	$660
One Toe or Finger	$330	$660

Fractures	Non-Surgical	Surgical
Depressed Skull	$5,500	$11,000
Non-Depressed Skull	$2,200	$4,400
Hip, Thigh	$3,300	$6,600
Body of Vertebrae, Pelvis, Leg	$1,650	$3,300
Bones of Face or Nose (except mandible or maxilla)	$770	$1,540
Upper Jaw, Maxilla	$770	$1,540
Upper Arm between Elbow and Shoulder	$770	$1,540
Lower Jaw, Mandible, Kneecap, Ankle, Foot	$660	$1,320
Shoulder Blade, Collarbone, Vertebral Process	$660	$1,320
Forearm, Wrist, Hand	$660	$1,320
Rib	$550	$1,100
Coccyx	$440	$880
Finger, Toe	$220	$440

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree) .....$1,000 to $12,000
- Coma.....$10,000
- Concussion $150
- Emergency Dental Work .....$75 Extraction, $300 Crown, Implant, or Denture
- Lacerations (based on size).....$50 to $800

Requires Surgery

- Eye Injury.....$300
- Tendon/Ligament/Rotator Cuff.....$500 - one, $1,000 - two or more
- Ruptured Disc $500
- Torn Knee Cartilage $500

Surgical Care

- Surgery (cranial, open abdominal or thoracic).....$1,500
- Surgery (hernia) $150
- Surgery (arthroscopic or exploratory) $250
- Blood/Plasma/Platelets.....$300

Transportation/Lodging Assistance

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Transportation ..... $500 per round trip up to 3 round trips
- Lodging (family member or companion) ..... $125 per night up to 30 days for a hotel/motel lodging costs

Accident Hospital Care

- Hospital Admission* ..... $1,500 per accident
- Hospital ICU Admission* ..... $3,000 per accident

** We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.*

- Hospital Confinement ..... $250 per day up to 365 days per accident
- Hospital ICU Confinement ..... $500 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit ..... $50 (up to 3 visits per accident)
- Medical Imaging Study ..... $250 per accident (limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy ..... $35 per treatment up to 10 days
- Appliances ..... $125 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb ..... $500 - one, $1,000 - more than 1
- Rehabilitation Unit ..... $100 per day up to 15 days per covered accident, and 30 days per calendar year. Maximum of 30 days per calendar year

Accidental Dismemberment

- Loss of Finger/Toe ..... $750 – one, $1,500 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye ..... $7,500 – one, $15,000 – two or more

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
- Loss of both hands or both feet
- Loss or loss of use of one arm and one leg or
- Loss or loss of use of both arms or both legs
- Loss of the sight of both eyes
- Loss of the hearing of both ears
- Loss of the ability to speak

Named Insured ..... $25,000 Spouse ..... $25,000 Child(ren) $12,500

365-day elimination period. Amounts reduced for covered persons age 65 and over. Payable once per lifetime for each covered person.

Accidental Death

	Accidental Death	Common Carrier
• Named Insured	$25,000	$100,000
• Spouse	$25,000	$100,000
• Child(ren)	$5,000	$20,000

Health Screening Benefit

- **$50 per covered person per calendar year**

Provides a benefit if the covered person has one of the health screening tests performed.
This benefit is payable once per calendar year per person and is subject to a 30-day waiting period.

Tests include:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Carotid doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

My Coverage Worksheet (For use with your Colonial Life benefits counselor)

Who will be covered? (check one)

○ Employee Only ○ Spouse Only ○ One Child Only ○ Employee & Spouse

○ One-Parent Family, with Employee ○ One-Parent Family, with Spouse ○ Two-Parent Family

When are covered accident benefits available? (check one)

○ On and Off -Job Benefits ○ Off -Job Only Benefits

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: hazardous avocations; felonies or illegal occupations; racing; semi-professional or professional sports; sickness; suicide or self-inflicted injuries; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: birth; intoxication.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form Accident 1.0-HS-NC. This is not an insurance contract and only the actual policy provisions will control.

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Hospital Confinement Indemnity Insurance

Plan 2

For more information, talk with your benefits counselor.

Our Individual Medical Bridge℠ insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement ..... $_____
Maximum of one benefit per covered person per calendar year

Observation room ..... **$100 per visit**
Maximum of two visits per covered person per calendar year

Rehabilitation unit confinement ..... **$100 per day**
Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium
Available after 30 continuous days of a covered hospital confinement of the named insured

Outpatient surgical procedure

- **Tier 1** ..... $_____
- **Tier 2** ..... $_____

Maximum of $_____ per covered person per calendar year for all covered outpatient surgical procedures combined

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your policy.

Tier 1 outpatient surgical procedures

- **Breast**
  - Axillary node dissection
  - Breast capsulotomy
  - Lumpectomy
- **Cardiac**
  - Pacemaker insertion
- **Digestive**
  - Colonoscopy
  - Fistulotomy
  - Hemorrhoidectomy
  - Lysis of adhesions
- **Skin**
  - Laparoscopic hernia repair
  - Skin grafting
- **Ear, nose, throat, mouth**
  - Adenoidectomy
  - Removal of oral lesions
  - Myringotomy
  - Tonsillectomy
  - Tracheostomy
  - Tympanotomy
- **Gynecological**
  - Dilation and curettage (D&C)
  - Endometrial ablation
  - Lysis of adhesions
- **Liver**
  - Paracentesis
- **Musculoskeletal system**
  - Carpal/cubital repair or release
  - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
  - Removal of orthopedic hardware
  - Removal of tendon lesion

Tier 2 outpatient surgical procedures

- **Breast**
  - Breast reconstruction
  - Breast reduction
- **Cardiac**
  - Angioplasty
  - Cardiac catheterization
- **Digestive**
  - Exploratory laparoscopy
  - Laparoscopic appendectomy
  - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
  - Ethmoidectomy
  - Mastoidectomy
  - Septoplasty
  - Stapedectomy
  - Tympanoplasty
- **Eye**
  - Cataract surgery
  - Corneal surgery (penetrating keratoplasty)
  - Glaucoma surgery (trabeculectomy)
  - Vitrectomy
- **Gynecological**
  - Hysterectomy
  - Myomectomy
- **Musculoskeletal system**
  - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
  - Arthroscopic shoulder surgery
  - Clavicle resection
  - Dislocations (open reduction with internal fixation)
  - Fracture (open reduction with internal fixation)
  - Removal or implantation of cartilage
  - Tendon/ligament repair
- **Thyroid**
  - Excision of a mass
- **Urologic**
  - Lithotripsy

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THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, or war. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. Pre-exisiting conditions are those conditions whether diagnosed or not, for which a covered person received medical advice, diagnosis or care, or treatment was received or recommended within the one-year period immediately preceding the effective date of the policy. If a covered person is 65 or older when the policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000-NC. This is not an insurance contract and only the actual policy provisions will control.

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Hospital Confinement Indemnity Insurance
Plan 3

For more information, talk with your benefits counselor.

Our Individual Medical Bridge℠ insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement ..... $_____
Maximum of one benefit per covered person per calendar year

Observation room ..... **$100 per visit**
Maximum of two visits per covered person per calendar year

Rehabilitation unit confinement ..... **$100 per day**
Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium
Available after 30 continuous days of a covered hospital confinement of the named insured

Diagnostic procedure

- **Tier 1** **$250**
- **Tier 2** **$500**

Maximum of $500 per covered person per calendar year for all covered diagnostic procedures combined

Outpatient surgical procedure

- **Tier 1** ..... $_____
- **Tier 2** ..... $_____

Maximum of $_____ per covered person per calendar year for all covered outpatient surgical procedures combined

The following is a list of common diagnostic procedures that may be covered.

Tier 1 diagnostic procedures

- **Breast**
  - Biopsy (incisional, needle, stereotactic)
- **Diagnostic radiology**
  - Nuclear medicine test
- **Digestive**
  - Barium enema/lower GI series
  - Barium swallow/upper GI series
  - Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth**
  - Laryngoscopy
- **Gynecological**
  - Amniocentesis
  - Cervical biopsy
  - Cone biopsy
  - Endometrial biopsy
  - Hysteroscopy
  - Loop electrosurgical excisional procedure (LEEP)
- **Liver** – biopsy
- **Lymphatic** – biopsy
- **Miscellaneous**
  - Bone marrow aspiration/biopsy
- **Renal** – biopsy
- **Respiratory**
  - Biopsy
  - Bronchoscopy
  - Pulmonary function test (PFT)
- **Skin**
  - Biopsy
  - Excision of lesion
- **Thyroid** – biopsy
- **Urologic**
  - Cystoscopy

Tier 2 diagnostic procedures

- **Cardiac**
  - Angiogram
  - Arteriogram
  - Thallium stress test
  - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
  - Computerized tomography scan (CT scan)
  - Electroencephalogram (EEG)
  - Magnetic resonance imaging (MRI)
  - Myelogram
  - Positron emission tomography scan (PET scan)

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your policy.

Tier 1 outpatient surgical procedures

- **Breast**
  - Axillary node dissection
  - Breast capsulotomy
  - Lumpectomy
- **Cardiac**
  - Pacemaker insertion
- **Digestive**
  - Colonoscopy
  - Fistulotomy
  - Hemorrhoidectomy
  - Lysis of adhesions
- **Skin**
  - Laparoscopic hernia repair
  - Skin grafting
- **Ear, nose, throat, mouth**
  - Adenoidectomy
  - Removal of oral lesions
  - Myringotomy
  - Tonsillectomy
  - Tracheostomy
  - Tympanotomy
- **Gynecological**
  - Dilation and curettage (D&C)
  - Endometrial ablation
  - Lysis of adhesions
- **Liver**
  - Paracentesis
- **Musculoskeletal system**
  - Carpal/cubital repair or release
  - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
  - Removal of orthopedic hardware
  - Removal of tendon lesion

Tier 2 outpatient surgical procedures

- **Breast**
  - Breast reconstruction
  - Breast reduction
- **Cardiac**
  - Angioplasty
  - Cardiac catheterization
- **Digestive**
  - Exploratory laparoscopy
  - Laparoscopic appendectomy
  - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
  - Ethmoidectomy
  - Mastoidectomy
  - Septoplasty
  - Stapedectomy
  - Tympanoplasty
- **Eye**
  - Cataract surgery
  - Corneal surgery (penetrating keratoplasty)
  - Glaucoma surgery (trabeculectomy)
  - Vitrectomy
- **Gynecological**
  - Hysterectomy
  - Myomectomy
- **Musculoskeletal system**
  - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
  - Arthroscopic shoulder surgery
  - Clavicle resection
  - Dislocations (open reduction with internal fixation)
  - Fracture (open reduction with internal fixation)
  - Removal or implantation of cartilage
  - Tendon/ligament repair
- **Thyroid**
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EXCLUSIONS

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For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000-NC. This is not an insurance contract and only the actual policy provisions will control.

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Hospital Confinement Indemnity Insurance

Health Screening

For more information, talk with your benefits counselor.

ColonialLife.com

Individual Medical Bridge℠ insurance's health screening benefit can help pay for health and wellness tests you have each year.

Health screening ..... $_____

Maximum of one health screening test per covered person per calendar year; subject to a 30-day waiting period

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Carotid Doppler
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

Waiting period means the first 30 days following any covered person's policy coverage effective date, during which no benefits are payable. For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000 (including state abbreviations where used, for example: IMB7000-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

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Colonial Life

Hospital Confinement Indemnity Insurance

Medical Treatment Package

For more information, talk with your benefits counselor.

ColonialLife.com

The medical treatment package for Individual Medical Bridge℠ coverage can help pay for deductibles, co-payments and other out-of-pocket expenses related to a covered accident or covered sickness.

The medical treatment package paired with Plan 2 or Plan 3 provides the following benefits:

Air ambulance **$1,000**
Maximum of one benefit per covered person per calendar year

Ambulance **$100**
Maximum of one benefit per covered person per calendar year

Appliance **$100**
Maximum of one benefit per covered person per calendar year

Doctor's office visit ..... **$25 per visit**
Maximum of three visits per calendar year for named insured coverage or maximum of five visits per calendar year for all covered persons combined

Emergency room visit ..... **$100 per visit**
Maximum of two visits per covered person per calendar year

X-ray ..... **$25 per benefit**
Maximum of two benefits per covered person per calendar year

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, or war.

This information is not intended to be a complete description of the insurance coverage available. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form IMB7000-NC. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Colonial Life
The benefits of good hard work.®

Hospital Confinement Indemnity Insurance

Optional Riders

For more information, talk with your benefits counselor.

ColonialLife.com

Individual Medical Bridge℠ offers two optional benefit riders – the daily hospital confinement rider and the enhanced intensive care unit confinement rider. For an additional cost, these riders can help provide extra financial protection to help with out-of-pocket medical expenses.

Daily hospital confinement rider ..... **$100 per day**
Per covered person per day of hospital confinement
Maximum of 365 days per covered person per confinement

Enhanced intensive care unit confinement rider ..... **$500 per day**
Per covered person per day of intensive care unit confinement
Maximum of 30 days per covered person per confinement

Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement.

EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, or war. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. Pre-exisiting conditions are those conditions whether diagnosed or not, for which a covered person received medical advice, diagnosis or care, or treatment was received or recommended within the one-year period immediately preceding the effective date of the policy. If a covered person is 65 or older when the policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to rider numbers R-DHC7000-NC and R-EIC7000-NC. This is not an insurance contract and only the actual policy or rider provisions will control.

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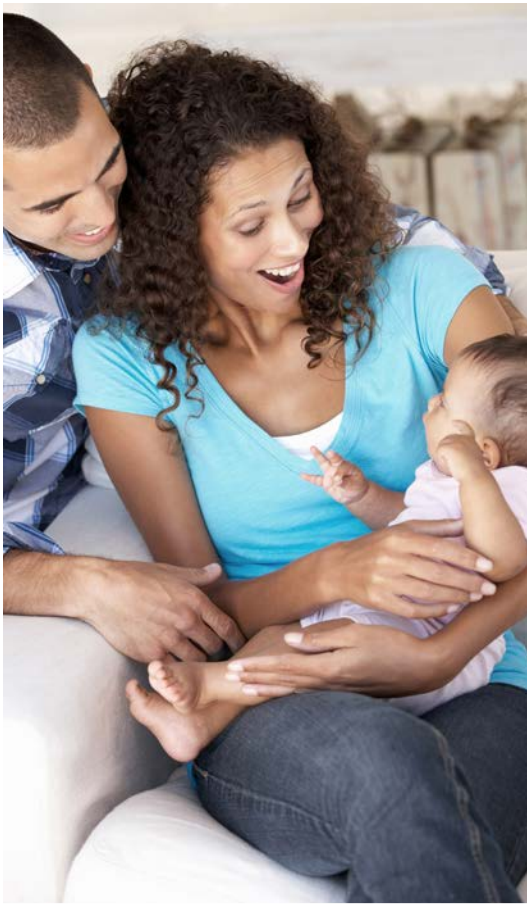
Colonial Life

Term Life Insurance



Talk with your Colonial Life benefits counselor to learn more.

ColonialLife.com

Life insurance protection when you need it most

Life insurance needs change as life circumstances change. You may need different coverage if you're getting married, buying a home or having a child.

Term life insurance from Colonial Life provides protection for a specified period of time, typically offering the greatest amount of coverage for the lowest initial premium. This fact makes term life insurance a good choice for supplementing cash value coverage during life stages when obligations are higher, such as while children are younger. It's also a good option for families on a tight budget — especially since you can convert it to a permanent cash value plan later.

With this coverage:

- A beneficiary can receive a benefit that is typically free from income tax.
- The policy's accelerated death benefit can pay a percentage of the death benefit if the covered person is diagnosed with a terminal illness.
- You can convert it to a Colonial Life cash value insurance plan, with no proof of good health, to age 75.
- Coverage is guaranteed renewable up to age 95 as long as premiums are paid when due.
- Portability allows you to take it with you if you change jobs or retire.

Spouse coverage options	Dependent coverage options
Two options are available for spouse coverage at an additional cost:	You may add a Children's Term Life Rider to cover all of your eligible dependent children with up to $20,000 in coverage each for one premium.
1. Spouse Term Life Policy: Offers guaranteed premiums and level death benefits equivalent to those available to you –whether or not you buy a policy for yourself.	
2. Spouse Term Life Rider: Add a term rider for your spouse to your policy, up to a maximum death benefit of $50,000; 10-year and 20-year are available (20-year rider only available with a 20- or 30-year term policy).	The Children's Term Life Rider may be added to either the primary or spouse policy, not both.

If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid, without interest. Product may vary by state. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

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7-19 | NS-16570-1

How much coverage do you need?

☐ **YOU** $ _____

Select the term period:

☐ 10-year
☐ 15-year
☐ 20-year
☐ 30-year

☐ **SPOUSE** $ _____

Select the term period:

☐ 10-year
☐ 15-year
☐ 20-year
☐ 30-year

Select any optional riders:

☐ Spouse term life rider
$ _____ face amount
for _____-year term period

☐ Children's term life rider
$ _____ face amount

☐ Accidental death benefit rider

☐ Chronic care accelerated death benefit rider

☐ Critical illness accelerated death benefit rider

☐ Waiver of premium benefit rider

To learn more, talk with your Colonial Life benefits counselor.

ColonialLife.com

Optional riders

At an additional cost, you can purchase the following riders for even more financial protection.

Spouse term life rider

Your spouse may receive a maximum death benefit of $50,000; 10-year and 20-year spouse term riders are available.

Children's term life rider

You can purchase up to $20,000 in term life coverage for all of your eligible dependent children and pay one premium. The children's term life rider may be added to either your policy or your spouse's policy – not both.

Accidental death benefit rider

The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.[1] A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living.[2] Premiums are waived during the benefit period.

Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a $5,000 benefit is payable.[1] A subsequent diagnosis benefit is included.

Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period.[3]

1 Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.
2 Activities of daily living are bathing, continence, dressing, eating, toileting and transferring.
3 You must resume premium payments once you are no longer disabled.

EXCLUSIONS AND LIMITATIONS

If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid without interest, minus any loans and loan interest to you.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy forms ICC18-ITL5000/ITL5000 and rider forms ICC18-R-ITL5000-STR/R-ITL5000- STR, ICC18-R-ITL5000-CTR/R-ITL5000-CTR, ICC18-R-ITL5000-WP/R-ITL5000-WP, ICC18-R-ITL5000-ACCD/R-ITL5000- ACCD, ICC18-R-ITL5000-CI/R-ITL5000-CI, ICC18-R-ITL5000-CC/R-ITL5000-CC. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

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Colonial Life

Whole Life Plus Insurance

You can't predict your family's future, but you can be prepared for it.

Give your family peace of mind and coverage for final expenses with Whole Life Plus insurance from Colonial Life.

BENEFITS AND FEATURES

- Choose the age when your premium payments end — Paid-Up at Age 70 or Paid-Up at Age 100
- Stand-alone spouse policy available even without buying a policy for yourself
- Ability to keep the policy if you change jobs or retire
- Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to $150,000) if you're diagnosed with a terminal illness[2]
- Immediate $3,000 claim payment that can help your designated beneficiary pay for funeral costs or other expenses
- Provides cash surrender value at age 100 (when the policy endows)

ADDITIONAL COVERAGE OPTIONS

Spouse term rider

Cover your spouse with a death benefit up to $50,000, for 10 or 20 years.

Juvenile Whole Life Plus policy

Purchase a policy (paid-up at age 70) while children are young and premiums are low — whether or not you buy a policy for yourself. You may also increase the coverage when the child is 18, 21 and 24 without proof of good health.

Children's term rider

You may purchase up to $20,000 in term life coverage for all of your eligible dependent children and pay one premium. The children's term rider may be added to either your policy or your spouse's policy — not both.

ADVANTAGES OF WHOLE LIFE PLUS INSURANCE

- Permanent coverage that stays the same through the life of the policy
- Premiums will not increase due to changes in health or age
- Accumulates cash value based on a non-forfeiture interest rate of 3.75%[1]
- Policy loans available, which can be used for emergencies
- Benefit for the beneficiary that is typically tax-free

Your cost will vary based on the amount of coverage you select.

Benefits worksheet

For use with your benefits counselor

How much coverage do you need?

☐ YOU $_____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

☐ SPOUSE $ _____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

☐ DEPENDENT STUDENT

$ _____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

Select any optional riders:

☐ Spouse term rider
$ _____face amount
for _____-year term period

☐ Children's term rider
$ _____face amount

☐ Accidental death benefit rider

☐ Chronic care accelerated death benefit rider

☐ Critical illness accelerated death benefit rider

☐ Guaranteed purchase option rider

☐ Waiver of premium benefit rider

To learn more, talk with your benefits counselor.

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ADDITIONAL COVERAGE OPTIONS (CONTINUED)

Accidental death benefit rider

The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.[2] A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living (bathing, continence, dressing, eating, toileting and transferring). Premiums are waived during the benefit period.

Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a $5,000 benefit is payable.[2] A subsequent diagnosis benefit is included.

Guaranteed purchase option rider

This rider allows you to purchase additional whole life coverage — without having to answer health questions — at three different points in the future. The rider may only be added if you are age 50 or younger when you purchase the policy. You may purchase up to your initial face amount, not to exceed a total combined maximum of $100,000 for all options.

Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period. Once you are no longer disabled, premium payments will resume.

1. Accessing the accumulated cash value reduces the death benefit by the amount accessed, unless the loan is repaid. Cash value will be reduced by any outstanding loans against the policy.
2. Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.

EXCLUSIONS AND LIMITATIONS: If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid without interest, minus any loans and loan interest to you.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy forms ICC19-IWL5000-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

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FOR EMPLOYEES 6-21 | 642298

PIERCE GROUP BENEFITS
ADDITIONAL BENEFITS

THE FSASTORE
FLEX SPENDING WITH ZERO GUESSWORK
Your Health, Your Funds, Your Choice

Take control of your health and wellness with guaranteed FSA-eligible essentials. Pierce Group Benefits partners with the FSAstore to provide one convenient location for Flexible Spending Account holders to manage and use their FSA funds, and save on more than 4,000 health and wellness products using tax-free health money. Through our partnership, we're also here to help answer the many questions that come along with having a Flexible Spending Account!

FSAstore®

– The largest selection of guaranteed FSA-eligible products
– Phone and live chat support available 24 hours a day / 7 days a week
– Fast and free shipping on orders over $50
– Use your FSA card or any other major credit card for purchases

Other Great FSAstore Resources Available To You

– **Eligibility List**: A comprehensive list of eligible products and services
– **FSA Calculator**: Estimate how much you can save with an FSA
– **Learning Center**: Easy tips and resources for living with an FSA
– **Savings Center**: Where you can save even more on FSA-eligible essentials
– **FSAPerks**: Take your health and funds further with the FSAstore rewards program

Shop FSA Eligible Products Through Our Partnership with The FSA Store!
BONUS: Get $20 off any order of $150+ with code PGB20FSA
(one use per customer).

General Notice of COBRA Continuation Coverage Rights
**** Continuation Coverage Rights Under COBRA****

Introduction
You are receiving this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:
- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Central Piedmont Community College, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:
- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Central Piedmont Community College. Applicable documentation will be required i.e. court order, certificate of coverage etc.

How is COBRA continuation coverage provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes
To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information
Central Piedmont Community College
Attn: Joanette Freeman
1308 East Fourth Street
Charlotte, NC 28204
Phone: 704-330-6759
Fax: 704-330-6066

COBRA Administrator for Dental Coverage
Interactive Medical Systems
PO Box 1349
Wake Forest, NC 27588

Physical Address:
11635 Northpark Dr.
Suite 330
Wake Forest, NC 27588
(800) 426-8739

COBRA Administrator for Vision Coverage
Superior Vision
Attn: COBRA
11101 White Rock Road
Rancho Cordova, CA 95670

Authorization for Colonial Life & Accident Insurance Company

For the purpose of evaluating my application(s) for insurance submitted during the current enrollment and eligibility for benefits under any insurance issued including checking for and resolving any issues that may arise regarding incomplete or incorrect information on my application(s), I hereby authorize the disclosure of the following information about me and, if applicable, my dependents, from the sources listed below to Colonial Life & Accident Insurance Company (Colonial) and its duly authorized representatives.

Health information may be disclosed by any health care provider or institution, health plan or health care clearinghouse that has any records or knowledge about me including prescription drug database or pharmacy benefit manager, or ambulance or other medical transport service. Health information may also be disclosed by any insurance company, Medicare or Medicaid agencies or the Medical Information Bureau (MIB). Health information includes my entire medical record, but does not include psychotherapy notes. Non-health information including earnings or employment history deemed appropriate by Colonial to evaluate my application may be disclosed by any person or organization that has these records about me, including my employer, employer representative and compensation sources, insurance company, financial institution or governmental entities including departments of public safety and motor vehicle departments.

Any information Colonial obtains pursuant to this authorization will be used for the purpose of evaluating my application(s) for insurance or eligibility for benefits. Some information obtained may not be protected by certain federal regulations governing the privacy of health information, but the information is protected by state privacy laws and other applicable laws. Colonial will not disclose the information unless permitted or required by those laws.

This authorization is valid for two (2) years from its execution and a copy is as valid as the original. A copy will be included with my contract(s) and I or my authorized representative may request access to this information. This authorization may be revoked by me or my authorized representative at any time except to the extent Colonial has relied on the authorization prior to notice of revocation or has a legal right to contest coverage under the contract(s) or the contract itself. If revoked, Colonial may not be able to evaluate my application(s) for insurance or eligibility for benefits as necessary to issue my contract(s). I may revoke this authorization by sending written notice to: Colonial Life & Accident Insurance Company, Underwriting Department, P.O. Box 1365, Columbia, SC 29202.

You may refuse to sign this form; however, Colonial may not be able to issue your coverage. I am the individual to whom this authorization applies or that person's legal Guardian, Power of Attorney Designee, or Conservator.

_____	_____	_____	_____
(Printed name of individual subject to this disclosure)	(Social Security Number)	(Signature)	(Date Signed)

If applicable, I signed on behalf of the proposed insured as _____ (indicate relationship). If legal Guardian, Power or Attorney Designee, or Conservator.

_____	_____	_____
(Printed name of legal representative)	(Signature of legal representative)	(Date Signed)

Notice of Insurance Information Practices
We collect Non Public Information (NPI) about our customers to provide them with insurance products and services. This may include telephone number, address, date of birth, occupation, income and health history. We may receive NPI from your applications and forms, medical providers, other insurers, employers, insurance support organizations, and service providers.

We share the types of NPI described above primarily with people who perform insurance, business, and professional services for us, such as helping us pay claims and detect fraud. We may share NPI with medical providers for insurance and treatment purposes. We may share NPI with an insurance support organization. The organization may retain the NPI and disclose it to others for whom it performs services. In certain cases, we may share NPI with group policyholders for reporting and auditing purposes. We may share NPI with parties to a proposed or final sale of insurance business or for study purposes. We may also share NPI when otherwise required or permitted by law, such as sharing with governmental or other legal authorities. When legally necessary, we ask your permission before sharing NPI about you. Our practices apply to our former, current and future customers.

Please be assured we do not share your health NPI to market any product or service. We also do not share any NPI to market non-financial products and services. For example, we do not sell your name to catalog companies.

The law allows us to share NPI as described above (except health information) will affiliates to market financial products and services. The law does not allow you to restrict these disclosures. We may also share with companies that help us market our insurance products and services, such as vendors that provide mailing services to us. We may share with other financial institutions to jointly market financial products and services. When required by law, we ask your permission before we share NPI for marketing purposes.

When other companies help us conduct business, we expect them to follow applicable privacy laws. We do not authorize them to use or share NPI except when necessary to conduct the work they are performing for us or to meet regulatory or other governmental requirements.

Our affiliated companies, including insurers and insurance service providers, may share NPI about you with each other. The NPI might not be directly related to our transaction or experience with you. It may include financial or other personal information such as employment history. Consistent with the Fair Credit Reporting Act, we ask your permission before sharing NPI that is not directly related to our transaction or experience with you.

We have physical, electronic and procedural safeguards that protect the confidentiality and security of NPI. We give access only to employees who need to know the NPI to provide insurance products or services to you.

You may request access to certain NPI we collect to provide you with insurance products and services. You must make your request in writing and send it to the address below. The letter should include your full name, address, telephone number and policy number if we have issued a policy. If you request, we will send copies of the NPI to you. If the NPI includes health information, we may provide the health information to you through a health care provider you designate. We will also send you information related to disclosures. We may charge a reasonable fee to cover our copying costs. This section applies to NPI we collect to provide you with coverage. It does not apply to NPI we collect in anticipation of a claim or civil or criminal proceeding.

If you believe NPI we have about you is incorrect, please write us. You letter should include your full name, address, telephone number and policy number if we have issued a policy. Your letter should also explain why you believe the NPI is inaccurate. If we agree with you, we will correct the NPI and notify you of the correction. We will also notify any person who may have received the incorrect NPI from us in the past two years if you ask us to contact that person.

If we disagree with you, we will tell you we are not going to make the correction. We will give you the reason(s) for our refusal. We will also tell you that you may submit a statement to us. Your statement should include the NPI you believe is correct. It should also include the reason(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI. We will include your statement any time we disclose the disputed NPI. We will also give the statement to any person designated by you if we may have disclosed the disputed NPI to that person in the past two years.

If we decide not issued coverage to you, we will provide you with the specific reason(s) for our decision. We will also tell you how to access and correct certain NPI.

To receive our complete privacy notice, including more information about our information-sharing, access and correction practices, write to our parent company: Privacy Officer, UnumProvident Corporation, 2211 Congress Street, M347, Portland, Maine 04122. For additional information about our commitment to privacy, visit www.coloniallife.com.
NIP

DISCLOSURE NOTICE CONCERNING THE MEDICAL INFORMATION BUREAU.

Information regarding your insurability will be treated as confidential. Colonial or its reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedure set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is: 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone (617) 426-3660.

Colonial or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

I'm Leaving, Now What?

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

State Health Insurance

Under certain qualifying events, employees and dependents have the opportunity to continue coverage for 18-36 months under the COBRA Act. Please contact the State Health Plan at 1-877-679-6272.

If you are retiring, you must either log in to www.myncretirement.com or call 1-877-679-6272.

Other Benefits

If you wish to continue coverage of any of the following benefits, Pierce Group Benefits will be happy to serve you:

PIERCE GROUP BENEFITS

- ***Dental and Vision Insurance***
- ***Group Term Life Insurance***
- ***Supplemental/Voluntary Insurances - Cancer, Disability, Life, etc.***
- ***Flexible Spending Accounts***

Please visit **www.piercegroupbenefits.com/individualfamily**

or call **888-662-7500** for more information on these policies, as well as to enroll/continue your benefits. You may also click on the "Individual & Family" button on the Pierce Group Benefits homepage, www.piercegroupbenefits.com to access this information.

Transferring from one Employer to Another?

If you are transferring from a current PGB client to another, some benefits may be eligible for transfer. Please call 888-662-7500 and a Service Specialist will be glad to help you.

CONTACT INFORMATION:

FLEX FACTS - FLEXIBLE SPENDING ACCOUNTS

- ***Customer Service:*** 1-877-943-2287
- ***Website:*** www.FlexFacts.com
- ***Claims Mailing Address:*** 1200 River Avenue, Suite 10E
  Lakewood, NJ 08701

MANAGE YOUR ACCOUNT ONLINE OR DOWNLOAD THE FLEX FACTS MOBILE APP

- Check your Balance
- Submit and View Claims
- Check Claim Status
- Upload and Store Receipts

METLIFE - TERM LIFE INSURANCE

- ***Customer Service:*** 1-800-275-4638

SUPERIOR - VISION INSURANCE

- ***Customer Service:*** 1-800-507-3800
- ***Website:*** www.superiorvision.com

CALL A DOCTOR PLUS - TELEMEDICINE

See the inside of your benefit booklet for information on how to set up your account and contact Call A Doctor Plus!

METLIFE - DENTAL INSURANCE

- ***Customer Service:*** 1-800-438-6388
- ***Website:*** www.metlife.com/mybenefits

SUN LIFE - LONG-TERM DISABILITY

- ***Customer Service:*** 1-800-247-6875
- ***Website:*** www.sunlife.com/us

NORTH CAROLINA STATE HEALTH PLAN

- ***Customer Service:*** 1-888-234-2416
- ***Website:*** www.shpnc.org

TO VIEW YOUR BENEFITS ONLINE

Visit **www.piercegroupbenefits.com/centralpiedmontcommunitycollege**

For additional information concerning plans offered to employees of Central Piedmont Community College, please contact our North Carolina Service Center at 1-888-662-7500, ext. 100

COLONIAL LIFE

VISIT COLONIALLIFE.COM TO SET UP YOUR PERSONAL ACCOUNT

- ***Website:*** www.coloniallife.com
- ***Claims Fax***: 1-800-880-9325
- ***Customer Service & Wellness Screenings:*** 1-800-325-4368
- ***TDD for hearing impaired customers call:*** 1-800-798-4040

If you wish to file a Wellness/Cancer Screening claim for a test performed within the past 18 months, you need the name and date of the test performed as well as your doctor's name and phone number. Colonial also needs to know if this is for you or another covered individual and their name and social security number. You may:

- FILE BY PHONE! Call 1-800-325-4368 and provide the information requested by Colonial's Automated Voice Response System, 24 hours per day, 7 days a week, or
- SUBMIT ON THE INTERNET using the Wellness Claim Form at www.coloniallife.com, or
- Write your name, address, social security number and/or policy/certificate number on your bill and indicate "Wellness Test." Fax this to Colonial at 1-800-880-9325 or MAIL to PO Box 100195, Columbia, SC 29202

If your Wellness/Cancer Screening test was more than 18 months ago, you must fax or mail Colonial a copy of the bill or statement from your doctor indicating the type of procedure performed, the charge incurred and the date of service. Please write your full name, social security number, and current address on the bill.
Please Note: If your cancer policy includes a second part to the screening benefit, bills for tests covered and a copy of the diagnostic report (reflecting the abnormal reading of your first test) must be mailed or faxed to us for benefits to be provided.

When you terminate employment, you have the opportunity to continue your Colonial coverage either through direct billing or automatic payment through your bank account. Please contact Colonial at 1-800-325-4368 to request the continuation of benefits form.