



EMPLOYEE BENEFITS GUIDE 2024

PLAN YEAR:

OCTOBER 1, 2024 - SEPTEMBER 30, 2025



WASHINGTON COUNTY SCHOOLS



EMPLOYEE BENEFITS GUIDE

TABLE OF CONTENTS

Welcome to Washington County Schools' comprehensive benefits program. This guide highlights the benefits offered to all eligible employees for the plan year listed below. Benefits described in this guide are voluntary, employee-paid benefits unless otherwise noted.

ENROLLMENT DATES:

August 19, 2024 - September 6, 2024

PLAN YEAR & EFFECTIVE DATES:

October 1, 2024 - September 30, 2025

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 guide, including premiums quoted, is subject to change.



All policy descriptions are for informational purposes only. Your actual policies may be different than those in this guide.

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**for informational purposes only

Rev. 8/8/2024



IMPORTANT CONTACT INFORMATION

	Carrier	Phone Number	Fax Number	Website
Flexible Spending Accounts	Ameriflex	888-868-3539	-	www.myameriflex.com
Dental Insurance	Sun Life	1-800-247-6875	563-242-0184	www.sunlife.com/us
Vision Insurance	Superior Vision	1-800-507-3800	410-752-8969	www.superiorvision.com
Telemedicine Benefits	Call A Doctor Plus	803-835-2362	-	www.teledoc.com
Student Loan Assistance Program	GradFin	(844) 472-3346	-	www.gradfin.com/partner/pierce
Legal Benefits	Legal Resources	1-800-728-5768	757-498-4114	www.legalresources.com
EAP & Life Planning Services	McLaughlin Young	1-800-633-3353	704-529-5917	www.mygroup.com
North Carolina State Health Plan	SHPNC	1-888-234-2416	919-765-2322	www.shpnc.org
BenSelect Online Enrollment	BenSelect	888-662-7500	-	harmony.benselect.com
To View Your Benefits Online	Pierce Group Benefits	1-888-662-7500	984-225-2605	www.PierceGroupBenefits.com/WashingtonCountySchools
Supplemental Benefits	Colonial Life	Customer Service & Wellness Screenings 1-800-325-4368 TDD For Hearing Impaired Customers 1-800-798-4040	1-800-880-9325	www.coloniallife.com



NC State Health Plan: 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 into www.myncretirement.com or call **1-877-679-6272**.



ELIGIBILITY REQUIREMENTS



CURRENT EMPLOYEE?



OPEN ENROLLMENT DATES:

August 19, 2024 - September 6, 2024

PLAN YEAR & EFFECTIVE DATES:

October 1, 2024 - September 30, 2025

ELIGIBILITY

- Employees must work 30 hours or more per week.



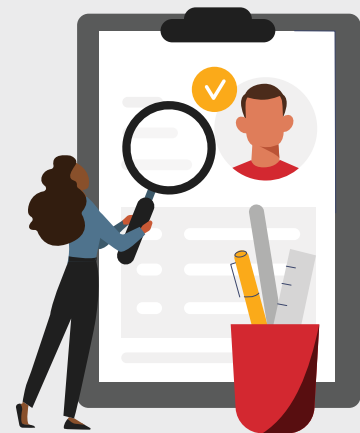
NEW HIRE?

Congratulations on your new employment! Your employment means more than just a paycheck. Your employer also provides eligible employees with a valuable benefits package. Above you will find eligibility requirements and below you will find information about how to enroll in these benefits as a new employee.

Flex, Term Life, and Colonial - Please call the Service Center within 30 days of your date of hire. The Service Center number is located in the contact section of this guide.

All Other Benefits - Please contact your Benefits Department within 30 days of your date of hire.

Be sure to also review your group's custom benefits website, that allows for easy, year-round access to benefit information, live chat support, benefit explainer videos, plan certificates and documents, and carrier contacts and forms.



www.PierceGroupBenefits.com/WashingtonCountySchools



OVERVIEW OF BENEFITS

PRE – TAX BENEFITS



Flexible Spending Accounts
Ameriflex

- Medical Reimbursement: \$3,200/year Max
- Dependent Care Reimbursement: \$5,000/year Max
- *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 September 30, 2024.*



Dental Insurance
Sun Life



Vision Insurance
Superior Vision



Cancer Benefits
Colonial Life



Accident Benefits
Colonial Life



Medical Bridge Benefits
Colonial Life

POST – TAX BENEFITS



Disability Benefits
Colonial Life



Critical Illness Benefits
Colonial Life



Life Insurance
Colonial Life

- Term Life Insurance
- Whole Life Insurance
- Group Term Life Insurance



Telemedicine Benefits
Call a Doctor Plus



Legal Benefits
Legal Resources

ADDITIONAL BENEFITS



Employee Assistance Program
McLaughlin Young



Student Loan Assistance Program
GradFin

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



IMPORTANT NOTICES

When do my benefits start? The plan year for Colonial Insurance products and Group Term Life, Ameriflex Spending Accounts, Sun Life Dental, Superior Vision, Call A Doctor Plus Telemedicine, and Legal Resources lasts from October 1, 2024 through September 30, 2025. Please Note: Dental benefits are based on the Calendar Year, running from January 1st through December 31st. Dental benefits and deductibles will reset every January 1st.

When do my deductions start? Deductions for Colonial Insurance products and Group Term Life, Ameriflex Spending Accounts, Sun Life Dental, Superior Vision, Call A Doctor Plus Telemedicine, and Legal Resources will begin October 2024.

Why have my Cancer, Accident, or Medical Bridge benefits not started yet? 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 **October 31, 2024**.

What is an EAP? Your employer offers an Employee Assistance Program (EAP) for you and your eligible family members. An EAP is an employer-sponsored benefit that offers confidential support and resources for personal or work-related challenges and concerns. Please see the EAP pages of this benefit guide for more details and contact information.

How do Flexible Spending Account (FSA) funds work, and do my FSA funds have to be used by a specific deadline? Flexible Spending Account expenses must be incurred during the plan year to be eligible for reimbursement. After the plan year ends, an employee has 90 days to submit claims for incurred qualified spending account expenses (or 90 days after employment termination date). If employment is terminated before the plan year ends, the spending account also ends. Failure to use all allotted funds in the FSA account will result in a "Use It or Lose It" scenario. Your plan includes a grace period which is an additional 2.5 months (running October 1, 2025, through December 15, 2025) during which you can incur eligible expenses that can be reimbursed. Therefore, you have from October 1, 2024 through December 15, 2025 to incur qualified expenses eligible for reimbursement. If you do not incur qualified expenses by December 15, 2025 and/or file by December 31, 2025 any contributions are forfeited under the "Use It or Lose It" rule.

My spouse is enrolled in an Health Savings Account (HSA), am I eligible for an FSA? 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.

How do Dependent Care Account (DCA) funds work and when do they need to be used? Dependent Care Accounts are like FSA accounts and allow you to request reimbursement up to your current balance. However, you cannot receive more reimbursement than what has been deducted from your pay. It's important to note that any remaining funds in your DCA account must be utilized before the deadline. Failure to use all allotted funds in the DCA account will result in a "Use It or Lose It" scenario.

When will I get my card? 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.

I want to sign my family up for benefits as well, what information will I need? 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.

What is the difference between pre and post-tax benefits? Pre-tax benefit contributions are taken from an employee's paycheck before state and federal taxes are applied. Post-tax benefit contributions are paid after taxes are deducted. It's important to note that some coverages may still be subject to taxes even if paid for through pre-tax deduction or employee contribution.

Can I change my benefit elections outside of the enrollment period? Elections made during this enrollment period CANNOT BE CHANGED AFTER THE ENROLLMENT PERIOD unless there is a family status change, otherwise known as a qualifying life event (QLE), as defined by the Internal Revenue Code. Examples of a QLE can be found in the chart on the next page. Once a QLE has occurred, an employee has 30 days to notify PGB's Service Center at 1-888-662-7500 to request a change in elections.

I have a pre-existing condition. Will I still be covered? Some policies may include a pre-existing condition clause. Please read your policy carefully for full details.



QUALIFYING LIFE EVENTS

The benefit elections you make during Open Enrollment or as a New Hire will remain in effect for the entire plan year. You will not be able to change or revoke your elections once they have been made unless a Qualifying Life Event (status change) occurs. The summary of events that allow an employee to make benefit changes and instructions for processing those life event changes can be reviewed in the chart below.

Qualifying Life Event	Action Required	Result If Action Is Not Taken
New Hire	Make elections within 30 days of hire date documentation is required.	You and your dependents are not eligible until the next annual Open Enrollment period.
Marriage	Add your new spouse to your elections within 30 days of the marriage date. A copy of the marriage certificate must be presented.	Your spouse is not eligible until the next annual Open Enrollment period.
Divorce	Remove the former spouse within 30 days of the divorce. Proof of the divorce will be required. A copy of the divorce decree must be presented.	Benefits are not available for the divorced spouse and will be recouped if paid erroneously.
Birth or Adoption of a Child	Enroll the new dependent in your elections within 30 days of the birth or adoption date, even if you already have family coverage. A copy of the birth certificate, mother's copy of birth certificate, or hospital discharge papers must be presented. Once you receive the child's Social Security Number, don't forget to update your child's insurance information record.	The new dependent will not be covered until the next annual Open Enrollment period.
Death of a Spouse or Dependent	Remove the dependent from your elections within 30 days from the date of death. Death certificate must be presented.	You could pay a higher premium than required and you may be overpaying for coverage required.
Change in Spouse's Employment or Coverage	Add or drop health benefits from your elections within 30 days of the event date. A letter from the employer or insurance company must be presented.	You will not be able to make changes until the next annual Open Enrollment period.
Part-Time to Full-Time or Vice Versa	Change your elections within 30 days from the employment status change to receive COBRA information or to enroll in benefits as a full-time employee. Documentation from the employer must be provided.	Benefits may not be available to you or your dependents if you wait to enroll in COBRA. Full-time employees will have to wait until the next annual Open Enrollment period.

The examples included in this chart are not all-inclusive. Please speak to a Service Specialist to learn more.



QUALIFYING LIFE EVENTS

Qualifying Life Event	Action Required	Result If Action Is Not Taken
Transferring Employers	If you are transferring from a one PGB client to another, some benefits may be eligible for transfer. Please call our Service Center at 888-662-7500 for more information and assistance.	You may lose the opportunity to transfer benefits.
Loss of Government or Education Sponsored Health Coverage	If you, your spouse, or a dependent loses coverage under any group health coverage sponsored by a governmental or educational institution, you may be eligible to add additional coverage for eligible benefits.	You and your dependents are not eligible until the next annual Open Enrollment period.
Entitlement to Medicare or Medicaid	If you, your spouse, or dependent becomes entitled to or loses coverage under Medicare or Medicaid, you may be able to change coverage under the accident or health plan.	You and your dependents are not eligible until the next annual Open Enrollment period.
Non-FMLA Leave	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 next plan year. Please contact your Benefit Administrator for more information.	You and your dependents are not eligible until the next annual Open Enrollment period.
Retiring	Your individual supplemental/voluntary policies through Colonial Life are portable! To move them from payroll deduction to direct billing, please complete and submit the Payment Method Change Form to Colonial Life within 30 days of retiring. You are also eligible for post-employment Dental, Vision, and Telemedicine benefits through PGB. Please visit: www.piercergroupbenefits.com/individualcoverage or call our Service Center at 888-662-7500 for more information and assistance.	If you do not transfer your policies from payroll deduction to direct billing, Colonial Life will terminate your policies resulting in a loss of coverage.



The examples included in this chart are not all-inclusive. Please speak to a Service Specialist to learn more.



ENROLLMENT INFORMATION

ONLINE & IN-PERSON

During your open enrollment period, a PGB Benefits Representative will be available by appointment to meet with you one-on-one to help you evaluate your benefits based on your individual and family needs, answer any questions you may have, and assist you in the enrollment process. If you prefer, you may also self-enroll online following the instructions on the next page of this guide.



OPEN ENROLLMENT PERIOD:

AUGUST 19, 2024 - SEPTEMBER 6, 2024

BENEFIT ELECTION OPTIONS

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

- Enroll/Re-Enroll in Flexible Spending Accounts.*
- Enroll in, change or cancel Dental Insurance.
- Enroll in, change or cancel Vision Insurance.
- Enroll in, change or cancel Group Term Life Insurance.
- Enroll in, change or cancel Telemedicine coverage.
- Enroll in, change, or cancel Legal Benefits.
- Enroll in, change, or cancel Colonial coverage.

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

ACCESS YOUR BENEFIT OPTIONS WHENEVER. WHEREVER



You can view details about what benefits your employer offers, view educational videos about all of your benefits, download forms, chat with one of our knowledgeable Service Center Specialists, and more on your personalized benefits website. To view your custom benefits website, visit:

www.PierceGroupBenefits.com/WashingtonCountySchools



BEN SELECT ENROLLMENT INSTRUCTIONS



Below is a series of instructions outlining the enrollment process. Please have the following information available before you begin:

- Username, pin, and enrollment website URL from this page
- Social security numbers of the spouse or any dependents you wish to enroll
- Dates of birth for the spouse and any dependents you wish to enroll
- Beneficiary names and social security numbers

HELPFUL TIPS :

- If you are a new employee, please refer to the New Hire information on the Eligibility Requirements page of this guide or contact the Pierce Group Benefits Service Center at 888-662-7500 between 8:30am and 5:00pm for assistance.
- If you are an existing employee and unable to log into the online system, please contact the Pierce Group Benefits Service Center at 888-662-7500, or speak with the Benefits Representative assigned to your location.

1. LOGGING IN

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**)

To login, visit: harmony.benselect.com/washington



2. NEW PIN

The screen prompts you to create a **NEW PIN**.



5. SAVE NEW PIN

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



3. SECURITY QUESTIONS

Choose a security question and enter answer.



6. CLICK NEXT

From the welcome screen click "Next".



4. CONFIRM

Confirm (or enter) an email address.



7. PERSONAL INFORMATION

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'**.





BEN SELECT ENROLLMENT INSTRUCTIONS



8. ADDING FAMILY MEMBER

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. BENEFIT SUMMARY

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



10. SIGN & SUBMIT

Click **'Sign & Submit'** once you have decided which benefits to enroll in.



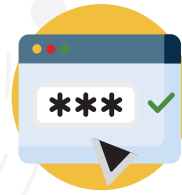
11. REVIEW

Review your coverage. If any items are **'Pending'**, you will need to decide whether to enroll or decline this benefit.



12. NEXT

Click **'Next'** to review and electronically sign the authorization for your benefit elections.



13. SIGN FORM

Review the confirmation, then if you are satisfied with your elections, enter your PIN and click **'Sign Form'**.



14. DOWNLOAD & PRINT

Click **'Download & Print'** to print a copy of your elections, or download and save the document. **Please do not forget this important step!** Click **'Log Out'**.

Click on the video below to learn more about Flexible Spending Accounts!



FLEXIBLE SPENDING ACCOUNT



Flexible Spending Account

An account for setting aside tax-free money for healthcare expenses

Use the below information to determine if a Flexible Spending Account (FSA) is right for you and how to best take advantage of an FSA account.

How It Works

When you enroll in a Flexible Spending Account (FSA) you get to experience tax savings on qualified expenses such as copays, deductibles, prescriptions, over-the-counter drugs and medications, and thousands of other everyday items.

Can I have an FSA and an HSA?

You can't contribute to an FSA and HSA within the same plan year. However, you can contribute to an HSA and a limited purpose FSA, which only covers dental and vision expenses.

As per IRS Publication 969, an employee covered by an HDHP and a health FSA or an HRA that pays or reimburses qualified medical expenses generally can't make contributions to an HSA. An employee is also not HSA-eligible during an FSA Grace Period. An employee enrolled in a Limited Purpose FSA is HSA-eligible.

As a married couple, one spouse cannot be enrolled in an FSA at the same time the other is contributing to an HSA. FSA coverage extends tax benefits to family members allowing the FSA holder to be reimbursed for medical expenses for themselves, their spouse, and their dependents.

The Value & Perks

- **Election Accessibility:** You will have access to your entire election on the first day of the plan year.
- **Save On Eligible Expenses:** You can save up to 40% on thousands of eligible everyday expenses such as prescriptions, doctor's visits, dental services, glasses, over-the-counter medicines, and copays.
- **Keep More Money:** The funds are taken out of your paycheck "pre-tax" (meaning they are subtracted from your gross earnings before taxes) throughout the course of the year. Let's say you earn \$40,000 a year and contribute \$1,500 to an FSA; so, only \$38,500 of your income gets taxed. That means you are increasing your take-home pay simply by participating!
- **Easy Spending and Account Management:** You will receive an Ameriflex Debit Mastercard linked to your FSA. You can use your card for eligible purchases everywhere Mastercard is accepted. Account information can be securely accessed 24/7 online and through the mobile app.

Eligible FSA Expenses

The IRS determines what expenses are eligible under an FSA. Below are some examples of common eligible expenses.



Copays, deductibles, and other payments you are responsible for under your health plan.



Routine exams, dental care, prescription drugs, eye care, hearing aids, etc.



Prescription glasses and sunglasses, contact lenses and solution, LASIK, and eye exams.



Certain OTC expenses such as Band-aids, medicine, First Aid supplies, etc. (prescription required).



Diabetic equipment and supplies, durable medical equipment, and qualified medical products or services.

For a full list of eligible expenses, go to myameriflex.com/eligibleexpenses.

The “Use-or-Lose” Rule

If you contribute dollars to a reimbursement account and do not use all the money you deposit, you will lose any remaining balance in the account at the end of the eligible claims period. This rule, established by the IRS as a component of tax-advantaged plans, is referred to as the “use-or-lose” rule.

To avoid losing any of the funds you contribute to your FSA, it’s important to plan ahead as much as possible to estimate what your expenditures will be in a given plan year.



THE FSA STORE

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 FSA store 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!



- 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 FSA store 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: Take your health and funds further with the FSAstore rewards program.



SHOP NOW

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)



Click on the video below to learn more
about Dependent Care Accounts!



DEPENDENT CARE ACCOUNT



Dependent Care Account

Set aside tax-free money for daycare and dependent care services

Use the below information to determine if a Dependent Care Account (DCA) is right for you and how to best take advantage of an DCA account.

How It Works

When you enroll in a Dependent Care Account (DCA) you get to experience tax savings on expenses like daycare, elderly care, summer day camp, preschool, and other services that allow you to work full time.

The Value & Perks

- **Save On Eligible Expenses:** You can use a DCA to pay for qualifying expenses such as daycare, summer day care, elder care, before and after school programs, and pre-school.
- **Keep More Money:** The funds are taken out of your paycheck "pre-tax" (meaning they are subtracted from your gross earnings before taxes) throughout the course of the year. Let's say you earn \$40,000 a year and contribute \$1,500 to an DCA; so, only \$38,500 of your income gets taxed. That means you are increasing your take-home pay simply by participating!
- **Easy Spending and Account Management:** You will receive an Ameriflex Debit Mastercard linked to your DCA. You can use your card for eligible purchases everywhere Mastercard is accepted. Account information can be securely accessed 24/7 online and through the mobile app.

Eligible DCA Expenses

The IRS determines what expenses are eligible under a DCA. Below are some examples of common eligible expenses:



Private sitter



Daycare and elder care



Summer day camp



Before- and after-school care



Nanny service



Nursery school & Pre-school

For a full list of eligible expenses, go to myameriflex.com/eligibleexpenses.

Online Account Instructions

How to Access Your Ameriflex Account:

Go to MyAmeriflex.com and click "Login" from the upper right hand corner. When prompted, select "Participant."

How to Register Online For Your Ameriflex Spending Account:

Click the register button atop the right corner of the home screen.

1. As the primary account holder, enter your personal information.

- Choose a unique User ID and create a password (if you are told that your username is invalid or already taken, you must select another).
- Enter your first and last name.
- Enter your email address.
- Enter your Employee ID, which in most cases, will be the account holder's Social Security Number(no dashes or spaces needed).

2. Check the box if you accept the terms of use.

3. Click 'register'. This process may take a few seconds. Do not click your browser's back button or refresh the page.

4. Last, you must complete your Secure Authentication setup. Implemented to protect your privacy and help us prevent fraudulent activity, setup is quick and easy. After the registration form is successfully completed, you will be prompted to complete the secure authentication setup process:

Step 1: Select a Security Question option, and type in a corresponding answer.

Step 2: Repeat for the following three Security Questions, then click next.

Step 3: Verify your email address, and then click next.

Step 4: Verify and submit setup information,

5. The registration process is complete! Should you receive an information error message that does not easily guide you through the information correction process, please feel free to contact our dedicated Member Services Team at 888.868.FLEX (3539).

Want to Manage Your Account on the go?

Download the MyAmeriflex mobile app, available through the [App Store](#) or [Google Play](#).

Your credentials for the MyAmeriflex Portal and the MyAmeriflex Mobile App are the same; there is no need for separate login information!

Click on the video below to learn more
about Telemedicine Benefits!



TELEMEDICINE BENEFITS





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

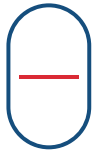
Washington County Schools

Complete



Teladoc

Connect in under 10 minutes to US-based, board certified physicians who can answer questions, diagnose and even prescribe when necessary.



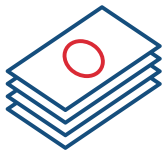
Pharmacy Discount Card

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%.



Monthly Individual Rate - based on 9 month deductions
 Monthly Family Rate - based on 9 month deductions
 Monthly Individual Rate - based on 10 month deductions
 Monthly Family Rate - based on 10 month deductions

\$16.00
 \$20.00
 \$14.40
 \$18.00

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](https://www.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

Call A Doctor  **Plus**

How It Works

Discount Drug Network

How do the discounts work?

When people join together to purchase in large quantities, everyone saves! Discount Drug Network, provider of the Prescription Discount Card, covers millions of people and leverages the power of group purchasing to negotiate these discounts on behalf of our members. Just call or go online for help looking up drug pricing at your local pharmacy. The pricing tool on our website is incredibly easy to use and helps you price compare the prescription you need at all local participating pharmacies.



Who pays for this?

The pharmacies! The pharmacies agree to let our members get discount pricing (just like they do already for insurance customers) because they want our business! They not only give our members fantastic discounts, but they also pay us a small transaction fee each time we process a prescription through our network. This allows us to continue to operate, grow, and save our members money! For the first time, the individual consumer gets access to pricing typically reserved for the largest insurance companies.

Why do the pharmacies participate in this?

Simple! Because when you come to their store to fill a prescription you also typically buy personal care products and other miscellaneous items from their retail store. This is good business for them, good business for us, and big savings for you.



What drugs does it work for and how much will I save?

Any FDA-approved medications are available within our pricing network, but the savings we have access to are not the same for every drug. We find that our pricing is typically much less expensive than the insurance company pricing for generic drugs. For brand name drugs, the savings are usually less. The good news is, our online drug pricing tool suggests any and all alternative generic drugs for your prescription (when available) and helps you shop for the best price from all the participating pharmacies in your area.



What about my personal and medical information?

Is my privacy protected?

Of course! Your medical and prescription information is never shared with us by your pharmacy. HIPAA regulations carefully cover such sharing of information in order to protect the consumer. Discount Drug Network fully complies with HIPAA regulations. We won't ever see your name, contact info, or anything unless you call in or go on our website and decide to share that with us. If you do, we never sell that information to anyone. We simply use it to keep you up to date on any important industry news, tips for saving more money using our card, and ways to save on other healthcare products and services.



Your Healthcare Savings Advocate

www.DiscountDrugNetwork.com

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1535 Chestnut Street, Suite 100
Philadelphia, PA 19102

Tel: 1-877-537-5537

Pharmacy Discount Card – Save on prescription medication

Our FREE pharmacy discount card allows your employees to save an average of 47% on your prescription medication (up to 85%) using the pharmacy discount card. It's easy to use and accepted at over 66,000 pharmacies nationwide!

Key Benefits:

- Save an average of 47% on prescriptions
- Save at over 66,000 pharmacies
- 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 discountdrugnetwork.com
 - a. Click on 'Get Your Free Card'
 - b. Provide your personal information, including name, address, email and/or phone
 - c. Click 'submit' and a card is sent to you by mail in 3 to 4 weeks
 - d. Once registered, you can also have your card immediately texted to your phone
2. Find a provider.
 - a. Use discountdrugnetwork.com/rx-discount/ to search local partners for the lowest possible price
 - b. Search from over 66,000 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: www.discountdrugnetwork.com

Click on the video below to learn more about Dental Insurance!



**DENTAL
INSURANCE**



Dental Insurance



COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Child braces

▶ PROTECTS YOUR SMILE.

You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

▶ LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

DENTAL FAST FACTS

Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.¹

50% of adults over the age of 30 are suffering from periodontal disease.²

WASHINGTON COUNTY SCHOOLS

All Eligible Employees

POLICY # 941181

Sun Life Assurance Company of Canada

2343232 DEN6 CL1 06/17/2024 10:20:07

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$1,250 per person	\$1,250 per person
Type IV Ortho Service	\$1,000 lifetime per child	\$1,000 lifetime per child

CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family
Type IV Ortho Services	N/A	N/A

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%
Type IV Ortho Services	50%	50%

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations – 1 in any 6 month period
- Routine dental cleanings – 1 in any 6 month period
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 16*
- Space maintainers – *only for children under age 19*
- Bitewing x-rays – 1 in any 12 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings, including posterior composites
- Simple extractions, incision and drainage
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 1 in any 6 consecutive months
- Localized delivery of antimicrobial agents
- Stainless steel crowns – *only for children under age 19*
- Major gum disease (surgical periodontics)

Type III Major Dental Services, including:

- Dentures and bridges – subject to 5 year replacement limit
- Inlay, onlay, and crown restorations – 1 per tooth in any 5 year period
- Dental implants – subject to 5 year replacement limit
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- General anesthesia/IV sedation – medically required

Type IV Ortho Services, including:

- Orthodontic treatment is limited to your dependent children

Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic or major services
- No waiting period for orthodontic services

Frequently asked questions

How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Focus Dental Network® with 125,000+ unique dentists³.

Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse⁴ and dependent children. An eligible child is defined as a child to age 26.⁵

What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life
P.O. Box 2940
Clinton, IA 52733

How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as tooth-colored fillings for back teeth and brush biopsies for the early detection of oral cancer.

CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$500.

1. American Academy of Periodontology <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21).

2. American Academy of Periodontology <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> (accessed 07/21).

3. Zelis Network Analytics data as of January 2022 and based on unique dentist count. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.

4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

5. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions

Important information

Benefit adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

Late entrant

If you or a dependent apply for dental insurance more than 31 days after you become eligible, you or your dependent are a late entrant. The benefits for the first 12 months for late entrants will be limited as follows:

TIME INSURED CONTINUOUSLY UNDER THE POLICY	BENEFITS PROVIDED FOR ONLY THESE SERVICES
Less than 12 months	Preventive and Basic Services
At least 12 months	Preventive, Basic, Major and Ortho Services

We will not pay for treatments subject to the late entrant limitation, and started or completed during the late entrant limitation period.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit. Dental procedures for Orthodontics; TMJ; replacing a tooth missing prior the effective date; implants and implant related services; or occlusal guards for bruxism are not covered unless coverage is elected or mandated by the state.

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. Product offerings may not be available in all states and may vary depending on state laws and regulations.

This plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act (PPACA).

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

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 15-GP-01 and 16-DEN-C-01.

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GVBH-EE-8384

SLPC 29579

Rates

Coverage and cost per pay period **(9)** for Dental.

Rates are effective as of October 1, 2024.

Dental coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Coverage	Cost per pay period*
Employee	\$45.44
Employee + Spouse	\$86.80
Employee + Child(ren)	\$87.09
Employee + Family	\$131.35

Coverage and cost per pay period **(10)** for Dental.

Rates are effective as of October 1, 2024.

Dental coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Coverage	Cost per pay period*
Employee	\$40.90
Employee + Spouse	\$78.12
Employee + Child(ren)	\$78.39
Employee + Family	\$118.22

*Contact your employer to confirm your part of the cost.

Click on the video below to learn more about Vision Insurance!



VISION INSURANCE





Vision plan benefits for Washington County Schools

Copays		Premiums			Services/frequency	
Exam	\$10		<u>10 month</u>	<u>9 month</u>	Exam	12 months
Materials ¹	\$10	Emp. only	\$8.10	\$9.00	Frame	12 months
Contact lens fitting (standard & specialty)	\$25	Emp. + 1 dependent	\$15.83	\$17.59	Contact lens fitting	12 months
		Emp. + family	\$23.24	\$25.82	Lenses	12 months
					Contact lenses	12 months

(Based on date of service)

Benefits through Superior National network

	<u>In-network</u>	<u>Out-of-network</u>
Exam (ophthalmologist)	Covered in full	Up to \$44 retail
Exam (optometrist)	Covered in full	Up to \$39 retail
Frames	\$150 retail allowance	Up to \$60 retail
Contact lens fitting (standard ²)	Covered in full	Not covered
Contact lens fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$26 retail
Bifocal	Covered in full	Up to \$34 retail
Trifocal	Covered in full	Up to \$50 retail
Progressives lens upgrade	See description ³	Up to \$50 retail
Contact lenses ⁴	\$150 retail allowance	Up to \$100 retail

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 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.

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

Discount features

Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

superiorvision.com

(800) 507-3800

Discounts on covered materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lens, including lens options
Specialty contact lens fit:	10% off retail, then apply allowance

Discounts on non-covered exam, services and materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

Maximum member out-of-pocket

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

	Single vision	Bifocal & trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

Refractive surgery

Superior Vision has a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks who offer members a discount. These discounts range from 10%-50%, and are the best possible discounts available to Superior Vision.

North Carolina residents: Please contact our customer service department if you are unable to secure a timely (at least 30 days) appointment with your provider or need assistance finding a provider within a reasonable distance (30 miles) of your residence. Adjustments to your benefits may be available

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.



Click on the video below to learn more
about Group Term Life Insurance!



GROUP TERM LIFE INSURANCE





How secure is your family's future without you?

Losing a loved one is always difficult. The last thing you need to worry about is the financial cost. Funeral expenses, medical bills and taxes are just the tip of the iceberg. Do you know how you would cover ongoing living expenses such as the mortgage, healthcare and utilities?

Plan for the future with Colonial Life's group term life insurance.

My Coverage Worksheet

What is Group Term Life Insurance?

- Death benefit protection
- Lower cost option
- Provides coverage for specified periods of time, which can be during high-need years
- Benefit is typically paid tax-free to your beneficiaries

How much coverage do I need?

<input type="checkbox"/> You \$ _____ <ul style="list-style-type: none"> ■ Available in \$1,000 increments ■ Minimum of \$10,000 to a maximum of 5 times your salary to \$500,000³ 	<input type="checkbox"/> Your spouse* \$ _____ <ul style="list-style-type: none"> ■ Available in \$1,000 increments ■ Minimum of \$5,000 to 100% of the employee amount. ■ Spouse coverage cannot exceed your coverage amount¹ 	<input type="checkbox"/> Your dependent children* (Up to age 26) \$ _____ <ul style="list-style-type: none"> ■ Benefits available in \$1,000 increments to a maximum of \$10,000. ■ Each dependent child is covered for the same amount, except children from live birth to 6 months for whom the death benefit is \$1,000
9 Month Rates \$0.24 per \$1,000 <hr/> AD&D - 9 month rates \$0.027	9 Month Rates \$0.24 per \$1,000 <hr/> AD&D - 9 month rates \$0.027	9 Month Rates \$0.495 per \$1,000 <hr/> AD&D - 9 month rates \$0.027
10 Month Rates \$0.216 per \$1,000 <hr/> AD&D - 10 month rates \$0.024	10 Month Rates \$0.216 per \$1,000 <hr/> AD&D - 10 month rates \$0.024	10 Month Rates \$0.4452 per \$1,000 <hr/> AD&D - 10 month rates \$0.024

*Dependent coverage must be sold in conjunction with supplemental coverage for the employee.

**The children's term rider rates are per thousand per dependent unit. The children's term rider is a blanket rider that covers all dependent children; therefore, one premium covers all children.

What other benefits are included?

■ **Accelerated death benefit:** An advance of up to 75% of the death benefit, to a maximum of \$150,000, if the covered person is diagnosed with a terminal illness. Terminal illness means an injury or sickness that results in the covered person having a life expectancy of 12 months or less and from which there is no reasonable prospect of recovery.³

■ **Health Advocate Employee Assistance Program:** provides 24-hour confidential personal support and referral service, including a medical bill saver service. Face-to-face sessions and video counseling with mental health professionals are available.⁴

ONLINE

ColonialLife.com/EAP

TELEPHONE

1-888-645-1772

■ **Life Planning Services:** offer financial and legal counseling services, as well as grief support and referral for up to 12 months after a claim.⁴

ONLINE

HealthAdvocate.com/members
ColonialLife-lifeplanning

TELEPHONE

1-800-422-5142

What features are included?

- **Portability:** All ported insureds will continue to pay at the active group rates.
- **Conversion:** You may be eligible to convert your coverage to a cash value policy without proof of good health when coverage ends under the group certificate.
- **Waiver of premium:** If included in your plan, premium payments are waived if you become disabled.

Can I apply for guaranteed-issue coverage for my spouse or dependent children at the initial enrollment?

Yes, but their coverage will not be effective if they are currently totally disabled. Being totally disabled⁵ means the inability to perform two or more activities of daily living, being confined in a hospital or similar institution, or being unable to attend school outside the home (for a dependent child ages age 5 to 26). The ability to work does not determine disability. You can pay premiums on insurance for your dependents with no health questions asked. However, coverage isn't effective until the earlier of the date they are no longer totally disabled or two years after the date that coverage would have otherwise become effective for the spouse or dependent child. This provision does not apply to newborn children born while dependent insurance is in effect.

This policy has exclusions and limitations. For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number GTL1.0-P and certificate number GTL 1.0-C (including state abbreviations where used). 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.

1 In WA, minimum face amount available is \$25,000.

2 The maximum benefit is 50% of your benefit, up to \$250,000 in NE.

3 A life expectancy of 24 months or less in IL, KS, MA, TX and WA.

4 The Employee Assistance Program and Life Planning Services, provided by Health Advocate, are available with Colonial Life & Accident Insurance Company's Group Term Life offering. Terms and availability of service are subject to change. The service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact the company for full details.

5 In ID, NH and TX, the definition of total disability does not include Activities of Daily Living (ADL) requirements.

Summary of Voluntary Group Term Life Benefits for Washington County Schools

Colonial Life & Accident Insurance Company

1200 Colonial Life Boulevard
Columbia, SC 29210
(803) 798-7000
ColonialLife.com

Eligibility Guidelines	
All active employees working a minimum of 30 hours or more per week on a regular basis.	
Eligible spouses and dependent children (up to age 26) also qualify for coverage if employee purchases coverage.	

Built-in-Benefits	
Accelerated Death Benefit	<p>An insured can advance up to 75% of their death benefit to a maximum of \$150,000 if diagnosed with a terminal illness and given 12 months or less to live.</p> <p>Benefit amount discounted for 12 months.</p>
Employee Assistance Program	Provides online, telephonic, and in-person services to all employees with GTL 1.0 coverage and includes will preparation assistance
Life Planning Financial and Legal Service	Provides terminally ill employees and designated beneficiaries financial, legal, and emotional support in dealing with death and loss.
Portability	<p>Employees and their spouse and dependent children may continue coverage when the employee leaves his job, reduces hours below the minimum required or retires.</p> <p>Employees and their spouse and dependent children may continue coverage when the employee leaves his job, reduces hours below the minimum required or retires.</p> <p>All ported insurance will continue to pay the active group rates. Evidence of insurability is not required at time of port.</p>
Conversion	Right to convert to an individual level premium whole life plan then in use by us without proof of good health.
Waiver of Premium	Included for all coverages purchased. Based on employee's total disability that occurs before age 65, lasts to age 65 or retirement with a 270 day elimination period. Total disability means unable to perform any occupation.
Benefit Reduction Due to Age	<p>When an employee turns 70, coverage reduces to 65% of the face amount in effect just prior to age 70.</p> <p>When an employee turns 75, coverage reduces to 50% of the face amount in effect just prior to age 70.</p> <p>Policies issued to individuals over age 70 initially are automatically reduced in accordance with the schedule above.</p> <p>Spouses experience the same reduction schedule, but it is based on the spouse's age.</p>

Group Term Life Exclusions

Insurance delayed for employees not in active employment because of injury, sickness, temporary layoff, or leave of absence on date of insurance otherwise effective.

24 month suicide exclusion applies to initial amounts of insurance and any increases.

Voluntary Term Life Insurance 10 Monthly Premiums per \$1,000 of covered volume.

Age Band	Employee*	Spouse*
0-99	\$0.216	\$0.216
AD&D	\$0.024	\$0.024
Voluntary Life – Child*	\$0.4452	N/A
Child AD&D	\$0.024	N/A

* Rates per \$1,000 of covered volume.

Voluntary Term Life Insurance 9 Monthly Premiums per \$1,000 of covered volume.

Age Band	Employee*	Spouse*
0-99	\$0.24	\$0.24
AD&D	\$0.027	\$0.027
Voluntary Life – Child*	\$0.495	N/A
Child AD&D	\$0.027	N/A

* Rates per \$1,000 of covered volume.

Guaranteed Issue Underwriting for New Hires

For You: You must enroll within 30 days of being eligible. If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of the lesser of 5x your salary or \$150,000, you will need to provide evidence of insurability.

For Your Spouse: If you elect coverage for yourself, you can elect up to \$50,000 with no medical questions asked. The amount you select for your spouse cannot exceed 100% of your coverage amount.

For Your Child(ren): If you elect coverage for yourself, you can elect up to \$10,000 with no medical questions asked. The amount you select for your child(ren) cannot exceed 100% of your coverage amount.

If you were previously eligible and are electing coverage for the first time, or electing to increase current coverage, you will need to provide evidence of insurability.



Health Advocate Employee Assistance + Work/Life Programs

Included in your Colonial Life group term life insurance



Each day comes with its own set of challenges—expected and unexpected.

At Colonial Life, we're here to help you. That's why we're offering Health Advocate's Employee Assistance Program and Work/Life Balance Program (EAP + Work/Life) with our group term life insurance, **at no additional cost.**

More assistance, more ways to find balance

Health Advocate provides confidential counseling* and resources via unlimited phone support, online chat, and up to three face-to-face sessions per issue for a variety of personal and work issues:

- Stress, anxiety and depression
- Substance dependency/addiction
- Child care, camps and after-school care
- Grief and loss
- Special needs services
- Identity theft resources
- Retirement planning
- Staying healthy



To access, call or go online:

1-888-645-1772

ColonialLife.com/EAP

Access an expert team for life's biggest headaches

One of Health Advocate's many services can help relieve the burden of your medical and dental bills not covered by insurance.

Medical Bill Saver™ can:

- Negotiate to help reduce non-covered medical and dental bills over \$400 on the balance due and/or payment plans on your behalf
- Provide a Saving Results Statement summarizing the outcome
- Explain how to maximize savings and get the most value from your benefits

Using trend information, provider specialty, procedure type and geographic region, their experienced negotiators can often obtain significant savings.



Life Planning Services

Included in your Colonial Life group term life insurance



Colonial Life has partnered with Health Advocate to offer a helping hand to an insured terminally ill employee or spouse, or designated beneficiaries of an employee or spouse. Life Planning Services can provide guidance when you may have many financial and legal decisions to make and are not sure where to begin.

At no additional cost for 12 months, you have access to Health Advocate's Life Planning Services that can provide:

- Impartial, confidential consultations
- A Life Planning Resource Guide that contains a tasks and decisions checklist, the basics on settling an estate, and more
- Access to legal and financial experts who can help with decisions, such as dealing with creditors and financial changes
- Tips and downloadable forms relating to wills, estates, survivor benefits and budgeting



To access, call or go online:

1-800-422-5142

HealthAdvocate.com/members

ColonialLife-lifeplanning

Talk with your Colonial Life benefits counselor to learn more about how these valuable services can help during challenging times.

The Employee Assistance Program and Life Planning Services, provided by Health Advocate, are available with Colonial Life & Accident Insurance Company's group term life offering. Terms and availability of service are subject to change. The service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact the company for full details.

*The consultants must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

Insurance products are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.
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Click on the video below to learn more about Employee Assistance Programs!



EMPLOYEE ASSISTANCE PROGRAM





EAP & Work-Life Services

An EAP is a company-sponsored benefit that offers the support and resources you need to address personal or work-related challenges and concerns. It's confidential and free to you and your household family members. Help is available 24/7/365 at 800.633.3353.

Access Your EAP & Work-Life Services

There are two ways to access your EAP and work-life services: Call 800.633.3353 or Visit mygroup.com | Click on My Portal Login | Work-Life | **Username: wcsnc940 Password: guest**

Assessment and Counseling

Reasons to use the EAP include marital difficulties, parenting, stress, depression, work-related concerns, alcohol and drug use/abuse, grief and loss, or preventative. When employees and family members call the EAP, they are offered face-to-face, telephonic, or virtual counseling sessions in which a thorough assessment can be conducted by a licensed, experienced clinician in their area. EAP provides short-term, solution-focused therapy along with Work-Life resources.

Online Services

- 7 content divisions: Parenting, Aging, Balancing, Thriving, Living, Working, and International
- Monthly Online Seminars with certificates of completion
- Searchable databases and resource links for child care providers, elder care and related services, adoption resources, attorneys, certified financial planners, pet sitting, private and public high schools and colleges, and volunteer opportunities
- Over 100 streaming audio files and 100 video files covering a range of health topics
- Savings Center: discount shopping program offering up to 25% discounts on name-brand items
- Relocation Center: an interactive program that allows users to preview communities across the U.S.

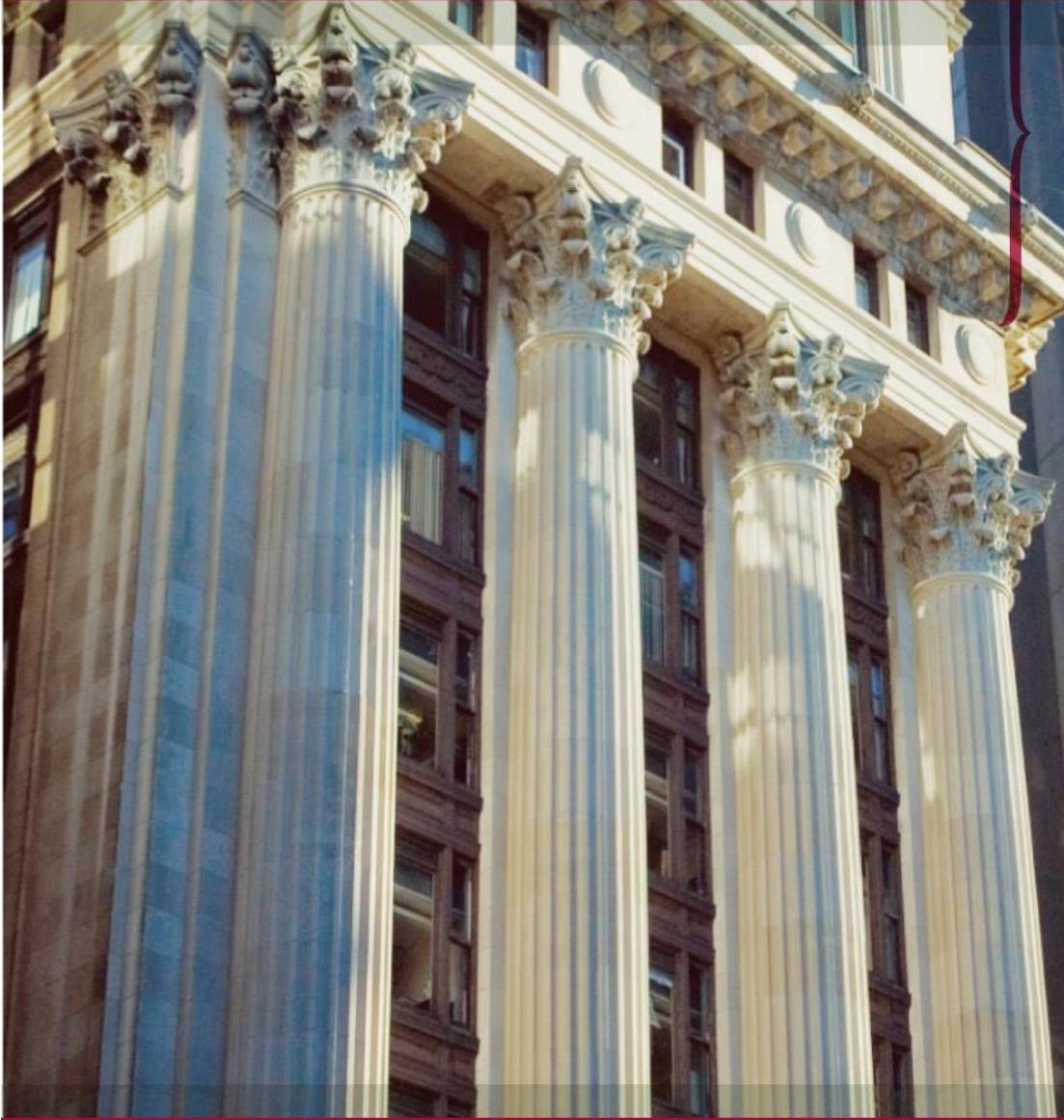
Legal Services

- Free telephonic legal advice
- Free 30-minute appointment for legal consultation with a local attorney
- In most cases, 25% discount on ongoing legal services
- Legal forms available to download (such as wills, request for death certificate, etc.)
- Online legal encyclopedia
- Does not cover disputes or actions involving employer, EAP or business issues

Financial Services

- Free financial counseling appointments
- Issues addressed include bankruptcy, budgeting, buying a home, college savings, retirement planning
- Educational materials and financial worksheets provided prior to appointments
- 40 financial calculators available online
- ID theft recovery through credit monitoring
- Discounted credit reports

LEGAL AND FINANCIAL ASSISTANCE



LEGAL ASSIST:

Provides a free half-hour consultation with an attorney on most legal issues. In most cases, discounted rates are available if further legal representation is required.

Call for help with:

Divorce/Custody Issues, Criminal, Estate Planning, Wills, Personal Injury, Small Claims, Traffic Tickets/DUI/DWI, Liens and more.

FINANCIAL ASSIST:

Provides unlimited, free telephonic consultations with a financial professional.

Call for help with:

Retirement Planning, Debt Consolidation, Credit Fraud, Budgeting and many more financial planning topics.

Online legal forms and financial resources available too including a free will making tool!

When a legal issue or financial matter disrupts your life, it can create substantial stress for you and your family. To help minimize the impact, your employee assistance program will assist you with managing the many complexities of these events. Through professional consultation, these programs can save you time, while providing valuable information and peace of mind.

TOLL-FREE: 800-633-3353
WEBSITE: www.mygroup.com > My Portal Login > Work Life >
USERNAME: wcsnc940 • PASSWORD: guest > Legal/Financial Center

Click on the video below to learn more about Cancer Benefits!



CANCER BENEFITS



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

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
- Hemocult 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.

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-CanAssistIdx-NC, R-CanAssistProg-NC and R-CanAssistSpDis-NC.

Cancer Insurance Benefits	Level 1	Level 2	Level 3	Level 4
Air Ambulance, per trip <i>Maximum trips per confinement</i>	\$2,000 2	\$2,000 2	\$2,000 2	\$2,000 2
Ambulance, per trip <i>Maximum trips per confinement</i>	\$250 2	\$250 2	\$250 2	\$250 2
Anesthesia, General	25% of Surgical Procedures Benefit			
Anesthesia, Local, per procedure	\$25	\$30	\$40	\$50
Anti-Nausea Medication, per day <i>Maximum per month</i>	\$25 \$100	\$40 \$160	\$50 \$200	\$60 \$240
Blood/Plasma/Platelets/Immunoglobulins, per day <i>Maximum per year</i>	\$150 \$10,000	\$150 \$10,000	\$175 \$10,000	\$250 \$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 <i>Maximum transplants per lifetime</i>	\$3,500 2	\$4,000 2	\$7,000 2	\$10,000 2
Companion Transportation, per mile <i>Maximum per round trip</i>	\$0.50 \$1,000	\$0.50 \$1,000	\$0.50 \$1,200	\$0.50 \$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 <i>Maximum per lifetime</i>	\$200 \$10,000	\$250 \$12,500	\$300 \$15,000	\$300 \$15,000
Family Care, per day <i>Maximum per year</i>	\$30 \$1,500	\$40 \$2,000	\$50 \$2,500	\$60 \$3,000
Hair/External Breast/Voice Box Prosthesis, per year	\$200	\$200	\$350	\$500
Home Health Care Services, per day <i>Maximum per year</i>	\$50	\$75	\$100	\$150
	<i>30 days or twice the days confined</i>			
Hospice, Initial, per lifetime	\$1,000	\$1,000	\$1,000	\$1,000
Hospice, Daily <i>Maximum combined Initial and Daily per lifetime</i>	\$50 \$15,000	\$50 \$15,000	\$50 \$15,000	\$50 \$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 <i>Maximum days per year</i>	\$50 70	\$50 70	\$75 70	\$80 70
Medical Imaging Studies, per study <i>Maximum per year</i>	\$75 \$150	\$125 \$250	\$175 \$350	\$225 \$450
Outpatient Surgical Center, per day <i>Maximum per year</i>	\$100 \$300	\$200 \$600	\$300 \$900	\$400 \$1,200
Private Full-time Nursing Services, per day	\$50	\$75	\$125	\$150
Prosthetic Device/Artificial Limb, per device or limb <i>Maximum per lifetime</i>	\$1,000 \$2,000	\$1,500 \$3,000	\$2,000 \$4,000	\$3,000 \$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-CanAssistIdx-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
<i>Maximum per procedure, including 25% for general</i>	\$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
<i>Maximum per year</i>	\$400	\$800	\$1,200	\$1,600
Surgical Procedures, per surgical unit	\$40	\$50	\$60	\$70
<i>Maximum per procedure</i>	\$2,500	\$3,000	\$5,000	\$6,000
Transportation, per mile	\$0.50	\$0.50	\$0.50	\$0.50
<i>Maximum per round trip</i>	\$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				
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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.



CANCER BENEFIT PREMIUMS

LEVEL 1 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 1 with \$100 Cancer Wellness/Health Screening				
9-Pay Premium	\$24.13	\$38.13	\$24.33	\$38.33
10-Pay Premium	\$21.72	\$34.32	\$21.90	\$34.50
LEVEL 2 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 2 with \$100 Cancer Wellness/Health Screening				
9-Pay Premium	\$28.87	\$45.13	\$29.27	\$45.53
10-Pay Premium	\$25.98	\$40.62	\$26.34	\$40.98
LEVEL 3 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 3 with \$100 Cancer Wellness/Health Screening				
9-Pay Premium	\$35.53	\$59.20	\$36.13	\$59.80
10-Pay Premium	\$31.98	\$53.28	\$32.52	\$53.82
LEVEL 4 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 4 with \$100 Cancer Wellness/Health Screening				
9-Pay Premium	\$47.47	\$79.20	\$48.27	\$80.00
10-Pay Premium	\$42.72	\$71.28	\$43.44	\$72.00
OPTIONAL RIDERS				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Specified Disease Hospital Confinement Rider				
9-Pay Premium	\$1.67	\$2.33	\$1.67	\$2.33
10-Pay Premium	\$1.50	\$2.10	\$1.50	\$2.10
Initial Diagnosis of Cancer Rider (per \$1,000)				
9-Pay Premium	\$2.00	\$3.33	\$2.13	\$3.47
10-Pay Premium	\$1.80	\$3.00	\$1.92	\$3.12
Initial Diagnosis of Cancer Progressive Payment Rider				
9-Pay Premium	\$10.40	\$22.73	\$10.40	\$22.73
10-Pay Premium	\$9.36	\$20.46	\$9.36	\$20.46

Sample rates only. Multiple choices and options available and rates may vary.

Click on the video below to learn more
about Critical Illness Benefits!



CRITICAL ILLNESS BENEFITS





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: _____

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%

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.

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

Subsequent diagnosis of a different critical illness²

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 illness²

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%

For more information,
talk with your
benefits counselor.

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.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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ColonialLife.com



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

Subsequent diagnosis of a different critical illness²

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 illness²

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.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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For more information,
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Group Critical Illness Insurance

First Diagnosis Building Benefit Rider



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.

For more information,
talk with your
benefits counselor.

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THIS INSURANCE PROVIDES LIMITED BENEFITS.

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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.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX) and rider form R-GCI6000-INF. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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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.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX) and rider form R-GCI6000-PD. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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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

This information is not intended to be a complete description of the insurance coverage available. The insurance, its name or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without base form 385403, 387100, 387169, 402383, 402558 or 387238, and rider form 387307, 387381, 387452, 387523, 387594, 387665, 402605 or 402671. Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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CRITICAL ILLNESS BENEFIT PREMIUMS

Plan 1 - Critical Illness					
Rates illustrated per unit. Named Insured unit value = \$1000					
Issue Age	Deduction	Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
Non-Tobacco					
17-24	9-Pay Premium	\$0.29	\$0.41	\$0.29	\$0.41
	10-Pay Premium	\$0.26	\$0.37	\$0.26	\$0.37
25-29	9-Pay Premium	\$0.40	\$0.57	\$0.40	\$0.57
	10-Pay Premium	\$0.36	\$0.52	\$0.36	\$0.52
30-34	9-Pay Premium	\$0.51	\$0.73	\$0.51	\$0.73
	10-Pay Premium	\$0.46	\$0.66	\$0.46	\$0.66
35-39	9-Pay Premium	\$0.76	\$1.13	\$0.76	\$1.13
	10-Pay Premium	\$0.68	\$1.02	\$0.68	\$1.02
40-44	9-Pay Premium	\$1.03	\$1.52	\$1.03	\$1.52
	10-Pay Premium	\$0.92	\$1.37	\$0.92	\$1.37
45-49	9-Pay Premium	\$1.44	\$2.20	\$1.44	\$2.20
	10-Pay Premium	\$1.30	\$1.98	\$1.30	\$1.98
50-54	9-Pay Premium	\$1.92	\$2.97	\$1.92	\$2.97
	10-Pay Premium	\$1.73	\$2.68	\$1.73	\$2.68
55-59	9-Pay Premium	\$2.53	\$3.92	\$2.53	\$3.92
	10-Pay Premium	\$2.28	\$3.53	\$2.28	\$3.53
60-64	9-Pay Premium	\$3.47	\$5.36	\$3.47	\$5.36
	10-Pay Premium	\$3.12	\$4.82	\$3.12	\$4.82
65-69	9-Pay Premium	\$3.79	\$5.84	\$3.79	\$5.84
	10-Pay Premium	\$3.41	\$5.26	\$3.41	\$5.26
70-74	9-Pay Premium	\$4.36	\$6.72	\$4.36	\$6.72
	10-Pay Premium	\$3.92	\$6.05	\$3.92	\$6.05

Rates by wellbeing amount = 1 unit					
Wellbeing Amount		Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
\$100	9-Pay Premium	\$8.87	\$13.80	\$8.87	\$13.80
	10-Pay Premium	\$7.98	\$12.42	\$7.98	\$12.42

⚠ Sample rates only. Multiple choices and options available and rates may vary.



CRITICAL ILLNESS BENEFIT PREMIUMS

Plan 2 - Critical Illness & Cancer Benefits					
Rates illustrated per unit. Named Insured unit value = \$1000					
Issue Age	Deduction	Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
Non-Tobacco					
17-24	9-Pay Premium	\$0.53	\$0.76	\$0.53	\$0.76
	10-Pay Premium	\$0.48	\$0.68	\$0.48	\$0.68
25-29	9-Pay Premium	\$0.76	\$1.11	\$0.76	\$1.11
	10-Pay Premium	\$0.68	\$1.00	\$0.68	\$1.00
30-34	9-Pay Premium	\$1.00	\$1.45	\$1.00	\$1.45
	10-Pay Premium	\$0.90	\$1.31	\$0.90	\$1.31
35-39	9-Pay Premium	\$1.53	\$2.27	\$1.53	\$2.27
	10-Pay Premium	\$1.38	\$2.04	\$1.38	\$2.04
40-44	9-Pay Premium	\$2.07	\$3.07	\$2.07	\$3.07
	10-Pay Premium	\$1.86	\$2.76	\$1.86	\$2.76
45-49	9-Pay Premium	\$2.95	\$4.43	\$2.95	\$4.43
	10-Pay Premium	\$2.65	\$3.98	\$2.65	\$3.98
50-54	9-Pay Premium	\$3.81	\$5.79	\$3.81	\$5.79
	10-Pay Premium	\$3.43	\$5.21	\$3.43	\$5.21
55-59	9-Pay Premium	\$5.01	\$7.61	\$5.01	\$7.61
	10-Pay Premium	\$4.51	\$6.85	\$4.51	\$6.85
60-64	9-Pay Premium	\$6.84	\$10.39	\$6.84	\$10.39
	10-Pay Premium	\$6.16	\$9.35	\$6.16	\$9.35
65-69	9-Pay Premium	\$8.39	\$12.76	\$8.39	\$12.76
	10-Pay Premium	\$7.55	\$11.48	\$7.55	\$11.48
70-74	9-Pay Premium	\$8.39	\$12.76	\$8.39	\$12.76
	10-Pay Premium	\$7.55	\$11.48	\$7.55	\$11.48

Rates by wellbeing amount = 1 unit					
Wellbeing Amount		Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
\$100	9-Pay Premium	\$8.87	\$13.80	\$8.87	\$13.80
	10-Pay Premium	\$7.98	\$12.42	\$7.98	\$12.42

⚠ Sample rates only. Multiple choices and options available and rates may vary.

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:

	<u>First 12 Months of Disability</u>	<u>Thereafter**</u>
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

Click on the video below to learn more about Short-Term Disability Benefits!



SHORT-TERM DISABILITY BENEFITS





NC Educator Short-Term Disability

North Carolina Educator Disability insurance¹ 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. NC Educator Disability 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 3 months \$_____ /month	\$_____ /month
Next 9 months \$_____ /month	\$_____ /month
- **Partial Disability**

Up to 3 months \$_____ /month	\$_____ /month
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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 3 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 6 benefits per accident per person, up to 12/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 3 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 2 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 6 benefits per accident per person, up to 12/year per person)

HOSPITAL CONFINEMENT BENEFIT FOR ACCIDENT OR SICKNESS

Up to 3 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 14 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.

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 12 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 12 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. NC Educator Disability 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 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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Pregnancy and having a baby

Disability Insurance



For more information,
talk with your
benefits counselor.

ColonialLife.com

A baby changes everything – even your financial situation.

Disability insurance can help you pay for everyday living expenses and keep you focused on taking care of the new addition to your family.

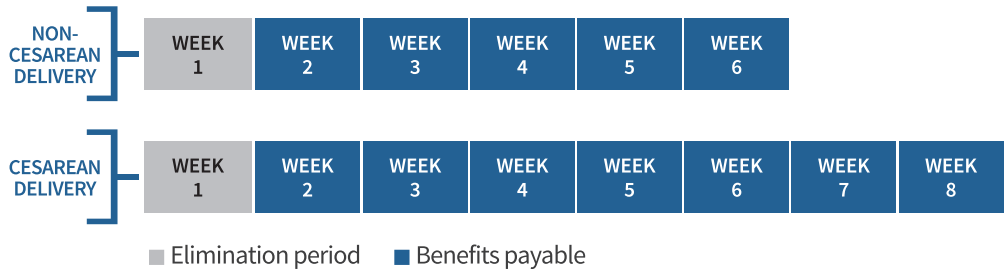
How disability insurance can help

- The usual recovery period is six weeks (non-cesarean delivery) or eight weeks (cesarean delivery). If your claim is approved, your benefits will start after you satisfy your elimination period (waiting period).
- Benefits are paid directly to you to use as you see fit.
- Your disability benefits are not affected by your employer’s leave of absence program, the Family Medical Leave Act (FMLA), your sick leave or paid time off/vacation time.
- If you were not pregnant before your coverage effective date, pregnancy complications, such as pre-term labor, gestational diabetes and pre-eclampsia, are treated just like any other covered sickness.

Your disability policy may have a giving birth limitation. If so, this means Colonial Life will not pay disability benefits if you give birth within the first nine months after your coverage effective date. If the pregnancy is considered a pre-existing condition, any dates missed from work due to pregnancy, delivery, or associated complications may not be covered. Please refer to your disability sales brochure.

Understanding your elimination period (waiting period)

If your claim is approved, your benefits will start after you have satisfied the elimination period, which is the period of time that no benefits are payable. Your elimination period may vary based on the plan you select.



For illustrative purposes only. Example based on a seven-day elimination period.

Although the above example shows benefits payable for five or seven weeks after the elimination period, the policy provides a monthly benefit. After deducting the elimination period and paying any full months of disability, the remaining dates will be paid using the daily rate.

Filing your disability claim

If there are no complications, you should file your claim after delivery. For complications before delivery, you should file your claim as soon as the doctor indicates you are unable to continue working.

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. Coverage type and benefits may vary by state and may not be available in all states. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Applicable to policy forms ISTD3000 and rider form ISTD3000-ADIB (including state abbreviations where used, for example: ISTD3000-TX and ISTD3000-ADIB-TX). Applicable to policy form DIS1000 including state abbreviations where used. Applicable to ED DIS1.0 including state abbreviations where used. Applicable to policy form ICC21-DIP3000 and ICC21-DIP3000-R-DIS. Applicable to policy forms GDIS-P and certificate form GDIS-C (including state abbreviations where used, for example: GDIS-P-EE-TX and GDIS-C-EE-TX). Applicable to policy form VSTDMP and certificate form VSTDC including state abbreviations where used. For cost and complete details of coverage, call or write your Colonial Life benefits representative or the company.

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SHORT-TERM DISABILITY PREMIUMS

On/Off-Job Accident and On/Off-Job Sickness with Mental or Nervous Benefit						
Monthly Benefit Amount			Pay Premium	Elimination Period		
First 3 Months	Next 9 Months	Units		0/7	0/14	14/14
\$400.00	\$200.00	4	9-Pay Premium	\$30.27	\$26.00	\$24.93
			10-Pay Premium	\$27.24	\$23.40	\$22.44
\$600.00	\$300.00	6	9-Pay Premium	\$38.80	\$32.40	\$30.80
			10-Pay Premium	\$34.92	\$29.16	\$27.72
\$800.00	\$400.00	8	9-Pay Premium	\$47.33	\$38.80	\$36.67
			10-Pay Premium	\$42.60	\$34.92	\$33.00
\$1,000.00	\$500.00	10	9-Pay Premium	\$55.87	\$45.20	\$42.53
			10-Pay Premium	\$50.28	\$40.68	\$38.28
\$1,500.00	\$750.00	15	9-Pay Premium	\$77.20	\$61.20	\$57.20
			10-Pay Premium	\$69.48	\$55.08	\$51.48
\$2,000.00	\$1,000.00	20	9-Pay Premium	\$98.53	\$77.20	\$71.87
			10-Pay Premium	\$88.68	\$69.48	\$64.68
			11-Pay Premium	\$80.62	\$63.16	\$58.80
\$2,500.00	\$1,250.00	25	9-Pay Premium	\$119.87	\$93.20	\$86.53
			10-Pay Premium	\$107.88	\$83.88	\$77.88
\$3,000.00	\$1,500.00	30	9-Pay Premium	\$141.20	\$109.20	\$101.20
			10-Pay Premium	\$127.08	\$98.28	\$91.08
\$3,500.00	\$1,750.00	35	9-Pay Premium	\$162.53	\$125.20	\$115.87
			10-Pay Premium	\$146.28	\$112.68	\$104.28
\$3,900.00	\$1,950.00	39	9-Pay Premium	\$179.60	\$138.00	\$127.60
			10-Pay Premium	\$161.64	\$124.20	\$114.84

Monthly Disability Benefit	To Provide 60% Monthly Disability Benefit	Percent of Income Coverage
\$400.00	\$8,000 - \$9,999.99	60%
\$600.00	\$12,000 - \$13,999.99	60%
\$800.00	\$16,000 - \$17,999.99	60%
\$1,000.00	\$20,000 - \$21,999.99	60%
\$1,200.00	\$24,000 - \$25,999.99	60%
\$1,500.00	\$30,000 - \$31,999.99	60%
\$2,000.00	\$40,000 - \$41,999.99	60%
\$2,500.00	\$50,000 - \$51,999.99	60%
\$3,000.00	\$60,000 - \$61,999.99	60%
\$3,500.00	\$78,000 - \$82,799.99	53.85%
\$4,000.00	\$102,000 - \$106,799.99	47.06%
\$4,500.00	\$126,000 - \$130,799.99	42.86%
\$5,000.00	\$150,000 and above	40%

Sample rates only. Multiple choices and options available and rates may vary.

Click on the video below to learn more
about Accident Benefits!



ACCIDENT BENEFITS



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.

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
- Hemocult 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.



ACCIDENT BENEFIT PREMIUMS

Preferred with HealthScreening - On/Off-Job Accident Coverage

	9 Deductions	10 Deductions
Named Insured	\$28.20	\$25.38
Employee & Spouse	\$38.63	\$34.76
One-Parent Family	\$43.56	\$39.20
Two-Parent Family	\$53.97	\$48.58

Preferred with HealthScreening - Off-Job Only Accident Coverage

	9 Deductions	10 Deductions
Named Insured	\$23.89	\$21.50
Employee & Spouse	\$31.95	\$28.75
One-Parent Family	\$35.41	\$31.87
Two-Parent Family	\$43.48	\$39.13

2024 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.

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	\$5 copay per 30-day supply		\$16 copay per 30-day supply	
Tier 2	\$30 copay per 30-day supply		\$47 copay per 30-day supply	
Tier 3	Deductible/coinsurance		Deductible/coinsurance	
Tier 4	\$100 copay per 30-day supply		\$200 copay per 30-day supply	
Tier 5	\$250 copay per 30-day supply		\$350 copay per 30-day supply	
Tier 6	Deductible/coinsurance		Deductible/coinsurance	
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.

Click on the video below to learn more about Medical Bridge Benefits!



MEDICAL BRIDGE BENEFITS



Hospital Confinement Indemnity Insurance

Plan 2



Our Individual Medical BridgeSM 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

For more information,
talk with your
benefits counselor.

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



ColonialLife.com

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-existing 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



Our Individual Medical BridgeSM 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

For more information,
talk with your
benefits counselor.

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**
 - Excision of a mass
- **Urologic**
 - Lithotripsy

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-existing 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.

Hospital Confinement Indemnity Insurance

Health Screening



Individual Medical BridgeSM 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
- Hemocult 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

For more information,
talk with your
benefits counselor.

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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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Hospital Confinement Indemnity Insurance Medical Treatment Package



The medical treatment package for Individual Medical BridgeSM 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	

For more information,
talk with your
benefits counselor.

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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.

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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Hospital Confinement Indemnity Insurance

Optional Riders



Individual Medical BridgeSM 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.

For more information,
talk with your
benefits counselor.

ColonialLife.com

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-existing 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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MEDICAL BRIDGE BENEFIT PREMIUMS

INDIVIDUAL MEDICAL BRIDGE Plan 2 Named Insured			
		Level 3	Level 4
Hospital Confinement			
Medical Treatment Pkg		\$1,500.00	\$2,000.00
\$100 Health Screening			
Outpatient Surgical Procedure		Option 2 Tier 1 \$750 Tier 2 \$1,500 CY Max \$2,500	Option 2 Tier 1 \$750 Tier 2 \$1,500 CY Max \$2,500
Ages 17-49	9-Pay Premium	\$51.13	\$61.93
	10-Pay Premium	\$46.02	\$55.74
Ages 50-59	9-Pay Premium	\$67.00	\$81.73
	10-Pay Premium	\$60.30	\$73.56
Ages 60-64	9-Pay Premium	\$85.20	\$105.20
	10-Pay Premium	\$76.68	\$94.68
Ages 65-75	9-Pay Premium	\$120.53	\$149.93
	10-Pay Premium	\$108.48	\$134.94

⚠ Sample rates only. Multiple choices and options available and rates may vary.

Click on the video below to learn more about Term Life Insurance!



TERM LIFE INSURANCE





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.

Talk with your Colonial Life benefits counselor to learn more.

ColonialLife.com

Spouse coverage options	Dependent coverage options
<p>Two options are available for spouse coverage at an additional cost:</p> <ol style="list-style-type: none"> 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). 	<p>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.</p> <p>The Children's Term Life Rider may be added to either the primary or spouse policy, not both.</p>

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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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

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

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TERM LIFE INSURANCE PREMIUMS

10-Year Term Base Plan Monthly Non-Tobacco Rates					
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00
25	9-Pay Premium	\$8.85	\$14.13	\$13.61	\$21.89
	10-Pay Premium	\$7.97	\$12.72	\$12.25	\$19.70
30	9-Pay Premium	\$9.41	\$15.53	\$13.61	\$21.89
	10-Pay Premium	\$8.47	\$13.98	\$12.25	\$19.70
35	9-Pay Premium	\$10.09	\$17.25	\$15.00	\$24.67
	10-Pay Premium	\$9.08	\$15.53	\$13.50	\$22.20
40	9-Pay Premium	\$10.64	\$18.61	\$18.72	\$32.11
	10-Pay Premium	\$9.58	\$16.75	\$16.85	\$28.90
45	9-Pay Premium	\$12.23	\$22.56	\$24.83	\$44.33
	10-Pay Premium	\$11.00	\$20.30	\$22.34	\$39.90
50	9-Pay Premium	\$15.63	\$31.05	\$34.11	\$62.88
	10-Pay Premium	\$14.06	\$27.95	\$30.70	\$56.59
55	9-Pay Premium	\$21.56	\$45.92	\$48.49	\$91.67
	10-Pay Premium	\$19.40	\$41.33	\$43.64	\$82.50
60	9-Pay Premium	\$31.15	\$69.85	\$71.95	\$138.55
	10-Pay Premium	\$28.03	\$62.87	\$64.75	\$124.69

20-Year Term Base Plan Monthly Non-Tobacco Rates					
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00
25	9-Pay Premium	\$8.95	\$14.36	\$14.05	\$22.77
	10-Pay Premium	\$8.05	\$12.92	\$12.65	\$20.50
30	9-Pay Premium	\$9.49	\$15.75	\$14.05	\$22.77
	10-Pay Premium	\$8.54	\$14.17	\$12.65	\$20.50
35	9-Pay Premium	\$10.25	\$17.64	\$15.44	\$25.56
	10-Pay Premium	\$9.23	\$15.88	\$13.90	\$23.00
40	9-Pay Premium	\$10.97	\$19.44	\$20.56	\$35.77
	10-Pay Premium	\$9.88	\$17.50	\$18.50	\$32.20
45	9-Pay Premium	\$12.91	\$24.28	\$29.05	\$52.77
	10-Pay Premium	\$11.62	\$21.85	\$26.15	\$47.50
50	9-Pay Premium	\$16.89	\$34.25	\$42.11	\$78.88
	10-Pay Premium	\$15.20	\$30.83	\$37.90	\$70.99
55	9-Pay Premium	\$24.08	\$52.19	\$61.77	\$118.21
	10-Pay Premium	\$21.67	\$46.97	\$55.60	\$106.39
60	9-Pay Premium	\$35.79	\$81.47	\$96.00	\$186.65
	10-Pay Premium	\$32.21	\$73.32	\$86.40	\$167.99

⚠ Sample rates only. Multiple choices and options available and rates may vary.

Click on the video below to learn more about Whole Life Insurance!



WHOLE LIFE INSURANCE





Whole Life Plus Insurance*

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

Help give your family more peace of mind and coverage for final expenses with Colonial Life Individual Whole Life Plus insurance.

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 illness¹
- ✓ 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 ends)

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 insurance 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 life insurance 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 nonforfeiture interest rate of 3.75%²
- 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

Accelerated death benefit for
long term care services rider

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.

Additional coverage options (Continued)

Accelerated death benefit for long term care services rider³

Talk with your benefits counselor for more details.

Accidental death benefit rider

An additional benefit may be payable if the covered person dies as a result of an accident before age 70, and doubles if the injury occurs while riding as a fare-paying passenger using public transportation. An additional 25% is payable if the injury occurs 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 Talk with your benefits counselor for more details.

Critical illness accelerated death benefit rider

If you suffer a heart attack, stroke or end-stage renal (kidney) failure, a \$5,000 benefit is payable.¹ 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

Policy and rider premiums are waived 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, premiums will resume.

* Whole Life Plus is a marketing name of the insurance policy filed as "Whole Life Insurance" in most states.

- 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 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.
- 3 The rider is not available in all states.

This life insurance does not specifically cover funeral goods or services and may not cover the entire cost of your funeral at the time of your death. The beneficiary of this life insurance may use the proceeds for any purpose, unless otherwise directed.

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 ICC23-IWL5000-LTC/IWL5000-LTC, 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 (including state abbreviations where applicable). 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 8-23 | 642298-2



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WHOLE LIFE INSURANCE PREMIUMS

Adult Base Plan Paid-up to Age 70 Non-Tobacco Rates						
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00	\$200,000.00
25	9-Pay Premium	\$13.16	\$32.92	\$65.83	\$131.67	\$263.32
	10-Pay Premium	\$11.84	\$29.63	\$59.24	\$118.50	\$236.99
30	9-Pay Premium	\$15.89	\$39.72	\$79.44	\$158.88	\$317.76
	10-Pay Premium	\$14.30	\$35.75	\$71.50	\$142.99	\$285.98
35	9-Pay Premium	\$19.95	\$49.85	\$99.72	\$199.44	\$398.87
	10-Pay Premium	\$17.95	\$44.87	\$89.75	\$179.50	\$358.98
40	9-Pay Premium	\$25.80	\$64.49	\$129.00	\$257.99	\$515.97
	10-Pay Premium	\$23.22	\$58.04	\$116.10	\$232.19	\$464.38
45	9-Pay Premium	\$34.09	\$85.24	\$170.49	\$340.99	\$681.97
	10-Pay Premium	\$30.68	\$76.72	\$153.44	\$306.89	\$613.78
50	9-Pay Premium	\$46.49	\$116.24	\$232.49	\$464.99	\$929.96
	10-Pay Premium	\$41.84	\$104.62	\$209.24	\$418.49	\$836.96

Adult Base Plan Paid-up to Age 100 Non-Tobacco Rates						
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00	\$200,000.00
25	9-Pay Premium	\$12.27	\$30.67	\$61.33	\$122.67	\$245.32
	10-Pay Premium	\$11.04	\$27.60	\$55.20	\$110.40	\$220.79
30	9-Pay Premium	\$13.95	\$34.85	\$69.72	\$139.44	\$278.88
	10-Pay Premium	\$12.55	\$31.37	\$62.75	\$125.50	\$250.99
35	9-Pay Premium	\$16.69	\$41.72	\$83.44	\$166.88	\$333.76
	10-Pay Premium	\$15.02	\$37.55	\$75.10	\$150.19	\$300.38
40	9-Pay Premium	\$20.68	\$51.69	\$103.39	\$206.77	\$413.53
	10-Pay Premium	\$18.61	\$46.52	\$93.05	\$186.10	\$372.18
45	9-Pay Premium	\$26.51	\$66.28	\$132.55	\$265.11	\$530.20
	10-Pay Premium	\$23.86	\$59.65	\$119.29	\$238.60	\$477.18
50	9-Pay Premium	\$33.47	\$83.67	\$167.32	\$334.65	\$669.31
	10-Pay Premium	\$30.12	\$75.30	\$150.59	\$301.19	\$602.38
55	9-Pay Premium	\$43.27	\$108.16	\$216.32	\$432.65	\$865.29
	10-Pay Premium	\$38.94	\$97.34	\$194.69	\$389.39	\$778.76
60	9-Pay Premium	\$57.28	\$143.19	\$286.37	\$572.76	\$1,145.51
	10-Pay Premium	\$51.55	\$128.87	\$257.74	\$515.48	\$1,030.96

⚠ Sample rates only. Multiple choices and options available and rates may vary.

Click on the video below to learn more about Student Loan Assistance Programs!



STUDENT LOAN ASSISTANCE PROGRAM



Getting started

The easiest way to manage your business with us is through ColonialLife.com. To sign up for the website, click Register at the top right of the home page and follow the instructions.

Contact us

Online

ColonialLife.com

Log in and click on

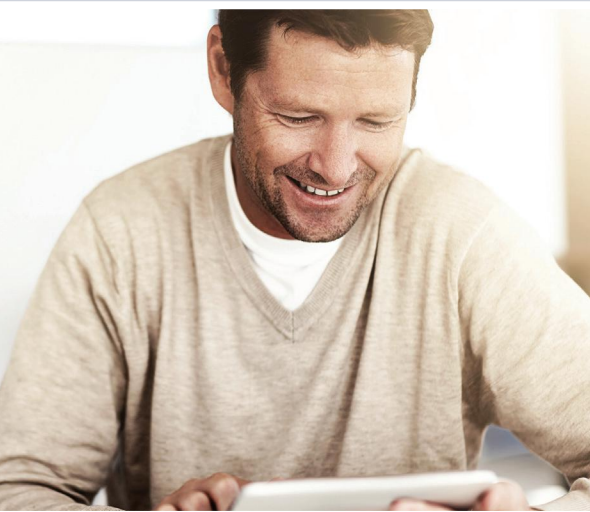
[Contact Us](#)

Telephone

1-800-325-4368

Hearing-impaired customers

Please contact the National Relay service at 711 for assistance.



Consider your options

At Colonial Life, our goal is to give you an excellent customer experience that is simple, modern and personal. For your convenience, you can choose how you interact with us. For the quickest service, we recommend using our website, which lets you do the following:

- Review, print or download a copy of your policy/certificate by clicking on the **My Correspondence tab**.
- Update contact information or add family member profile information for use when filing online claims.
- Access service forms to make changes to your policy, such as a beneficiary change.
- Submit your claim using our eClaims system.
- Check the status of your claim and view claims correspondence.
- Access claim forms.

eClaims are quick and easy

With the eClaims feature on ColonialLife.com, you can file most claims online by simply answering a few questions and uploading your supporting documentation. You're able to spend less time on paperwork, and we're able to process your claim faster.

- From ColonialLife.com, file claims from any device. It's fast, easy and available 24/7.
- Select direct deposit to receive your benefit payment faster.
- Easily submit additional documents.

Paper claims

- If you don't want to file online, download the form you need by visiting the File a Claim page on ColonialLife.com and clicking on [claim and service forms](#).
- You may fax your claim to 1-800-880-9325.
- Follow the instructions, tips and videos to complete and submit your claim.

Click on the video below to learn more about Legal Benefits!



LEGAL BENEFITS



LEGAL *SELECT* BENEFIT PLAN

LEGAL RESOURCES COVERS 100% OF THE ATTORNEY FEES FOR FULLY COVERED LEGAL SERVICES



General Advice and Consultation

- Unlimited in-person or telephone advice and consultation for fully covered services



Family Law

- Uncontested domestic adoption
- Uncontested divorce
- Uncontested name change



Elder Law

- Estate advice
- Powers of attorney for members' parents



Criminal Matters²

- Defense of misdemeanor
- Misdemeanor defense of juveniles

Fully covered for first offense involving alcohol or illegal drugs



Wills and Estate Planning

- Will preparation and periodic updates
- Advance medical directive
- Financial powers of attorney
- Contingent trust for minor children



Traffic Violations

- Traffic infractions and misdemeanors
- Speeding
- Reckless driving
- Driving under the influence
1st Offense



Civil Actions

- Representation as defendant
- Representation as plaintiff
- Insurance matters
- Initial administrative hearing
- Small Claims Court advice



Preparation and Review of Routine Legal Documents

- Unlimited pages and occurrences



Real Estate

- Purchase, sale, or refinance of primary residence
- Deed preparation
- Tenant-Landlord matters
- Landlord-Tenant consultation



Consumer Relations and Credit Protection

- Warranty disputes
- Billing disputes
- Collection agency harassment

ID THEFT COVERAGE INCLUDED WITH LEGAL *SELECT*



24/7 full-service restoration with a Certified Restoration Specialist



Lost wallet & emergency cash assistance



\$1,000,000 of Identity Theft insurance to cover out of pocket expenses incurred to repair the victims identity

Don't see your legal need listed?

The Legal Resources Plan offers a **25% discount⁴** on all other legal needs, including pre-existing legal matters.

HOW THE PLAN WORKS

1 Choose a law firm that best suits your needs from our highly rated law firm network. Use our Law Firm Finder at LegalResources.com to find a firm near you.⁴ If you need to transfer to another Plan Law Firm, call Member Services.

2 Certified paralegals in our Member Services Department provide backup and support to assist you with any coverage or attorney-related questions.

This **SUMMARY OF COVERAGE** is intended to provide a broad general overview of plan coverage and is not a contract. Coverage may vary by organization. For specific coverage questions, please call Member Services at 800.728.5768.

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)
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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)
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COBRA CONTINUATION OF COVERAGE

INTRODUCTION: You're getting this notice because you recently gained coverage under a group 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 [choose and enter appropriate information: must pay or aren't required to 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 **Washington County Schools**, 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;
- 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: **Tammie Smith at Washington County Schools. 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



COBRA CONTINUATION OF COVERAGE

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, Medicare, Medicaid, Children's Health Insurance Program (CHIP), 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.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?: In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit

<https://www.medicare.gov/medicare-and-you>.

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

Washington County Schools
Attn: Claytreane Chesson
802 Washington St.
Plymouth, NC 27962
ccooper@wcsnc.org

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 Services

Superior Vision
11090 White Rock Road Suite 175
Rancho Cordova CA 95670
(800) 923-6766

COBRA Administrator for FSA Coverage

Ameriflex

2508 Highlander Way, Suite 200
Carrollton, TX 75006
Fax: 609-257-0136



PRIVACY NOTICES

Non Public Information (NPI)

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 policy holders 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 legal 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 institution 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, 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. Your 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 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 reasons(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 your if we may have disclosed the disputed NPI to that person in the past two years.

Disclosure Notice Concerning The Medical Information Bureau

Information regarding your insurability will be treated as confidential. Colonial or its reinsure(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 reinsure 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.



CONTINUATION OF COVERAGE

**We are committed to being there for you and your family at every stage of life.
Pierce Group Benefits makes it easy to stay protected!**

The following benefits can be self-enrolled online or by contacting the PGB Service Center, with Individual and Family coverage options available for most plans. You are eligible to sign-up the first day after the end date of your employer-sponsored plan.



**DENTAL
BENEFITS**



**VISION
BENEFITS**



**TELEMEDICINE
BENEFITS**

SUPPLEMENTAL/VOLUNTARY POLICIES



Your individual supplemental/voluntary policies through Colonial Life are portable! To transfer your benefits from payroll deduction to direct billing or automatic bank draft, please call the Service Center at 888-662-7500 within 30 days of becoming unemployed, switching careers, or retiring.

TRANSFERRING EMPLOYERS?

If you are transferring from a current PGB client to another, some benefits may be eligible for transfer. Please call the Service Center at 888-662-7500 for assistance.

Please visit www.piercergroupbenefits.com/individualcoverage or call **888-662-7500** for more information on these policies, as well as to enroll/continue your benefits.



NORTH CAROLINA STATE HEALTH PLAN 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 North Carolina State Health Plan at 1-877-679-6272.

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



ABOUT PIERCE GROUP BENEFITS

Pierce Group Benefits is a leading full-service employee benefits administration and consulting agency serving employer groups across the Southeast. By leveraging market strength, exclusive partnerships, and industry expertise, we deliver trusted advice, products, and solutions that benefit employers and employees alike; delivered by one team and driven by one purpose — together we can do more.



SCAN TO VIEW YOUR CUSTOM BENEFITS MICROSITE