



## **EMPLOYEE BENEFITS GUIDE 2024**

**PLAN YEAR:**

OCTOBER 1, 2024 - SEPTEMBER 30, 2025



**PETERSBURG CITY PUBLIC SCHOOLS**



# EMPLOYEE BENEFITS GUIDE

## TABLE OF CONTENTS

Welcome to Petersburg City Public 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 13, 2024 - August 31, 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.

## TABLE OF CONTENTS

Important Contact Information.....	3
Eligibility Requirements .....	4
Overview Of Benefits .....	5
Important Notices .....	6
Mid-Year Events.....	7
Enrollment Information .....	9
Ben Select Enrollment Instructions .....	11
Health Insurance .....	12
Dental Insurance .....	18
Vision Insurance .....	22
Flexible Spending Account.....	25
The FSA Store .....	28
Dependent Care Account.....	29
Cancer Benefits.....	32
Critical Illness Benefits .....	43
Short-Term Disability Benefits.....	53
Accident Benefits.....	65
Medical Bridge Benefits.....	71
Term Life Insurance .....	80
Whole Life Insurance .....	84
Student Loan Assistance Program.....	89
ID Theft & Legal Benefits .....	91
Authorization Form .....	93
COBRA Continuation Of Coverage .....	94
Additional Benefits.....	96
Required Health Care Notices .....	99
Privacy Notices .....	104
Continuation Of Coverage .....	105



# IMPORTANT CONTACT INFORMATION

	Carrier	Phone Number	Fax Number	Website
<b>Flexible Spending Accounts</b>	Ameriflex	888-868-3539	-	<a href="http://www.myameriflex.com">www.myameriflex.com</a>
<b>Dental Insurance</b>	Anthem	1-833-621-0308	844-452-8074	<a href="http://www.anthem.com">www.anthem.com</a>
<b>Vision Insurance</b>	Anthem	1-833-621-0308	844-452-8074	<a href="http://www.anthem.com">www.anthem.com</a>
<b>Health Insurance</b>	Sentara Health Plans	1-800-950-7040		<a href="http://www.sentarahealthplans.com">www.sentarahealthplans.com</a>
<b>Student Loan Assistance Program</b>	GradFin	(844) 472-3346	-	<a href="http://www.gradfin.com/partner/pierce">www.gradfin.com/partner/pierce</a>
<b>ID Theft &amp; Legal Benefits</b>	Legal Shield	919-730-0720	-	<a href="mailto:mcs.legalshield@gmail.com">mcs.legalshield@gmail.com</a>
<b>BenSelect Online Enrollment</b>	BenSelect	888-662-7500	-	<a href="http://harmony.benselect.com/petersburg">harmony.benselect.com/petersburg</a>
<b>To View Your Benefits Online</b>	Pierce Group Benefits	1-888-387-5955	984-225-2605	<a href="http://www.PierceGroupBenefits.com/PetersburgCityPublicSchools">www.PierceGroupBenefits.com/PetersburgCityPublicSchools</a>
<b>Supplemental Benefits</b>	Colonial Life	Customer Service & Wellness Screenings 1-800-325-4368 TDD For Hearing Impaired Customers 1-800-798-4040	1-800-880-9325	<a href="http://www.coloniallife.com">www.coloniallife.com</a>



Under certain qualifying events, employees and dependents have the opportunity to continue coverage for 18-36 months under the COBRA Act.



# ELIGIBILITY REQUIREMENTS



## CURRENT EMPLOYEE?



### OPEN ENROLLMENT DATES:

August 13, 2024 - August 31, 2024

### PLAN YEAR & EFFECTIVE DATES:

October 1, 2024 - September 30, 2025

## ELIGIBILITY

- Active contracted employees are eligible to participate in the benefits plan.

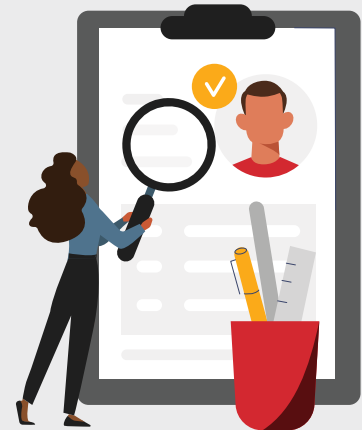


## NEW HIRE?

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.

Please call the Service Center within 30 days of your date of hire and a PGB Benefits Representative will help you enroll in benefits. The Service Center number is located in the contact section of this guide.

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/PetersburgCityPublicSchools](http://www.PierceGroupBenefits.com/PetersburgCityPublicSchools)



# OVERVIEW OF BENEFITS

## PRE – TAX BENEFITS



**Health Insurance**  
Sentara



**Flexible Spending Accounts**  
Ameriflex

- Medical Reimbursement: \$3,200/year Max | \$100/year Min  
- 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**  
Anthem



**Vision Insurance**  
Anthem



**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



**ID Theft & Legal Benefits**  
Legal Shield

## ADDITIONAL BENEFITS



**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 Sentara Health, Anthem Dental, Anthem Vision, Ameriflex Spending Accounts, Legal Shield, and Colonial Insurance products lasts from October 1, 2024 through September 30, 2025.

**When do my deductions start?** Deductions for Sentara Health, Anthem Dental, and Anthem Vision will begin September 2024. Deductions for Ameriflex Spending Accounts, Legal Shield, and Colonial Insurance products will begin October 2024.

**Why have my Accident and Medical Bridge benefits not started yet?** 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**.

**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 also includes a rollover provision! This means that if you have money left in your FSA at the end of the plan year, you can carryover up to \$640 into the next plan year. Any remaining funds beyond \$640 is 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. Your plan includes a grace period which is an additional 2.5 months (running October 1, 2025, through December 13, 2025) during which you can incur eligible expenses that can be reimbursed. Therefore, you have from October 1, 2024 through December 13, 2025 to incur qualified expenses eligible for reimbursement. If you do not incur qualified expenses by December 13, 2025 and/or file by December 30, 2025 any contributions are forfeited under the "Use It or Lose It" rule.

**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 (Mid-Year Events), as defined by the Internal Revenue Code. Examples of a Mid-Year Events can be found in the chart on the next page. Once a Mid-Year Event has occurred, an employee has 30 days to notify PGB's Service Center at 1-800-387-5955 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.



# MID-YEAR 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 Mid-Year 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.

Mid-Year 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.
Change in Spouse's Employment or Coverage	Add or drop 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.



# MID-YEAR EVENTS

Mid-Year Event	Action Required	Result If Action Is Not Taken
Transferring Employers	If you are transferring from one PGB client to another, some benefits may be eligible for transfer. Please call our Service Center at 800-387-5955 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	<b>Your individual supplemental/voluntary policies through Colonial Life are portable!</b> 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: <a href="http://www.piercergroupbenefits.com/individualcoverage">www.piercergroupbenefits.com/individualcoverage</a> or call our Service Center at 800-387-5955 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

## IN-PERSON & SELF-ENROLL

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 13, 2024 - AUGUST 31, 2024**

## BENEFIT ELECTION OPTIONS

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

- Enroll in, change or cancel Health Insurance.
- 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 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/PetersburgCityPublicSchools](http://www.PierceGroupBenefits.com/PetersburgCityPublicSchools)



# 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 800-387-5955 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 800-387-5955, 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/petersburg**



### 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 Health Insurance!



**HEALTH  
INSURANCE**



# Health Comparison Chart

## October 1, 2024 - September 30, 2025

	Sentara POS 250/25/30%	Sentara POS 750/30/30%	Sentara Plus (PPO) 750/30/30%
In-Network Overview			
Deductible Individual/Family	\$250 \$500	\$750 \$1,500	\$750 \$1,500
Embedded/Non-Embedded*	Embedded	Embedded	Embedded
Out-of-Pocket Maximum	\$5,000 \$10,000	\$5,500 \$11,000	\$5,500 \$11,000
Coinsurance	30% After Deductible	30% After Deductible	30% After Deductible
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
PCP/Specialist Copay	\$25 PCP/\$50 Specialist	\$30 PCP/\$50 Specialist	\$30 PCP/\$50 Specialist
Virtual Visits	No Charge	No Charge	No Charge
Urgent Care	\$50	\$50	\$50
Emergency Room Visit	After Deductible You Pay 30%	After Deductible You Pay 30%	After Deductible You Pay 30%
Hospitalization	After Deductible You Pay 30%	After Deductible You Pay 30%	After Deductible You Pay 30%
Out-of-Network Overview			
Deductible	\$1,000 \$2,000	\$1,000 \$2,000	\$1,000 \$2,000
Out-of-Pocket Maximum	\$12,500 \$25,000	\$13,750 \$27,500	\$13,750 \$27,500
Coinsurance	30% After Out of Network Deductible	30% After Out of Network Deductible	30% After Out of Network Deductible
Pharmacy Benefits			
Rx Deductible	\$150 per person	\$150 per person	\$150 per person
Retail	Tier 1: \$15 before deductible Tier 2: \$50 after deductible Tier 3: \$85 after deductible Tier 4: 20% after deductible up to \$300	Tier 1: \$15 before deductible Tier 2: \$50 after deductible Tier 3: \$85 after deductible Tier 4: 20% after deductible up to \$300	Tier 1: \$15 before deductible Tier 2: \$50 after deductible Tier 3: \$85 after deductible Tier 4: 20% after deductible up to \$300
Mail Order	Tier 1: \$38 before deductible Tier 2: \$125 after deductible Tier 3: \$213 after deductible	Tier 1: \$38 before deductible Tier 2: \$125 after deductible Tier 3: \$213 after deductible	Tier 1: \$38 before deductible Tier 2: \$125 after deductible Tier 3: \$213 after deductible

Health Rates Per Pay Period	Employee Cost	Employer Cost
Plan Name POS 750/30/30%		
Employee Only	\$ 21.76	\$ 421.76
Employee & Spouse	\$ 202.90	\$ 726.49
Employee & Child(ren)	\$ 121.61	\$ 542.74
Family	\$ 281.63	\$ 1,001.10
Plan Name POS 250/25/30%		
Employee Only	\$ 32.65	\$ 434.12
Employee & Spouse	\$ 226.58	\$ 751.54
Employee & Child(ren)	\$ 162.58	\$ 536.60
Family	\$ 312.99	\$ 1,036.99
Plan Name Plus 750/30/30%		
Employee Only	\$ 32.65	\$ 433.24
Employee & Spouse	\$ 226.58	\$ 749.68
Employee & Child(ren)	\$ 162.58	\$ 535.28
Family	\$ 312.99	\$ 1,034.43

# Sentara Well-being Rewards



## Healthy employees are vital to a successful business.

Powered by our partnership with WebMD® Health Services, the Sentara Well-being Rewards program offers a flexible and inclusive solution for employers to engage their workforce in activities that lead to better health outcomes.

### Program Activities Include:

Complete a Personal Health Assessment	\$50
<b>Get Preventive Screenings</b>	
Annual Physical	\$50
Colorectal Cancer Screening	\$25
Mammogram	\$25
Prostate Cancer Screening	\$25
Skin Cancer Screening	\$25
<b>Connect with Condition Management</b>	
Diabetes	\$50
Cardiovascular	\$50
Respiratory	\$50
Partners in Pregnancy	\$50
<b>Explore WebMD ONE (complete all 3)</b>	
Sign Up for a Newsletter	\$25
View Health Topic	
Find a Recipe	

Employees are encouraged to complete activities from the list below in an effort to learn more about their overall health while setting attainable and timebound goals to improve it. Activities can be logged and monitored using the WebMD ONE Portal, accessible through the Sentara Health Plans website or mobile app. Rewards for completed activities will be dispersed on a monthly basis with up to **\$250\*** in rewards for the year.

<b>Complete a Daily Habit (max of 4 for up to \$200)</b>	
Asthma	\$50
Back Health	\$50
Balanced Living	\$50
Balance Your Diet	\$50
CAD	\$50
COPD	\$50
Cope with the Blues	\$50
Diabetes	\$50
Enjoy Exercise	\$50
Heart Failure	\$50
High Blood Pressure	\$50
Keep Stress in Check	\$50
Lose Weight	\$50
Maternal Health (1, 2, or 3)	\$50
Pregnant Partner Support	\$50
Quit Tobacco	\$50
Sleep Well	\$50
Stay Connected	\$50
Work Life Balance	\$50



For more information, visit  
**[sentarahealthplans.com](https://sentarahealthplans.com)**

\* Rewards may be considered income and are subject to applicable taxes.



Omada and Sentara Health Plans

# A Whole New Way to Get Healthy

**Imagine all you could do if you  
were healthier and more energized.**

Omada® is a digital, lifestyle-change program focused on reducing the risk of obesity-related chronic disease.

The program combines the latest technology with ongoing support so you can make the changes that matter most—whether around eating, activity, sleep, or stress.



## **You'll get your own:**

- interactive program that adapts to you
- professional health coach to keep you on track
- small online peer group for real-time support
- weekly online lessons to empower you
- wireless smart scale to monitor your progress

If you are covered by a Sentara Health Plans product and at risk for type 2 diabetes or heart disease, there is no cost for you to join. Participants will be accepted on a first-come, first-served basis.



Claim your spot today  
at **[omadahealth.com/sentara](https://omadahealth.com/sentara)**

## **All this at no additional cost to you!**

**Find out if you're eligible:  
[omadahealth.com/sentara](https://omadahealth.com/sentara)**

Guidance and support for everyday life.



**Sentara EAP\* assists you with challenges you may be experiencing at home or at work.**



### **Easy**

Call **1-800-899-8174** to schedule an in-person, telephonic, or virtual counseling appointment.



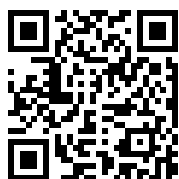
### **Confidential**

Discussions with our clinicians are protected by strict privacy laws.



### **No cost**

Our services are covered by your employer, so there's no cost to you or your household members.



A wide range of resources are just a click away at **sentaraEAP.com**



**1-800-899-8174**

**24/7/365**

on-demand access to  
quality healthcare.  
Anytime, Anywhere.

With MDLIVE, you can visit with a doctor 24/7 from your home, or on the go. MDLIVE's network of Board Certified doctors is available by phone or secure video to assist with non-emergency medical conditions.



### Who are our doctors?

MDLIVE has the nation's largest network of telehealth doctors and behavioral health providers. On average, MDLIVE's doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine, and family medicine. MDLIVE's doctors are committed to providing convenient, quality care and are always ready to take your call.

### Common Conditions We Treat

- allergies
- asthma
- behavioral health
- bronchitis
- cold and flu
- diarrhea
- ear aches
- fever
- headache
- infections
- insect bites
- joint aches
- rashes
- respiratory infections
- sinus infection
- urinary tract infections
- sore throat
- and more!

### When should I use MDLIVE?

- for non-emergency issues that do not require a trip to the ER or an urgent care center
- during or after normal business hours, nights, weekends, and even holidays
- if your primary care doctor is not available
- if you need to request prescription refills (when appropriate)
- if you are traveling and in need of medical care

### Pediatric Care

- cold and flu
- constipation
- ear aches
- nausea
- pink eye
- and more!

**MDLIVE has pediatricians  
on call 24/7/365.**

Exceptional Care,  
Anywhere

Register now! Call 1-888-469-9189, or sign in at [sentarahealthplans.com](https://sentarahealthplans.com) and select Virtual Visit.

Disclaimers: MDLIVE does not replace the primary care physician. MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE phone consultations are available 24/7/365, while video consultations are available during the hours of 7 am to 9 pm ET 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit [www.mdlive.com/pages/terms.html](https://www.mdlive.com/pages/terms.html) 010113.

v0124

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



**DENTAL  
INSURANCE**



# Summary of Benefits

## Anthem Dental Essential Choice PPO

Petersburg City Public Schools

Anthem Blue Cross Blue Shield Dental Complete Network



### WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

#### Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **Mobile Capabilities:** With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both Android and Apple phones.

#### Dentists in your plan network.

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to [anthem.com](http://anthem.com) or call dental customer service at the number listed on the back of your ID card.

#### Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

#### Need to contact us?

See the back of your ID card for how to call, write or email us.

### Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

	In-Network	Out-of-Network
Coverage Year	Contract Year	
Office Visit Copay	\$0	
Annual Benefit Maximum		
• Per insured person		
• Diagnostic & Preventive Services are not applied to the Annual Benefit Maximum	\$1,000	\$1,000
Annual Maximum Carryover	No	No
Orthodontic Lifetime Benefit Maximum		
• Per eligible person	\$1,000	\$1,000
Annual Deductible		
• Per insured person	\$50	\$50
• Family maximum	3x single member deductible	3x single member deductible
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement	Maximum Allowed Amount	

<b>Dental Services</b>	<b>In-Network Anthem Pays:</b>	<b>Out-of-Network Anthem Pays:</b>	<b>Waiting Period</b>
<b>Diagnostic &amp; Preventive Services</b> <ul style="list-style-type: none"> <li>Periodic dental exam <ul style="list-style-type: none"> <li>Limited to two per 12 months</li> </ul> </li> <li>Teeth cleaning (prophylaxis) <ul style="list-style-type: none"> <li>Limited to two per 12 months; not combined with periodontal maintenance</li> </ul> </li> <li>Bitewing X-rays <ul style="list-style-type: none"> <li>Limited to one set per 12 months</li> </ul> </li> <li>Full-Mouth or Panoramic X-rays <ul style="list-style-type: none"> <li>Limited to one per 60 months</li> </ul> </li> <li>Fluoride application <ul style="list-style-type: none"> <li>Limited to two per 12 months through age 19</li> </ul> </li> <li>Sealant application <ul style="list-style-type: none"> <li>Limited to one per 60 months through age 15</li> </ul> </li> </ul>	<b>100% coinsurance</b>	<b>100% coinsurance</b>	<b>No waiting period</b>
<b>Basic (Restorative) Services</b> <ul style="list-style-type: none"> <li>Consultation (second opinion); only with X-rays and no other services <ul style="list-style-type: none"> <li>Limited to one per 12 months</li> </ul> </li> <li>Space maintainer insertion covered at Diagnostic/Preventive level <ul style="list-style-type: none"> <li>Limited to one per tooth space per lifetime through age 14</li> </ul> </li> <li>Amalgam (silver-colored) filling <ul style="list-style-type: none"> <li>Limited to one per tooth surface per 24 months</li> </ul> </li> <li>Composite (tooth-colored) filling <ul style="list-style-type: none"> <li>Limited to one per tooth surface per 24 months</li> <li>posterior (back) fillings paid as an amalgam (silver-colored filling)</li> </ul> </li> <li>Brush biopsy (cancer test) <ul style="list-style-type: none"> <li>Limited to one per 12 months; all ages</li> </ul> </li> </ul>	<b>80% coinsurance</b>	<b>80% coinsurance</b>	<b>No waiting period</b>
<b>Endodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Root Canal (permanent teeth only) <ul style="list-style-type: none"> <li>Limited to one per tooth per lifetime</li> </ul> </li> </ul>	<b>80% coinsurance</b>	<b>80% coinsurance</b>	<b>No waiting period</b>
<b>Endodontics (Surgical)</b> <ul style="list-style-type: none"> <li>Apicoectomy and apexification <ul style="list-style-type: none"> <li>Limited to one per tooth per lifetime; permanent teeth only</li> </ul> </li> </ul>	<b>80% coinsurance</b>	<b>80% coinsurance</b>	<b>No waiting period</b>
<b>Periodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Periodontal maintenance <ul style="list-style-type: none"> <li>Limited to two per 12 months; not combined with teeth cleanings</li> </ul> </li> <li>Scaling and root planning; when the tooth pocket has a depth of four millimeters or greater <ul style="list-style-type: none"> <li>Limited to one per quadrant per 24 months</li> </ul> </li> </ul>	<b>80% coinsurance</b>	<b>80% coinsurance</b>	<b>No waiting period</b>
<b>Periodontics (Surgical)</b> <ul style="list-style-type: none"> <li>Periodontal surgery (osseous, gingivectomy, graft procedures) <ul style="list-style-type: none"> <li>Limited to one per quadrant per 36 months</li> </ul> </li> </ul>	<b>80% coinsurance</b>	<b>80% coinsurance</b>	<b>No waiting period</b>
<b>Oral Surgery (Simple)</b> <ul style="list-style-type: none"> <li>Simple extraction <ul style="list-style-type: none"> <li>Limited to one per tooth per lifetime</li> </ul> </li> </ul>	<b>80% coinsurance</b>	<b>80% coinsurance</b>	<b>No waiting period</b>
<b>Oral Surgery (Complex)</b> <ul style="list-style-type: none"> <li>Surgical extraction <ul style="list-style-type: none"> <li>Limited to one per tooth per lifetime</li> </ul> </li> </ul>	<b>80% coinsurance</b>	<b>80% coinsurance</b>	<b>No waiting period</b>
<b>Major (Restorative) Services</b> <ul style="list-style-type: none"> <li>Crowns, onlays, veneers <ul style="list-style-type: none"> <li>Limited to one per tooth per 84 months</li> </ul> </li> </ul>	<b>50% coinsurance</b>	<b>50% coinsurance</b>	<b>No waiting period</b>
<b>Prosthodontics</b> <ul style="list-style-type: none"> <li>Dentures and bridges <ul style="list-style-type: none"> <li>Limited to one per tooth/arch per 84 months</li> </ul> </li> <li>Implant placement <ul style="list-style-type: none"> <li>Not covered</li> </ul> </li> <li>Implant prosthodontics <ul style="list-style-type: none"> <li>Not covered</li> </ul> </li> </ul>	<b>50% coinsurance</b>	<b>50% coinsurance</b>	<b>No waiting period</b>
<b>Repairs/Adjustments</b> <ul style="list-style-type: none"> <li>Crown, denture, and bridge repairs <ul style="list-style-type: none"> <li>Limited to one per tooth per 12 months; not within 6 months of placement</li> </ul> </li> <li>Denture and bridge adjustments <ul style="list-style-type: none"> <li>Limited to two per tooth per 12 months; not within 6 months of placement</li> </ul> </li> </ul>	<b>80% coinsurance</b>	<b>80% coinsurance</b>	<b>No waiting period</b>

Dental Services (continued)	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Adult/Child Orthodontic Services</b> o No age limits apply	50% coinsurance	50% coinsurance	No waiting period
<b>Temporomandibular Joint Disorder (TMJ)</b> • X-rays, splints, and surgical procedures including arthroscopy and orthotic devices o Not covered	Not covered	Not covered	Not applicable
<b>Cosmetic Teeth Whitening</b> o Not covered	Not covered	Not covered	Not applicable

*NOTE: Cosmetic benefits, such as teeth bleaching, in an insurance policy may have income tax implications for both employer groups and plan members. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please consult a legal or tax advisor.*

## Additional Services and Programs

**Anthem Whole Health Connection - Dental<sup>SM</sup>** Included

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

**Accidental Dental Injury Benefit** Included

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

**Extension of Benefits** Included

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

**International Emergency Dental Program** Included

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

## Additional Limitations & Exclusions

**Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.**

**Services provided before or after the term of this coverage** - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

**Orthodontics** (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

**Cosmetic dentistry** (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

**Drugs and medications** including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

**Analgesia, analgesic agents, and anxiolysis nitrous oxide**, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

**Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There is a 24 month waiting period for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your policy. **In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.**

*This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company, whichever is applicable.*

Dental Rates Per Pay Period	Employee Cost	Employer Cost
Employee Only	\$ 6.13	\$ 5.64
Employee & Spouse	\$ 15.92	\$ 7.61
Employee & Child(ren)	\$ 10.10	\$ 18.14
Family	\$ 20.18	\$ 29.23

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



**VISION  
INSURANCE**

## Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at [anthem.com](http://anthem.com), or the Sydney app. You may also call member services for assistance at **1-866-723-0515**.

**Out-of-Network** – If you choose to, you may instead receive covered benefits outside of the Blue View Vision. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

Your vision plan includes coverage for routine eye exams and prescription eyewear from your choice of eye care providers.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
<b>Routine Eye Exam</b>			
A comprehensive eye examination	\$10 Copay	Reimbursed Up To \$42	Once every calendar year
<b>Eyeglass Frames</b>			
One pair of eyeglass frames	\$150 Allowance, then 20% off any remaining balance	Reimbursed Up To \$45	Once every other calendar year
<b>Eyeglass Lenses (instead of contact lenses)</b>			
One pair of standard plastic prescription lenses <ul style="list-style-type: none"> <li>Single vision lenses</li> <li>Bifocal lenses</li> <li>Trifocal lenses</li> </ul>	\$25 Copay \$25 Copay \$25 Copay	Reimbursed Up To \$40 Reimbursed Up To \$60 Reimbursed Up To \$80	Once every calendar year
<b>Eyeglass Lens Enhancements</b>			
<i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>			
<ul style="list-style-type: none"> <li>Transitions Lenses (for a child under age 19)</li> <li>Standard polycarbonate (for a child under age 19)</li> <li>Factory Scratch Coating</li> </ul>	\$0 Copay \$0 Copay \$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
<b>Contact Lenses (instead of eyeglass lenses)</b>			
<i>Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.</i>			
<ul style="list-style-type: none"> <li>Elective conventional (non-disposable) OR</li> <li>Elective disposable OR</li> <li>Non-elective (medically necessary)</li> </ul>	\$150 Allowance, then 15% off any remaining balance  \$150 Allowance (no additional discount)  Covered in full	Reimbursed Up To \$105  Reimbursed Up To \$105  Reimbursed Up To \$210	Once every calendar year
<b>Contact lens fit and follow-up</b>			
<i>A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.</i>			
<ul style="list-style-type: none"> <li>Standard contact lens fitting</li> <li>Premium contact lens fitting</li> </ul>	\$0 Copay 10% off retail price, then apply \$55 allowance	Reimbursed Up To \$35 Reimbursed Up To \$35	Once every calendar year

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package. .

### EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

**Combined Offers.** Not to be combined with any offer, coupon, or in-store advertisement.

**Excess Amounts.** Amounts in excess of covered vision expense.

**Sunglasses.** Plano sunglasses and accompanying frames.

**Safety Glasses.** Safety glasses and accompanying frames.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

**Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

**Orthoptics.** Orthoptics or vision training and any associated supplemental testing

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY (Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage.)		In-Network Member Cost (after any applicable copay)
<b>Retinal Imaging</b> - at member's option, can be performed at time of eye exam		Not More Than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>Transitions lenses (Adults)</li> <li>Standard Polycarbonate (Adults)</li> <li>Tint (Solid and Gradient)</li> <li>UV Coating</li> <li>Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>Standard</li> <li>Premium Tier 1</li> <li>Premium Tier 2</li> <li>Premium Tier 3</li> <li>Premium Tier 4</li> </ul> </li> <li>Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>Standard</li> <li>Premium Tier 1</li> <li>Premium Tier 2</li> <li>Premium Tier 3</li> </ul> </li> <li>Other Add-ons (i.e. high index lenses, anti-fog coating)</li> </ul>	\$75 \$40 \$15 \$15 \$55 \$85 \$95 \$110 \$175 \$45 \$57 \$68 \$85 20% off retail price
<b>Additional Pairs of Eyeglasses</b> <b>Anytime from any Blue View Vision network provider</b>	<ul style="list-style-type: none"> <li>Complete Pair</li> <li>Eyeglass materials purchased separately</li> </ul>	40% off retail price 20% off retail price
<b>Eyewear Accessories</b>	<ul style="list-style-type: none"> <li>Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.</li> </ul>	20% off retail
<b>Conventional Contact Lenses</b> <b>(non-disposable type)</b>	<ul style="list-style-type: none"> <li>Discount applies to materials only</li> </ul>	15% off retail price

<sup>1</sup> Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

<sup>2</sup> Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations. Some of our in-network providers include:



LENSCRAFTERS



GLASSES.com

contactsdirect

1800contacts



befitting



Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at [anthem.com](http://anthem.com), select discounts, then Vision, Hearing & Dental. \* Discounts cannot be used in conjunction with your covered benefits.

#### OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at [anthem.com](http://anthem.com), or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

**TO FAX:** 866-293-7373  
**TO EMAIL:** [oonclaims@eyewearspecialoffers.com](mailto:oonclaims@eyewearspecialoffers.com)  
**TO MAIL:** Blue View Vision  
 Attn: OON Claims  
 P.O. Box 8504  
 Mason, OH 45040-7111

Vision Rates Per Pay Period	Employee Cost
Employee Only	\$ 4.49
Employee & Spouse	\$ 8.97
Employee & Child(ren)	\$ 9.20
Family	\$ 13.68

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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

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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](https://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.

### Modification to the Health FSA “Use-or-Lose” Rule:

- FSA plan participants should note that up to \$640 of any unused funds from the current plan year will be rolled over into your FSA balance for the new plan year.
- The rollover modification applies to Health FSA plans only (and not to other types of FSA plans such as dependent care).
- The rollover does not affect the maximum contribution amount for the new plan year. In other words, even if you roll over the entire \$640 from the previous plan year, you may still elect up to the maximum contribution limit allowed under your employer’s plan.



# 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

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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](https://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 Cancer Benefits!



# CANCER BENEFITS





## Cancer Insurance

### How would cancer impact your way of life?

Hopefully, you and your family will never face cancer. If you do, a financial safety net can help you and your loved ones focus on what matters most — recovery.

If you were diagnosed with cancer, you could have expenses that medical insurance doesn't cover. In addition to your regular, ongoing bills, you could have indirect treatment and recovery costs, such as child care and home health care services.

### Help when you need it most

Cancer coverage from Colonial Life & Accident Insurance Company can help protect the lifestyle you've worked so hard to build. It provides benefits you can use to help cover:

- Loss of income
- Out-of-network treatment
- Lodging and meals
- Deductibles and co-pays

## One family's journey

Paul and Kim were preparing for their second child when they learned Paul had cancer. They quickly realized their medical insurance wouldn't cover everything. Thankfully, Kim's job enabled her to have a cancer insurance policy on Paul to help them with expenses.



### DOCTOR'S SCREENING

#### Wellness benefit

Paul's wellness benefit helped pay for the screening that discovered his cancer.



### SECOND OPINION

#### Travel expenses

When the couple traveled several hundred miles from their home to a top cancer hospital, they used the policy's lodging and transportation benefits to help with expenses.



### SURGERY

#### Out-of-pocket costs

The policy's benefits helped with deductibles and co-pays related to Paul's surgery and hospital stay.

*For illustrative purposes only*

### With cancer insurance:

- Coverage options are available for you and your eligible dependents.
- Benefits are paid directly to you, unless you specify otherwise.
- You're paid regardless of any insurance you may have with other companies.
- You can take coverage with you, even if you change jobs or retire.



**ONLY 5%**  
of ALL  
**CANCERS**  
are hereditary.

American Cancer Society, *Cancer Facts & Figures*, 2013

Cancer insurance provides benefits to help with cancer expenses — from diagnosis to recovery.



TREATMENT

Experimental care

Paul used his plan’s benefits to help pay for experimental treatments not covered by his medical insurance.



RECOVERY

Follow-up evaluations

Paul has been cancer-free for more than four years. His cancer policy provides a benefit for periodic scans to help ensure the cancer stays in check.



Our cancer insurance offers more than 30 benefits that can help you with costs that may not be covered by your medical insurance.

Treatment benefits  
(inpatient or outpatient)

- Radiation/chemotherapy
- Anti-nausea medication
- Medical imaging studies
- Supportive or protective care drugs and colony stimulating factors
- Second medical opinion
- Blood/plasma/platelets/immunoglobulins
- Bone marrow or peripheral stem cell donation
- Bone marrow or peripheral stem cell transplant
- Egg(s) extraction or harvesting/sperm collection and storage
- Experimental treatment
- Hair/external breast/voice box prosthesis
- Home health care services
- Hospice (initial or daily care)

Surgery benefits

- Surgical procedures
- Anesthesia
- Reconstructive surgery
- Outpatient surgical center
- Prosthetic device/artificial limb

Travel benefits

- Transportation
- Companion transportation
- Lodging

Inpatient benefits

- Hospital confinement
- Private full-time nursing services
- Skilled nursing care facility
- Ambulance
- Air ambulance

Additional benefits

- Family care
- Cancer vaccine
- Bone marrow donor screening
- Skin cancer initial diagnosis
- Waiver of premium

LIFETIME RISK OF  
DEVELOPING CANCER



American Cancer Society, *Cancer Facts & Figures*, 2013



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## Optional riders

For an additional cost, you may have the option of purchasing additional riders for even more financial protection against cancer. Talk with your benefits counselor to find out which of these riders are available for you to purchase.

- **Diagnosis of cancer rider** — Pays a one-time, lump-sum benefit for the initial diagnosis of cancer. You may choose a benefit amount in \$1,000 increments between \$1,000 and \$10,000. If your dependent child is diagnosed with cancer, we will pay two and a half times (\$2,500 - \$25,000) the chosen benefit amount.
- **Diagnosis of cancer progressive payment rider** — Provides a lump-sum payment of \$50 for each month the rider has been in force and before cancer is first diagnosed.
- **Specified disease hospital confinement rider** — Pays \$300 per day if you or a covered family member is confined to a hospital for treatment for one of the 34 specified diseases covered under the rider.

If cancer impacts your life, you should be able to focus on getting better — not on how you'll pay your bills. Talk with your Colonial Life benefits counselor about how cancer insurance can help provide financial security for you and your family.

### PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for the diagnosis of internal cancer or skin cancer that is a pre-existing condition, nor will we pay benefits for the treatment of internal cancer or skin cancer that is a pre-existing condition unless the covered person has satisfied the six-month pre-existing condition limitation period shown on the Policy Schedule. Pre-existing condition means a condition for which a covered person was diagnosed prior to the effective date of this policy, and for which medical advice or treatment was recommended by or received from a doctor within six months immediately preceding the effective date of this policy.

### 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.

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. Applicable to policy form CanAssist-VA and rider forms R-CanAssistIndx-VA, R-CanAssistProg-VA and R-CanAssistSpDis-VA.

# Cancer Insurance

## Level 4 Benefits

Cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information,  
talk with your  
benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
<b>Air ambulance</b> ..... Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	<b>\$2,000 per trip</b>
<b>Ambulance</b> ..... Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	<b>\$250 per trip</b>
<b>Anesthesia</b> Administered during a surgical procedure for cancer treatment	
■ General anesthesia .....	<b>25% of surgical procedures benefit</b>
■ Local anesthesia .....	<b>\$50 per procedure</b>
<b>Anti-nausea medication</b> ..... Doctor-prescribed medication for radiation or chemotherapy <i>[\$240 monthly max.]</i>	<b>\$60 per day administered or per prescription filled</b>
<b>Blood/plasma/platelets/immunoglobulins</b> ..... A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	<b>\$250 per day</b>
<b>Bone marrow donor screening</b> ..... Testing in connection with being a potential donor <i>[once per lifetime]</i>	<b>\$50</b>
<b>Bone marrow or peripheral stem cell donation</b> ..... Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	<b>\$1,000</b>
<b>Bone marrow or peripheral stem cell transplant</b> ..... Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	<b>\$10,000 per transplant</b>
<b>Cancer vaccine</b> ..... An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	<b>\$50</b>
<b>Companion transportation</b> ..... Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,500 per round trip]</i>	<b>\$0.50 per mile</b>
<b>Egg(s) extraction or harvesting/sperm collection and storage</b> Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) extraction or harvesting/sperm collection .....	<b>\$1,500</b>
■ Egg(s) or sperm storage (cryopreservation) .....	<b>\$500</b>
<b>Experimental treatment</b> ..... Hospital, medical or surgical care for cancer <i>[\$15,000 lifetime max.]</i>	<b>\$300 per day</b>
<b>Family care</b> ..... Inpatient or outpatient treatment for a covered dependent child <i>[\$3,000 calendar year max.]</i>	<b>\$60 per day</b>
<b>Hair/external breast/voice box prosthesis</b> ..... Prosthesis needed as a direct result of cancer	<b>\$500 per calendar year</b>
<b>Home health care services</b> ..... Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 100 days per covered person per lifetime]</i>	<b>\$175 per day</b>
<b>Hospice (initial or daily care)</b> An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i> .....	<b>\$1,000</b>
■ Daily hospice care .....	<b>\$50 per day</b>



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## BENEFIT DESCRIPTION

## BENEFIT AMOUNT

### Hospital confinement

Hospital stay (including intensive care) required for cancer treatment

- 30 days or less ..... \$350 per day
- 31 days or more ..... \$700 per day

### Lodging

Hotel/motel expenses when being treated for cancer more than 50 miles from home  
[70-day calendar year max.]

\$80 per day

### Medical imaging studies

Specific studies for cancer treatment [ \$450 calendar year max.]

\$225 per study

### Outpatient surgical center

Surgery at an outpatient center for cancer treatment [ \$1,200 calendar year max.]

\$400 per day

### Private full-time nursing services

Services while hospital confined other than those regularly furnished by the hospital

\$150 per day

### Prosthetic device/artificial limb

A surgical implant needed because of cancer surgery [payable one per site, \$6,000 lifetime max.]

\$3,000 per device or limb

### Radiation/chemotherapy

[per day with a max. of one per calendar week]

- Injected chemotherapy by medical personnel ..... \$1,000
- Radiation delivered by medical personnel ..... \$1,000

[per day with a max. of one per calendar month]

- Self-injected ..... \$400
- Pump ..... \$400
- Topical ..... \$400
- Oral hormonal [1-24 months] ..... \$400
- Oral hormonal [25+ months] ..... \$350
- Oral non-hormonal ..... \$400

### Reconstructive surgery

A surgery to reconstruct anatomic defects that result from cancer treatment  
[min. \$350 per procedure, up to \$3,000, including 25% for general anesthesia]

\$60 per surgical unit

### Second medical opinion

A second physician's opinion on cancer surgery or treatment [once per lifetime]

\$300

### Skilled nursing care facility

Confinement to a covered facility after hospital release [up to 100 days per covered person per lifetime]

\$175 per day

### Skin cancer diagnosis

A skin cancer diagnosis while the policy is in force [once per lifetime]

\$600

### Supportive or protective care drugs and colony stimulating factors

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments  
[ \$1,600 calendar year max.]

\$200 per day

### Surgical procedures

Inpatient or outpatient surgery for cancer treatment [min. \$350 per procedure, up to \$6,000]

\$70 per surgical unit

### Transportation

Travel expenses when being treated for cancer more than 50 miles from home  
[up to \$1,500 per round trip]

\$0.50 per mile

### Waiver of premium

No premiums due if the named insured is disabled longer than 90 consecutive days

Is available

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Coverage may vary by state and may not be available in all states. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy forms CanAssist-NJ and CanAssist-VA. This chart is not complete without form 101505-NJ or 101481-VA.

# Cancer Insurance

## Wellness Benefits

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



For more information,  
talk with your  
benefits counselor.

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### Part one: Cancer wellness/health screening

Provided when one of the tests listed below is performed 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 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.

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).

## Individual Cancer Insurance Description of Benefits

THE POLICY PROVIDES LIMITED BENEFITS. 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-VA and rider forms R-CanAssistIdx-VA, R-CanAssistProg-VA and R-CanAssistSpDis-VA.

<b>Cancer Insurance Benefits</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
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>Benefit payable for at least and not more than 100 days per covered person per lifetime</i>	\$50	\$75	\$125	\$175
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 <i>Benefit payable for up to 365 days per covered person per calendar year.</i>	\$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

Cancer Insurance Benefits	Level 1	Level 2	Level 3	Level 4
Radiation/Chemotherapy				
Benefit payable period can exceed but will not be less than 365 days per covered person per lifetime				
Injected chemotherapy by medical personnel, per day with a maximum of one per calendar week	\$250	\$500	\$750	\$1,000
Radiation delivered by medical personnel, per day with a maximum of one per calendar week	\$250	\$500	\$750	\$1,000
Self-Injected Chemotherapy, per day with a maximum of one per calendar month	\$150	\$200	\$300	\$400
Pump Chemotherapy, per day with a maximum of one per calendar month	\$150	\$200	\$300	\$400
Topical Chemotherapy, per day with a maximum of one per calendar month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (1-24 months), per day with a maximum of one per calendar month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (25+ months), per day with a maximum of one per calendar month	\$100	\$150	\$250	\$350
Oral Non-Hormonal Chemotherapy, per day with a maximum of one per calendar month	\$150	\$200	\$300	\$400
Reconstructive Surgery, per surgical unit	\$40	\$40	\$60	\$60
Minimum per procedure	\$100	\$150	\$250	\$350
Maximum per procedure, including 25% for general anesthesia	\$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	\$50	\$75	\$125	\$175
Benefit payable for at least and not more than 100 days per covered person per lifetime				
Skin Cancer Initial Diagnosis	\$300	\$300	\$400	\$600
Supportive/Protective Care Drugs/Colony Stimulating Factors, per day	\$50	\$100	\$150	\$200
Maximum per year	\$400	\$800	\$1,200	\$1,600
Surgical Procedures	\$40	\$50	\$60	\$70
Minimum per procedure	\$100	\$150	\$250	\$350
Maximum per procedure	\$2,500	\$3,000	\$5,000	\$6,000
Transportation	\$0.50	\$0.50	\$0.50	\$0.50
Maximum per round trip	\$1,000	\$1,000	\$1,200	\$1,500
Waiver of Premium	Yes	Yes	Yes	Yes
Policy-Wellness Benefits				
Bone Marrow Donor Screening, per lifetime	\$50	\$50	\$50	\$50
Cancer Vaccine, per lifetime	\$50	\$50	\$50	\$50
Part 1: Cancer Wellness/Health Screening, per year	One amount per account: \$0, \$25, \$50, \$75 or \$100			
Part 2: Cancer Wellness/Health Screening, per year	Same as Part 1			
Additional Riders may be available at an additional cost				
What is not covered by the policy				

#### Pre-Existing Condition Limitation

We will not pay benefits for the diagnosis of internal cancer or skin cancer that is a pre-existing condition nor will we pay benefits for the treatment of internal cancer or skin cancer that is a pre-existing condition, unless the covered person has satisfied the six-month pre-existing condition limitation period.

Pre-existing condition means a condition for which a covered person was diagnosed prior to the effective date of the policy and for which medical advice or treatment was recommended by or received from a doctor within six months immediately preceding the effective date of the policy.

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.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC

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# CANCER BENEFIT PREMIUMS

LEVEL 1 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 1 with \$100 Cancer Wellness/Health Screening				
24-Pay Premium	\$9.05	\$14.30	\$9.13	\$14.38
LEVEL 2 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 2 with \$100 Cancer Wellness/Health Screening				
24-Pay Premium	\$10.83	\$16.93	\$10.98	\$17.08
LEVEL 3 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 3 with \$100 Cancer Wellness/Health Screening				
24-Pay Premium	\$13.33	\$22.20	\$13.55	\$22.43
LEVEL 4 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 4 with \$100 Cancer Wellness/Health Screening				
24-Pay Premium	\$17.80	\$29.70	\$18.10	\$30.00
OPTIONAL RIDERS				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Specified Disease Hospital Confinement Rider				
24-Pay Premium	\$0.63	\$0.88	\$0.63	\$0.88
Initial Diagnosis of Cancer Rider (per \$1,000)				
24-Pay Premium	\$0.75	\$1.25	\$0.80	\$1.30
Initial Diagnosis of Cancer Progressive Payment Rider				
24-Pay Premium	\$3.90	\$8.53	\$3.90	\$8.53

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: \_\_\_\_\_

### An unexpected moment changes life forever

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

#### HOW CHRIS’S COVERAGE HELPED

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



Co-payments and hospital bills not covered by his medical insurance



Physical therapy to get back to doing what he loves



Household expenses while he was unable to work

For illustrative purposes only.

### Critical illness benefit

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

KEY BENEFITS

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

For more information,  
talk with your  
benefits counselor.



Subsequent diagnosis of a different critical illness<sup>2</sup>

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

Subsequent diagnosis of the same critical illness<sup>2</sup>

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

Additional covered conditions for dependent children

COVERED CONDITION <sup>1</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Cerebral palsy	100%
Cleft lip or palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Spina bifida	100%

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

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

THIS INSURANCE PROVIDES LIMITED BENEFITS

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

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

PRE-EXISTING CONDITION LIMITATION

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

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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# 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: \_\_\_\_\_

### Critical illness and cancer benefits

COVERED CRITICAL ILLNESS CONDITION <sup>1</sup>	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 <sup>1</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis .....	\$400 per lifetime

### 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.

## 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 illness<sup>2</sup>

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

## Subsequent diagnosis of the same critical illness<sup>2</sup>

If you receive a benefit for a critical illness, and are later diagnosed with the same critical illness,<sup>3</sup> 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 <sup>1</sup>	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



For more information,  
talk with your  
benefits counselor.

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

**First diagnosis building benefit**

Payable once per covered person per lifetime

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

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

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

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

**THIS INSURANCE PROVIDES LIMITED BENEFITS.**

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-BB. 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

## Infectious Diseases Rider



For more information,  
talk with your  
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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 <sup>1</sup>	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 <sup>1</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
This benefit is payable if the covered person is unable to perform two or more activities of daily living <sup>2</sup> 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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# 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	24-Pay Premium	\$0.11	\$0.16	\$0.11	\$0.16
25-29	24-Pay Premium	\$0.15	\$0.22	\$0.15	\$0.22
30-34	24-Pay Premium	\$0.19	\$0.28	\$0.19	\$0.28
35-39	24-Pay Premium	\$0.29	\$0.43	\$0.29	\$0.43
40-44	24-Pay Premium	\$0.39	\$0.57	\$0.39	\$0.57
45-49	24-Pay Premium	\$0.54	\$0.83	\$0.54	\$0.83
50-54	24-Pay Premium	\$0.72	\$1.12	\$0.72	\$1.12
55-59	24-Pay Premium	\$0.95	\$1.47	\$0.95	\$1.47
65-69	24-Pay Premium	\$1.42	\$2.19	\$1.42	\$2.19
70-74	24-Pay Premium	\$1.64	\$2.52	\$1.64	\$2.52

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	24-Pay Premium	\$0.20	\$0.29	\$0.20	\$0.29
25-29	24-Pay Premium	\$0.29	\$0.42	\$0.29	\$0.42
30-34	24-Pay Premium	\$0.38	\$0.55	\$0.38	\$0.55
35-39	24-Pay Premium	\$0.58	\$0.85	\$0.58	\$0.85
40-44	24-Pay Premium	\$0.78	\$1.15	\$0.78	\$1.15
45-49	24-Pay Premium	\$1.11	\$1.66	\$1.11	\$1.66
50-54	24-Pay Premium	\$1.43	\$2.17	\$1.43	\$2.17
55-59	24-Pay Premium	\$1.88	\$2.86	\$1.88	\$2.86
60-64	24-Pay Premium	\$2.57	\$3.90	\$2.57	\$3.90
65-69	24-Pay Premium	\$3.15	\$4.79	\$3.15	\$4.79
70-74	24-Pay Premium	\$3.15	\$4.79	\$3.15	\$4.79

Wellbeing Assistance Benefit					
Rates by wellbeing amount = 1 unit					
Wellbeing Amount		Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
\$100	24-Pay Premium	\$3.33	\$5.18	\$3.33	\$5.18

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

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



# SHORT-TERM DISABILITY BENEFITS



# Educator Disability Income Insurance



## How long could you afford to go without a paycheck?

Help protect your paycheck with Colonial Life's short-term disability insurance.

You use your paycheck mainly to pay for your home, your car, groceries, medical bills and utilities. What if you couldn't go to work due to an accident or sickness?

Monthly Expenses:	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
		<b>Total</b>	\$ _____

## My Coverage Worksheet (For use with your Colonial Life Benefits Counselor)

### Who's being covered?

- ☐ You only
- ☐ You and your spouse
- ☐ You and your dependent children
- ☐ You, your spouse and your dependent children

### How much coverage do I need?

On-Job Accident/On-Job Sickness \$ \_\_\_\_\_ Off-Job Accident/Off-Job Sickness \$ \_\_\_\_\_

Select **One** Benefit Period Option:

On-Job

Off-Job

#### ● Total Disability

- |                                |                |                |                |
|--------------------------------|----------------|----------------|----------------|
| <input type="radio"/> Option A | First 3 months | \$ _____/month | \$ _____/month |
|                                | Next 9 months  | \$ _____/month | \$ _____/month |
| <input type="radio"/> Option B | First 6 months | \$ _____/month | \$ _____/month |
|                                | Next 6 months  | \$ _____/month | \$ _____/month |

#### ● Partial Disability

- |                |                |                |
|----------------|----------------|----------------|
| Up to 3 months | \$ _____/month | \$ _____/month |
|----------------|----------------|----------------|

### When will my benefits start?

After an Accident: \_\_\_\_\_ days

After a Sickness: \_\_\_\_\_ days

### How much will it cost?

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

# Employee Coverage

In addition to disability coverage, this plan also provides employees with benefits for medical fees related to accidents, hospital confinement, accidental death and dismemberment, as well as fractures and dislocations.

Even if you're not disabled, the following benefits are payable for covered accidental injuries:

## Medical Fees for Accidents Only

Doctor's Office or Urgent Care Facility Visit (Once per covered accident)	\$75
X-Ray and Other Diagnostic Imaging (Once per covered accident)	\$75
Emergency Room Visit (Once per covered accident)	\$150

## Hospital Confinement Benefit for Accident or Sickness

### Pays in addition to disability benefit.

- Benefits begin on the first day of confinement in a hospital for a covered accident or sickness.  
Up to 3 months ..... \$1,200/month (\$40/day)  
The Hospital Confinement benefit increases to \$6,000/month (\$200/day) when the Total Disability benefit ends at age 70

## Accidental Death and Dismemberment Benefits

### Benefits payable for death or dismemberment.

- 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 ..... \$7,500  
    Double Dismemberment ..... \$15,000
- Accidental Death Common Carrier ..... \$50,000

## Complete Fractures

### Complete Fractures requiring closed reduction

Hip, Thigh	\$1,500
Vertebrae	1,350
Pelvis	1,200
Skull (depressed)	1,125
Leg	900
Foot, Ankle, Kneecap	750
Forearm, Hand, Wrist	750
Lower Jaw	600
Shoulder Blade, Collarbone	600
Skull (simple)	525
Upper Arm, Upper Jaw	525
Facial Bones	450
Vertebral Processes	300
Coccyx, Rib, Finger, Toe	120

## Complete Dislocations

### Complete Dislocations requiring closed reduction with anesthesia

Hip .....	\$1,350
Knee .....	975
Collarbone - sternoclavicular .....	750
Shoulder .....	750
Collarbone - acromioclavicular separation .....	675
Ankle, Foot .....	600
Hand .....	525
Lower Jaw .....	450
Wrist .....	375
Elbow .....	300
One Finger, Toe .....	120

For a fracture or dislocation requiring an open reduction, your benefit would be 1½ times the amount shown.

### Additional Features

- Waiver of Premium
- Worldwide Coverage

## Optional Spouse and Dependent Coverage

You may cover one or all of the eligible dependent members of your family for an additional premium.

### Medical Fees for Accidents Only

Doctor's Office or Urgent Care Facility Visit (Once per covered accident) .....	\$75
X-Ray and Other Diagnostic Imaging (Once per covered accident) .....	\$75
Emergency Room Visit (Once per covered accident) .....	\$150

### Hospital Confinement Benefit for Accident or Sickness

- Up to 3 months ..... \$1,200/month (\$40/day)

### Accidental Death and Dismemberment Benefits

- Accidental Death ..... Spouse \$10,000  
Child(ren) \$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 ..... \$750
  - Double Dismemberment ..... \$1,500
- Accidental Death Common Carrier ..... Spouse \$20,000  
Child(ren) \$10,000

# Here are some frequently asked questions about Colonial Life's disability insurance:

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

You're paid regardless of any other insurance you may have with other insurance companies. Benefits are paid 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 job;
- Not, in fact, engaged in any employment or occupation for wage or profit for which you are qualified by reason of education, training or experience; 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 20 hours per week,
- You are able to work at your job or your place of employment for 20 hours or less per week,
- Your employer will allow you to return to your job or place of employment for 20 hours or less per week; and
- You are under the regular and appropriate care of a doctor.

The total disability benefit must have been paid for at least one full month 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 after your 70th birthday. The Hospital Confinement benefit increases when the Total Disability Benefit ends.

## What is a pre-existing condition?

A pre-existing condition is when you have a sickness or physical condition for which you were treated, had medical testing, received medical advice, or had taken medication within 12 months testing, or before the effective date of your policy.

If you become disabled because of a pre-existing condition, Colonial Life will not pay for any disability period if it begins during the first 12 months the policy is in force.

### Colonial Life

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## 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 for life as long as you continue to pay your premiums when they are due.

## Can my premium change?

You may choose the amount of coverage to meet your needs (subject to your income). You can elect more or less coverage which will change your premium. 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.

## What is a covered accident or a covered sickness?

A covered accident is an accident. A covered sickness means an illness, infection, disease or any other abnormal physical condition, not caused by an injury.

A covered accident or covered sickness:

- Occurs after the effective date of the policy;
- Occurs while the policy is in force;
- Is of a type listed on the Policy Schedule; and
- Is not excluded by name or specific description in the policy.

## EXCLUSIONS

We will not pay benefits for injuries received in accidents or sicknesses which are caused by or are the result of: alcoholism or drug addiction; flying; giving birth within the first nine months after the effective date of the policy; felonies or illegal occupations; having a pre-existing condition as described and limited by the policy; psychiatric or psychological condition; committing or trying to commit suicide or injuring yourself intentionally; being exposed to war or any act of war or serving in the armed forces of any country or authority.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form ED DIS 1.0-VA. 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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# Pregnancy and having a baby

## Disability insurance in Virginia



For more information,  
talk with your  
benefits counselor.

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### 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.

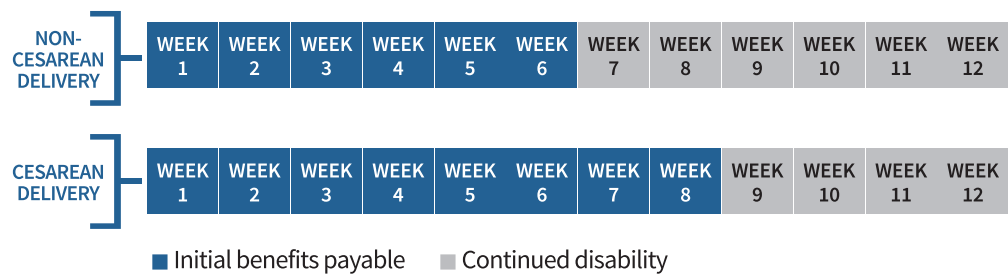
#### How disability insurance can help

- The usual recovery period is six weeks (non-cesarean delivery) or eight weeks (cesarean delivery). Disability benefits of up to 12 weeks may be available, if you continue to be disabled from childbirth.
- 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 has a giving birth limitation, which 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.

#### Understanding your claim payment

If your claim for childbirth is approved, your benefits will start from your first day of disability due to childbirth. This is applicable for Virginia disability policies that have a coverage effective date of July 1, 2021 or later.



If you continue to be disabled after the six or eight weeks due to a covered disability, you may be eligible for up to 12 weeks of disability benefits, which includes the initial six or eight weeks recovery.

#### 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. Applicable to policy form ISTD3000-VA and rider form ISTD3000-ADIB-VA, policy form DIS1000-VA, policy form DIS1000-3M-VA, policy form EDDIS1.0-VA, policy form GDIS-P-VA and certificate form GDIS-C-VA. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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# SHORT-TERM DISABILITY PREMIUMS

## Benefit Period Option A: 3 Month/9 Month Plan

### Plan 1: On- & Off-Job Coverage

Teacher, Principal, T.A., Clerical, Café Manager							
Monthly premium							
Premiums are for base plan and disability benefits							
Benefit Amount			Elimination Period				
First 3 months	Next 9 Months	Units	0/7	0/14	14/14	0/30	30/30
400	200	4	\$18.40	\$16.00	\$15.00	\$14.80	\$12.80
600	300	6	\$24.30	\$20.70	\$19.20	\$18.90	\$15.90
800	400	8	\$30.20	\$25.40	\$23.40	\$23.00	\$19.00
1000	500	10	\$36.10	\$30.10	\$27.60	\$27.10	\$22.10
1200	600	12	\$42.00	\$34.80	\$31.80	\$31.20	\$25.20
1400	700	14	\$47.90	\$39.50	\$36.00	\$35.30	\$28.30
1600	800	16	\$53.80	\$44.20	\$40.20	\$39.40	\$31.40
1800	900	18	\$59.70	\$48.90	\$44.40	\$43.50	\$34.50
2000	1000	20	\$65.60	\$53.60	\$48.60	\$47.60	\$37.60
2200	1100	22	\$71.50	\$58.30	\$52.80	\$51.70	\$40.70
2400	1200	24	\$77.40	\$63.00	\$57.00	\$55.80	\$43.80
2600	1300	26	\$83.30	\$67.70	\$61.20	\$59.90	\$46.90
2800	1400	28	\$89.20	\$72.40	\$65.40	\$64.00	\$50.00
3000	1500	30	\$95.10	\$77.10	\$69.60	\$68.10	\$53.10
3200	1600	32	\$101.00	\$81.80	\$73.80	\$72.20	\$56.20
3400	1700	34	\$106.90	\$86.50	\$78.00	\$76.30	\$59.30
3600	1800	36	\$112.80	\$91.20	\$82.20	\$80.40	\$62.40
3800	1900	38	\$118.70	\$95.90	\$86.40	\$84.50	\$65.50
4000	2000	40	\$124.60	\$100.60	\$90.60	\$88.60	\$68.60
4200	2100	42	\$130.50	\$105.30	\$94.80	\$92.70	\$71.70
4400	2200	44	\$136.40	\$110.00	\$99.00	\$96.80	\$74.80
4600	2300	46	\$142.30	\$114.70	\$103.20	\$100.90	\$77.90
4800	2400	48	\$148.20	\$119.40	\$107.40	\$105.00	\$81.00
5000	2500	50	\$154.10	\$124.10	\$111.60	\$109.10	\$84.10
Spouse and Dependent Premiums							
Rider						Monthly Premium	
Spouse Accident & Sickness Benefit Coverage						\$5.50	
Child(ren) Accident & Sickness Benefit Coverage						\$7.50	

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



# SHORT-TERM DISABILITY PREMIUMS

## Benefit Period Option A: 3 Month/9 Month Plan

### Plan 1: On- & Off-Job Coverage

Café Staff, Custodian Super, Custodian Staff, Maintenance Super, Maintenance Staff							
Monthly premium							
<i>Premiums are for base plan and disability benefits</i>							
Benefit Amount			Elimination Period				
First 3 months	Next 9 Months	Units	0/7	0/14	14/14	0/30	30/30
400	200	4	\$23.60	\$21.40	\$19.40	\$18.80	\$16.00
600	300	6	\$32.10	\$28.80	\$25.80	\$24.90	\$20.70
800	400	8	\$40.60	\$36.20	\$32.20	\$31.00	\$25.40
1000	500	10	\$49.10	\$43.60	\$38.60	\$37.10	\$30.10
1200	600	12	\$57.60	\$51.00	\$45.00	\$43.20	\$34.80
1400	700	14	\$66.10	\$58.40	\$51.40	\$49.30	\$39.50
1600	800	16	\$74.60	\$65.80	\$57.80	\$55.40	\$44.20
1800	900	18	\$83.10	\$73.20	\$64.20	\$61.50	\$48.90
2000	1000	20	\$91.60	\$80.60	\$70.60	\$67.60	\$53.60
2200	1100	22	\$100.10	\$88.00	\$77.00	\$73.70	\$58.30
2400	1200	24	\$108.60	\$95.40	\$83.40	\$79.80	\$63.00
2600	1300	26	\$117.10	\$102.80	\$89.80	\$85.90	\$67.70
2800	1400	28	\$125.60	\$110.20	\$96.20	\$92.00	\$72.40
3000	1500	30	\$134.10	\$117.60	\$102.60	\$98.10	\$77.10
3200	1600	32	\$142.60	\$125.00	\$109.00	\$104.20	\$81.80
3400	1700	34	\$151.10	\$132.40	\$115.40	\$110.30	\$86.50
3600	1800	36	\$159.60	\$139.80	\$121.80	\$116.40	\$91.20
3800	1900	38	\$168.10	\$147.20	\$128.20	\$122.50	\$95.90
4000	2000	40	\$176.60	\$154.60	\$134.60	\$128.60	\$100.60
4200	2100	42	\$185.10	\$162.00	\$141.00	\$134.70	\$105.30
4400	2200	44	\$193.60	\$169.40	\$147.40	\$140.80	\$110.00
4600	2300	46	\$202.10	\$176.80	\$153.80	\$146.90	\$114.70
4800	2400	48	\$210.60	\$184.20	\$160.20	\$153.00	\$119.40
5000	2500	50	\$219.10	\$191.60	\$166.60	\$159.10	\$124.10
Spouse and Dependent Premiums							
Rider						Monthly Premium	
Spouse Accident & Sickness Benefit Coverage						\$5.50	
Child(ren) Accident & Sickness Benefit Coverage						\$7.50	

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



# SHORT-TERM DISABILITY PREMIUMS

## Benefit Period Option A: 3 Month/9 Month Plan

### Plan 1: On- & Off-Job Coverage

Bus Driver, Mechanic							
Monthly premium							
<i>Premiums are for base plan and disability benefits</i>							
Benefit Amount			Elimination Period				
First 3 months	Next 9 Months	Units	0/7	0/14	14/14	0/30	30/30
400	200	4	\$27.00	\$23.60	\$21.80	\$21.60	\$17.80
600	300	6	\$37.20	\$32.10	\$29.40	\$29.10	\$23.40
800	400	8	\$47.40	\$40.60	\$37.00	\$36.60	\$29.00
1000	500	10	\$57.60	\$49.10	\$44.60	\$44.10	\$34.60
1200	600	12	\$67.80	\$57.60	\$52.20	\$51.60	\$40.20
1400	700	14	\$78.00	\$66.10	\$59.80	\$59.10	\$45.80
1600	800	16	\$88.20	\$74.60	\$67.40	\$66.60	\$51.40
1800	900	18	\$98.40	\$83.10	\$75.00	\$74.10	\$57.00
2000	1000	20	\$108.60	\$91.60	\$82.60	\$81.60	\$62.60
2200	1100	22	\$118.80	\$100.10	\$90.20	\$89.10	\$68.20
2400	1200	24	\$129.00	\$108.60	\$97.80	\$96.60	\$73.80
2600	1300	26	\$139.20	\$117.10	\$105.40	\$104.10	\$79.40
2800	1400	28	\$149.40	\$125.60	\$113.00	\$111.60	\$85.00
3000	1500	30	\$159.60	\$134.10	\$120.60	\$119.10	\$90.60
3200	1600	32	\$169.80	\$142.60	\$128.20	\$126.60	\$96.20
3400	1700	34	\$180.00	\$151.10	\$135.80	\$134.10	\$101.80
3600	1800	36	\$190.20	\$159.60	\$143.40	\$141.60	\$107.40
3800	1900	38	\$200.40	\$168.10	\$151.00	\$149.10	\$113.00
4000	2000	40	\$210.60	\$176.60	\$158.60	\$156.60	\$118.60
4200	2100	42	\$220.80	\$185.10	\$166.20	\$164.10	\$124.20
4400	2200	44	\$231.00	\$193.60	\$173.80	\$171.60	\$129.80
4600	2300	46	\$241.20	\$202.10	\$181.40	\$179.10	\$135.40
4800	2400	48	\$251.40	\$210.60	\$189.00	\$186.60	\$141.00
5000	2500	50	\$261.60	\$219.10	\$196.60	\$194.10	\$146.60
Spouse and Dependent Premiums							
Rider						Monthly Premium	
Spouse Accident & Sickness Benefit Coverage						\$5.50	
Child(ren) Accident & Sickness Benefit Coverage						\$7.50	

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



# SHORT-TERM DISABILITY PREMIUMS

Benefit Period Option A: 3 Month/9 Month Plan

Plan 2: Off-Job Coverage

Teacher, Principal, T.A., Clerical, Café Manager							
Monthly premium							
<i>Premiums are for base plan and disability benefits</i>							
Benefit Amount			Elimination Period				
First 3 months	Next 9 Months	Units	0/7	0/14	14/14	0/30	30/30
400	200	4	\$14.45	\$12.05	\$10.85	\$10.05	\$9.25
600	300	6	\$19.35	\$15.75	\$13.95	\$12.75	\$11.55
800	400	8	\$24.25	\$19.45	\$17.05	\$15.45	\$13.85
1000	500	10	\$29.15	\$23.15	\$20.15	\$18.15	\$16.15
1200	600	12	\$34.05	\$26.85	\$23.25	\$20.85	\$18.45
1400	700	14	\$38.95	\$30.55	\$26.35	\$23.55	\$20.75
1600	800	16	\$43.85	\$34.25	\$29.45	\$26.25	\$23.05
1800	900	18	\$48.75	\$37.95	\$32.55	\$28.95	\$25.35
2000	1000	20	\$53.65	\$41.65	\$35.65	\$31.65	\$27.65
2200	1100	22	\$58.55	\$45.35	\$38.75	\$34.35	\$29.95
2400	1200	24	\$63.45	\$49.05	\$41.85	\$37.05	\$32.25
2600	1300	26	\$68.35	\$52.75	\$44.95	\$39.75	\$34.55
2800	1400	28	\$73.25	\$56.45	\$48.05	\$42.45	\$36.85
3000	1500	30	\$78.15	\$60.15	\$51.15	\$45.15	\$39.15
3200	1600	32	\$83.05	\$63.85	\$54.25	\$47.85	\$41.45
3400	1700	34	\$87.95	\$67.55	\$57.35	\$50.55	\$43.75
3600	1800	36	\$92.85	\$71.25	\$60.45	\$53.25	\$46.05
3800	1900	38	\$97.75	\$74.95	\$63.55	\$55.95	\$48.35
4000	2000	40	\$102.65	\$78.65	\$66.65	\$58.65	\$50.65
4200	2100	42	\$107.55	\$82.35	\$69.75	\$61.35	\$52.95
4400	2200	44	\$112.45	\$86.05	\$72.85	\$64.05	\$55.25
4600	2300	46	\$117.35	\$89.75	\$75.95	\$66.75	\$57.55
4800	2400	48	\$122.25	\$93.45	\$79.05	\$69.45	\$59.85
5000	2500	50	\$127.15	\$97.15	\$82.15	\$72.15	\$62.15
Spouse and Dependent Premiums							
Rider						Monthly Premium	
Spouse Accident & Sickness Benefit Coverage						\$5.50	
Child(ren) Accident & Sickness Benefit Coverage						\$7.50	

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



# SHORT-TERM DISABILITY PREMIUMS

## Benefit Period Option A: 3 Month/9 Month Plan Plan 2: Off-Job Coverage

Café Staff, Custodian Super, Custodian Staff, Maintenance Super, Maintenance Staff							
Monthly premium							
<i>Premiums are for base plan and disability benefits</i>							
Benefit Amount			Elimination Period				
First 3 months	Next 9 Months	Units	0/7	0/14	14/14	0/30	30/30
400	200	4	\$19.65	\$16.05	\$14.45	\$12.85	\$11.65
600	300	6	\$27.15	\$21.75	\$19.35	\$16.95	\$15.15
800	400	8	\$34.65	\$27.45	\$24.25	\$21.05	\$18.65
1000	500	10	\$42.15	\$33.15	\$29.15	\$25.15	\$22.15
1200	600	12	\$49.65	\$38.85	\$34.05	\$29.25	\$25.65
1400	700	14	\$57.15	\$44.55	\$38.95	\$33.35	\$29.15
1600	800	16	\$64.65	\$50.25	\$43.85	\$37.45	\$32.65
1800	900	18	\$72.15	\$55.95	\$48.75	\$41.55	\$36.15
2000	1000	20	\$79.65	\$61.65	\$53.65	\$45.65	\$39.65
2200	1100	22	\$87.15	\$67.35	\$58.55	\$49.75	\$43.15
2400	1200	24	\$94.65	\$73.05	\$63.45	\$53.85	\$46.65
2600	1300	26	\$102.15	\$78.75	\$68.35	\$57.95	\$50.15
2800	1400	28	\$109.65	\$84.45	\$73.25	\$62.05	\$53.65
3000	1500	30	\$117.15	\$90.15	\$78.15	\$66.15	\$57.15
3200	1600	32	\$124.65	\$95.85	\$83.05	\$70.25	\$60.65
3400	1700	34	\$132.15	\$101.55	\$87.95	\$74.35	\$64.15
3600	1800	36	\$139.65	\$107.25	\$92.85	\$78.45	\$67.65
3800	1900	38	\$147.15	\$112.95	\$97.75	\$82.55	\$71.15
4000	2000	40	\$154.65	\$118.65	\$102.65	\$86.65	\$74.65
4200	2100	42	\$162.15	\$124.35	\$107.55	\$90.75	\$78.15
4400	2200	44	\$169.65	\$130.05	\$112.45	\$94.85	\$81.65
4600	2300	46	\$177.15	\$135.75	\$117.35	\$98.95	\$85.15
4800	2400	48	\$184.65	\$141.45	\$122.25	\$103.05	\$88.65
5000	2500	50	\$192.15	\$147.15	\$127.15	\$107.15	\$92.15
Spouse and Dependent Premiums							
Rider						Monthly Premium	
Spouse Accident & Sickness Benefit Coverage						\$5.50	
Child(ren) Accident & Sickness Benefit Coverage						\$7.50	

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



# SHORT-TERM DISABILITY PREMIUMS

## Benefit Period Option A: 3 Month/9 Month Plan Plan 2: Off-Job Coverage

Bus Driver, Mechanic							
Monthly premium							
<i>Premiums are for base plan and disability benefits</i>							
Benefit Amount			Elimination Period				
First 3 months	Next 9 Months	Units	0/7	0/14	14/14	0/30	30/30
400	200	4	\$22.25	\$17.45	\$16.05	\$14.25	\$12.65
600	300	6	\$31.05	\$23.85	\$21.75	\$19.05	\$16.65
800	400	8	\$39.85	\$30.25	\$27.45	\$23.85	\$20.65
1000	500	10	\$48.65	\$36.65	\$33.15	\$28.65	\$24.65
1200	600	12	\$57.45	\$43.05	\$38.85	\$33.45	\$28.65
1400	700	14	\$66.25	\$49.45	\$44.55	\$38.25	\$32.65
1600	800	16	\$75.05	\$55.85	\$50.25	\$43.05	\$36.65
1800	900	18	\$83.85	\$62.25	\$55.95	\$47.85	\$40.65
2000	1000	20	\$92.65	\$68.65	\$61.65	\$52.65	\$44.65
2200	1100	22	\$101.45	\$75.05	\$67.35	\$57.45	\$48.65
2400	1200	24	\$110.25	\$81.45	\$73.05	\$62.25	\$52.65
2600	1300	26	\$119.05	\$87.85	\$78.75	\$67.05	\$56.65
2800	1400	28	\$127.85	\$94.25	\$84.45	\$71.85	\$60.65
3000	1500	30	\$136.65	\$100.65	\$90.15	\$76.65	\$64.65
3200	1600	32	\$145.45	\$107.05	\$95.85	\$81.45	\$68.65
3400	1700	34	\$154.25	\$113.45	\$101.55	\$86.25	\$72.65
3600	1800	36	\$163.05	\$119.85	\$107.25	\$91.05	\$76.65
3800	1900	38	\$171.85	\$126.25	\$112.95	\$95.85	\$80.65
4000	2000	40	\$180.65	\$132.65	\$118.65	\$100.65	\$84.65
4200	2100	42	\$189.45	\$139.05	\$124.35	\$105.45	\$88.65
4400	2200	44	\$198.25	\$145.45	\$130.05	\$110.25	\$92.65
4600	2300	46	\$207.05	\$151.85	\$135.75	\$115.05	\$96.65
4800	2400	48	\$215.85	\$158.25	\$141.45	\$119.85	\$100.65
5000	2500	50	\$224.65	\$164.65	\$147.15	\$124.65	\$104.65
Spouse and Dependent Premiums							
Rider						Monthly Premium	
Spouse Accident & Sickness Benefit Coverage						\$5.50	
Child(ren) Accident & Sickness Benefit Coverage						\$7.50	

⚠ 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 for life 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](http://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..... \$125
- Ambulance .....\$200
- X-ray Benefit .....\$30
- Air Ambulance..... \$2,000

## Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$2,200	\$4,400
Knee (except patella)	\$1,100	\$2,200
Ankle – Bone or Bones of the Foot (other than Toes)	\$880	\$1,760
Collarbone (Sternoclavicular)	\$550	\$1,100
Lower Jaw, Shoulder, Elbow, Wrist	\$330	\$660
Bone or Bones of the Hand	\$330	\$660
Collarbone (Acromioclavicular and Separation)	\$110	\$220
One Toe or Finger	\$110	\$220

Fractures	Non-Surgical	Surgical
Depressed Skull	\$2,750	\$5,500
Non-Depressed Skull	\$1,100	\$2,200
Hip, Thigh	\$1,650	\$3,300
Body of Vertebrae, Pelvis, Leg	\$825	\$1,650
Bones of Face or Nose (except mandible or maxilla)	\$385	\$770
Upper Jaw, Maxilla	\$385	\$770
Upper Arm between Elbow and Shoulder	\$385	\$770
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$330	\$660
Shoulder Blade, Collarbone, Vertebral Process	\$330	\$660
Forearm, Wrist, Hand	\$330	\$660
Rib	\$275	\$550
Coccyx	\$220	\$440
Finger, Toe	\$110	\$220

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 ..... \$60
- Emergency Dental Work .....\$75 Extraction, \$300 Crown, Implant, or Denture
- Lacerations (based on size)..... \$30 to \$500

## 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) .....\$200
- 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\* .....\$1,000 per accident
  - Hospital ICU Admission\* .....\$2,000 per accident
- \* We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.*
- Hospital Confinement .....\$225 per day up to 365 days per accident
  - Hospital ICU Confinement .....\$450 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 .....\$150 per accident  
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy .....\$25 per treatment up to 10 days
- Appliances .....\$100 (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.

### 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: felonies or illegal occupations; 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 -VA. 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

	24-Pay Premium
Named Insured	\$10.58
Employee & Spouse	\$14.49
One-Parent Family	\$16.34
Two-Parent Family	\$20.24

## Preferred with HealthScreening - Off-Job Only Accident Coverage

	24-Pay Premium
Named Insured	\$8.96
Employee & Spouse	\$11.98
One-Parent Family	\$13.28
Two-Parent Family	\$16.31

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



# MEDICAL BRIDGE BENEFITS



# Hospital Confinement Indemnity Insurance

## Plan 2



Our Individual Medical Bridge<sup>SM</sup> 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

For more information,  
talk with your  
benefits counselor.

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

- **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

- **Skin**
  - Laparoscopic hernia repair
  - Skin grafting

## 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, war, or giving birth within the first nine months after the effective date of the policy. 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. A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the effective date of the policy.

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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8-18 | 101578-1

# Hospital Confinement Indemnity Insurance

## Plan 3



For more information,  
talk with your  
benefits counselor.

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

**Hospital confinement** ..... \$ \_\_\_\_\_  
Maximum of one benefit per covered person per calendar year

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

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

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

**Diagnostic procedure**

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

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

**Outpatient surgical procedure**

- **Tier 1** ..... \$ \_\_\_\_\_
- **Tier 2** ..... \$ \_\_\_\_\_

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

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

### Tier 1 diagnostic procedures

- **Breast**
  - Biopsy (incisional, needle, stereotactic)
- **Diagnostic radiology**
  - Nuclear medicine test
- **Digestive**
  - Barium enema/lower GI series
  - Barium swallow/upper GI series
  - Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth**
  - Laryngoscopy
- **Gynecological**
  - Amniocentesis
  - Cervical biopsy
  - Cone biopsy
  - Endometrial biopsy
  - Hysteroscopy
  - Loop electrosurgical excisional procedure (LEEP)

- **Liver – biopsy**
- **Lymphatic – biopsy**
- **Miscellaneous**
  - Bone marrow aspiration/biopsy
- **Renal – biopsy**
- **Respiratory**
  - Biopsy
  - Bronchoscopy
  - Pulmonary function test (PFT)
- **Skin**
  - Biopsy
  - Excision of lesion
- **Thyroid – biopsy**
- **Urologic**
  - Cystoscopy

### Tier 2 diagnostic procedures

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

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

### Tier 1 outpatient surgical procedures

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

### Tier 2 outpatient surgical procedures

- **Breast**
  - Breast reconstruction
  - Breast reduction
- **Cardiac**
  - Angioplasty
  - Cardiac catheterization
- **Digestive**
  - Exploratory laparoscopy
  - Laparoscopic appendectomy
  - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
  - Ethmoidectomy
  - Mastoidectomy
  - Septoplasty
  - Stapedectomy
  - Tympanoplasty
- **Eye**
  - Cataract surgery
  - Corneal surgery (penetrating keratoplasty)
  - Glaucoma surgery (trabeculectomy)
  - Vitrectomy
- **Gynecological**
  - Hysterectomy
  - Myomectomy
- **Musculoskeletal system**
  - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
  - Arthroscopic shoulder surgery
  - Clavicle resection
  - Dislocations (open reduction with internal fixation)
  - Fracture (open reduction with internal fixation)
  - Removal or implantation of cartilage
  - Tendon/ligament repair
- **Thyroid**
  - 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, war, or giving birth within the first nine months after the effective date of the policy. 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. A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the effective date of the policy.

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.

# Hospital Confinement Indemnity Insurance

## Health Screening



For more information,  
talk with your  
benefits counselor.

ColonialLife.com

Individual Medical Bridge<sup>SM</sup> 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

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



For more information,  
talk with your  
benefits counselor.

ColonialLife.com

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

<b>Air ambulance</b> .....	<b>\$1,000</b>
Maximum of one benefit per covered person per calendar year	
<b>Ambulance</b> .....	<b>\$100</b>
Maximum of one benefit per covered person per calendar year	
<b>Appliance</b> .....	<b>\$100</b>
Maximum of one benefit per covered person per calendar year	
<b>Doctor's office visit</b> .....	<b>\$25 per visit</b>
Maximum of three visits per calendar year for named insured coverage or maximum of five visits per calendar year for all covered persons combined	
<b>Emergency room visit</b> .....	<b>\$100 per visit</b>
Maximum of two visits per covered person per calendar year	
<b>X-ray</b> .....	<b>\$25 per benefit</b>
Maximum of two benefits per covered person per calendar year	

**THIS POLICY PROVIDES LIMITED BENEFITS.**

**EXCLUSIONS**

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

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

# Hospital Confinement Indemnity Insurance

## Optional Riders



Individual Medical Bridge<sup>SM</sup> 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, war, or giving birth within the first nine months after the effective date of the rider. 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. A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the effective date of the rider.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to rider numbers R-DHC7000 and R-EIC7000 (including state abbreviations where used, for example: R-DHC7000-TX and R-EIC7000-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 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 \$100 Health Screening		\$1,500.00	\$2,000.00
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	24-Pay Premium	\$18.38	\$22.30
Ages 50-59	24-Pay Premium	\$24.18	\$29.45
Ages 60-64	24-Pay Premium	\$30.65	\$37.93
Ages 65-75	24-Pay Premium	\$39.43	\$49.03

⚠ 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





# 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
<b>Two options are available for spouse coverage at an additional cost:</b> <ol style="list-style-type: none"><li>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.</li><li>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).</li></ol>	<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

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

ColonialLife.com

## Optional riders

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

### Spouse term life rider

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

### Children's term life rider

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

### Accidental death benefit rider

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

### Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.<sup>1</sup> 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.<sup>2</sup> 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.<sup>1</sup> 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.<sup>3</sup>

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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# TERM LIFE INSURANCE PREMIUMS

10-Year Term Base Plan Non-Tobacco Rates					
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00
25	24-Pay Premium	\$3.32	\$5.30	\$5.11	\$8.21
30	24-Pay Premium	\$3.53	\$5.83	\$5.11	\$8.21
35	24-Pay Premium	\$3.79	\$6.47	\$5.63	\$9.25
40	24-Pay Premium	\$3.99	\$6.98	\$7.02	\$12.04
45	24-Pay Premium	\$4.59	\$8.46	\$9.31	\$16.63
50	24-Pay Premium	\$5.86	\$11.65	\$12.79	\$23.58
55	24-Pay Premium	\$8.09	\$17.22	\$18.19	\$34.38
60	24-Pay Premium	\$11.68	\$26.20	\$26.98	\$51.96

20-Year Term Base Plan Non-Tobacco Rates					
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00
25	24-Pay Premium	\$3.36	\$5.39	\$5.27	\$8.54
30	24-Pay Premium	\$3.56	\$5.91	\$5.27	\$8.54
35	24-Pay Premium	\$3.85	\$6.62	\$5.79	\$9.59
40	24-Pay Premium	\$4.12	\$7.29	\$7.71	\$13.42
45	24-Pay Premium	\$4.84	\$9.11	\$10.90	\$19.79
50	24-Pay Premium	\$6.34	\$12.85	\$15.79	\$29.58
55	24-Pay Premium	\$9.03	\$19.57	\$23.17	\$44.33
60	24-Pay Premium	\$13.42	\$30.55	\$36.00	\$70.00

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 illness<sup>1</sup>
- ✓ 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%<sup>2</sup>
- 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 rider<sup>3</sup>

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.<sup>1</sup> 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.<sup>1</sup> 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	24-Pay Premium	\$4.94	\$12.35	\$24.69	\$49.38	\$98.75
30	24-Pay Premium	\$5.96	\$14.90	\$29.79	\$59.58	\$119.16
35	24-Pay Premium	\$7.48	\$18.70	\$37.40	\$74.79	\$149.58
40	24-Pay Premium	\$9.68	\$24.19	\$48.38	\$96.75	\$193.49
45	24-Pay Premium	\$12.79	\$31.97	\$63.94	\$127.87	\$255.74
50	24-Pay Premium	\$17.44	\$43.59	\$87.19	\$174.37	\$348.74

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	24-Pay Premium	\$4.60	\$11.50	\$23.00	\$46.00	\$92.00
30	24-Pay Premium	\$5.23	\$13.07	\$26.15	\$52.29	\$104.58
35	24-Pay Premium	\$6.26	\$15.65	\$31.29	\$62.58	\$125.16
40	24-Pay Premium	\$7.76	\$19.39	\$38.77	\$77.54	\$155.08
45	24-Pay Premium	\$9.94	\$24.86	\$49.71	\$99.42	\$198.83
50	24-Pay Premium	\$12.55	\$31.38	\$62.75	\$125.50	\$250.99
55	24-Pay Premium	\$16.23	\$40.56	\$81.12	\$162.25	\$324.49
60	24-Pay Premium	\$21.48	\$53.70	\$107.39	\$214.79	\$429.57

## Getting started

The easiest way to manage your business with us is through [ColonialLife.com](http://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](http://ColonialLife.com)

Log in and click on

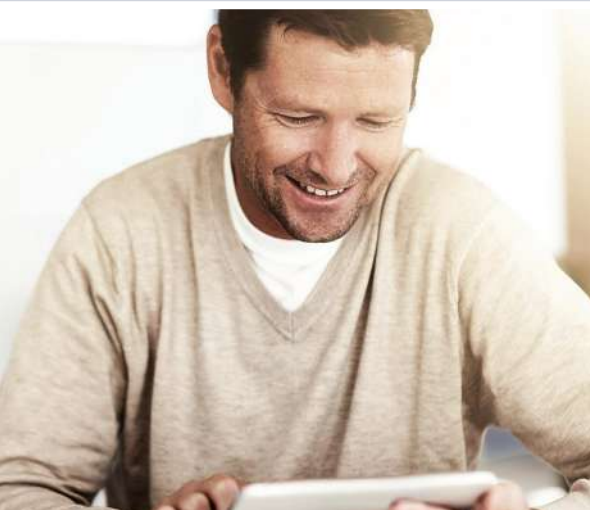
[Contact Us](#)

### Telephone

1-800-325-4368

## Hearing-impaired customers

Please contact the National Relay service at 711 for assistance.



[ColonialLife.com](http://ColonialLife.com)

## 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](http://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 Student Loan Assistance Programs!



## STUDENT LOAN ASSISTANCE PROGRAM



# GradFin

Smart technology and personalized student loan advice, navigating you to the perfect savings plan



**Millions of borrowers deal with the burden of crushing student loan debt. Find out how GradFin can help you tackle that debt.**

## What We Offer



### Financial Education

- GradFin consults individually with borrowers to educate them on their student loans.
- GradFin simplifies the complex issue of student loans with our knowledge of all repayment, PSLF programs and refinancing options in the market today.



### PSLF Membership

- GradFin's Public Service Loan Forgiveness (PSLF) Membership Program is designed to help borrowers benefit from tax-free student loan forgiveness.
- Key components of the PSLF Membership include: personalized compliance plan, annual review, review of eligibility for the new PSLF Temporary Waiver, and a secure online portal for document storage and processing certification forms.
- If payments are not properly counted, GradFin will administer an appeals process with the Department of Education on the member's behalf.



### Expert Loan Analysis

- GradFin experts analyze each borrower's unique loan portfolio and provide options for reducing and managing student loans.
- GradFin looks at each loan individually to determine which loans are eligible for forgiveness programs, which ones need to be reviewed for refinance and best payoff strategies for the remaining loans.



### Savings

- Borrowers can choose from a variety of fixed and variable loan terms between 5 and 20 years.
- With GradFin services, borrowers have been able to save thousands of dollars over the life of their loans.<sup>2</sup>
- GradFin uses a variety of lenders to refinance your student loans.

**IMPORTANT INFORMATION:** Please note that if you refinance qualifying federal student loans with a private lender, you may no longer be eligible for certain federal benefits or programs and waive your right to future benefits or programs offered on those loans. Examples of benefits or programs you may not receive include but are not limited to, Public Service Loan Forgiveness, Income-driven Repayment plans, forbearance, or loan forgiveness. Please carefully consider your options when refinancing federal student loans and consult [Federal Student Aid](#) for the most current information. All credit products are subject to credit approval.

<sup>1</sup> To qualify for PSLF, you must be employed by a U.S. federal, state, local, or tribal government or not-for-profit organization (federal service includes U.S. military service); work full-time for that agency or organization; have Direct Loans (or consolidate other federal student loans into a Direct Loan); repay your loans under an income-driven repayment plan; and make 120 qualifying payments. For full program requirements, visit: [studentaid.gov/manage-loans/forgiveness-cancellation/public-service](https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service).

<sup>2</sup> Savings vary based on rate and term of your existing and refinanced loan(s). Refinancing to a longer term may lower your monthly payments, but may also increase the total interest paid over the life of the loan. Refinancing to a shorter term may increase your monthly payments, but may lower the total interest paid over the life of the loan. Review your loan documentation for total cost of your refinanced loan.

GradFin is a brand of KeyBank N.A.

## Contact Us

[gradfin.com/partner/pierce](https://gradfin.com/partner/pierce)

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



## ID THEFT & LEGAL BENEFITS



## What is LegalShield?

### It's total access. It's total freedom.

Everyone deserves legal protection. And now, with LegalShield, everyone can access it. No matter how traumatic. No matter how trivial. Whatever your situation is, we are here to help. From real estate to divorce advice, identity theft and beyond, we have your rights covered. Welcome to total peace of mind. Welcome to LegalShield.

## What your membership includes.

### Know your rights in any situation.

LegalShield gives you the ability to talk to an attorney on any matter without worrying about high hourly costs. For the listed payroll deducted amount you can access legal advice, no matter how traumatic or trivial the issue. That's why under the protection of LegalShield you and your family can live your life worry-free, every day, every night, now and forever.

- \* Legal Advice – unlimited issues
- \* Letters/calls made on your behalf
- \* Contracts & documents  
Reviewed up to 15 pages
- \* Lawyers prepare  
Your Will, Living Will & Healthcare POA & Durable POA
- \* Traffic-Related Issues( no waiting period for violations)
- \* Trial Defense  
Pre-Trial  
Representation at trial
- \* Residential Loan Document Assistance
- \* Uncontested Name Change Assistance
- \* Uncontested Adoption Representation
- \* Uncontested Separation / Divorce Representation
- \* IRS Audit Assistance
- \* 25% Preferred Member Discount
- \* 24/7 Emergency Access for covered situations

### Life Events We Help With:

<b>Warranties</b>	<b>Lease Agreements</b>
<b>Overcharges</b>	<b>Civil Rights</b>
<b>Defective Products</b>	<b>Child Support</b>
<b>Property Disputes</b>	<b>Divorce</b>
<b>Possible Foreclosure</b>	<b>Guardianship</b>
<b>Traffic Tickets</b>	<b>IRS Audits</b>
<b>Credit Liability Matters</b>	<b>.....and much more</b>

### Your LegalShield Plan Covers:

The member  
The member's spouse or significant other  
Never married dependent children under 23 living at home  
Dependent children under age 18 for whom the member is legal guardian  
Full-time college students up to age 26 never married, dependent children  
Physically or mentally challenged child living at home

## IDShield

Everything you would expect with a great Identity Theft service by Kroll Advisory Solutions, the world's leading risk consulting company in identity theft restoration.

### Your IDShield Covers:

The member  
The member's spouse or significant other  
Safeguard for minors - Up to 8 dependents under the age of 18

### CONSULTATION

- \* Unlimited Counseling with Investigator, SSN Fraud Detection, Monthly ID Theft Updates, Emergency Assistance 24/7/365, Data Breach Notifications, Identity Alert System, Lost/Stolen Wallet Assistance, Reduce Pre-Approved Card Offers, Sex Offender Registry Reports, Live Support.

### RESTORATION

- \* Licensed Private Investigators, Complete Restoration for Medical ID, Financial and Complete Identity, \$5 Million Service Guarantee.

### PRIVACY MONITORING

- \* Global Black Market Website Surveillance for Name, DOB, SSN, Emails(10), Phone(10), Driver's License, Passport, Medical ID(10)  
File Sharing Network Searches, Address Change Verification.

### SECURITY MONITORING

- \* Global Black Market Website Surveillance for SSN, CC Numbers(10)  
Bank Account Numbers(10), Credit Inquiry Alerts, Payday Loan Monitoring,  
Minor Identity Protection, Court Records, Credit Monitoring and Quarterly Score Tracker.

This is a general overview of your legal plan coverage for illustration purposes only. See a plan contract for complete terms, coverage, amounts, conditions and exclusions.

## Authorization for Colonial Life & Accident Insurance Company

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

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

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

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

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

\_\_\_\_\_  
(Printed name of individual  
subject to this disclosure)

\_\_\_\_\_  
(Social Security  
Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date Signed)

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

\_\_\_\_\_  
(Printed name of legal representative)

\_\_\_\_\_  
(Signature of legal representative)

\_\_\_\_\_  
(Date Signed)



# 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 **Petersburg City Public 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: **Nicole Lewis at Petersburg City Public 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 OF COVERAGE

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

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

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

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

**Are there other coverage options besides COBRA Continuation Coverage?:** Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, 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](http://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](http://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](http://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.

## Petersburg City Public Schools

Sonji Mason, Benefits Manager

[somason@petersburg.k12.va.us](mailto:somason@petersburg.k12.va.us)

Nicole Lewis, Payroll Specialist

[nilewis@petersburg.k12.va.us](mailto:nilewis@petersburg.k12.va.us)

255 South Blvd. East

Petersburg, VA 23805

## Health, Dental, Vision and FSA COBRA Administrator:

Ameriflex

700 East Gate Drive

Mounty Laurel, NJ 08054

Phone: 888-868-3539



# ADDITIONAL BENEFITS



## VIRGINIA RETIREMENT SYSTEM (VRS) LIFE INSURANCE

The Virginia Retirement System (VRS) Optional Group Life Insurance program gives you the opportunity to purchase additional insurance at favorable group rates on yourself and family. Optional group life is term insurance. Term insurance generally provides the largest immediate death protection for your premium dollar. The program is administered by the Virginia Retirement System, and is provided under a group policy issued by the Minnesota Life Insurance Company.

Questions about your employer paid and optional life insurance coverage can be submitted one of three ways:



**By mail:**  
**Securian Financial**  
**PO Box 1193, Richmond,**  
**VA 23218-1193**



**By calling:**  
**1-800-441-2258**



**Or by visiting their website:**  
**[www.varetire.org/myvrs](http://www.varetire.org/myvrs)**

## Group Long-Term Disability (LTD) Benefits

Petersburg City Public Schools provides a long-term disability benefit to **VRS Plan 1 and Plan 2 employees** through New York Life Group Benefits Solutions (formerly CIGNA). **PCPS pays the full cost of coverage.** This program replaces 60% of basic monthly earnings to a maximum of \$5,000 per month. Benefits begin after the greater of a 60-day elimination period or exhaustion of your leave, and may be paid until your 65<sup>th</sup> birthday. (If your disability begins after age 62, benefits may be paid beyond your 65<sup>th</sup> birthday.)

Plan provisions stipulate that an individual is “disabled” if unable to perform the duties of his/her own occupation during the first 24 months of the illness or injury. The individual may continue to receive benefits after 24 months if he/she is unable to perform the duties of any occupation.

Long-Term Disability		
Plan Features		
Eligibility	Full time contractual employees who work 30 or more hours per week	
Benefit Waiting Period	The greater of 60 days or accumulated sick leave days	
Benefit	60% of Basic Monthly Earnings	
Maximum Monthly Benefit	\$5,000	
Minimum Monthly Benefit	\$100	
Maximum Benefit Duration	<b><u>Age</u></b>	<b><u>Date Monthly Benefits Cease</u></b>
	Under 62	later of 65 <sup>th</sup> birthday or date 42 <sup>nd</sup> monthly benefit is payable
	63	date 36 <sup>th</sup> monthly benefit is payable
	64	date 30 <sup>th</sup> monthly benefit is payable
	65	date 24 <sup>th</sup> monthly benefit is payable
	66	date 21 <sup>st</sup> monthly benefit is payable
	67	date 18 <sup>th</sup> monthly benefit is payable
	68	date 15 <sup>th</sup> monthly benefit is payable
	69+	date 12 <sup>th</sup> monthly benefit is payable
Definition of Earnings	Rate of Pay. It does not include overtime, bonus, or additional compensation.	
Own Occupation	24 months	
Survivor Benefit	3 months	
Definition of Disability	Unable to perform all the material duties of your regular occupation and after Monthly Benefits have been payable for 24 months, you are unable to perform all the material duties of any occupation for which you are or may become reasonably qualified based on your education, training or experience.	

Employees covered under the New York Life Group Benefits Solution program have an added benefit for Will preparation. Phone representatives are available to assist. You and your spouse can complete essential life and health care legal documents online.

*Note: This summary is not a legal document and does not replace or supersede the “Evidence of Coverage”, policy, or the Summary Plan Description. Please refer to the Evidence of Coverage/insurance policy/Summary Plan Description for a complete description of the coverage, eligibility criteria, controlling terms, exclusions, limitations, and conditions of coverage. In the event of a discrepancy in benefits, your contract benefits will determine how your benefits will be applied.*

## **The Standard's STD and LTD Plans through VRS**

*(Only Available to those in the Hybrid Plan)*

Members of the VRS Hybrid Retirement Plan are also eligible for Short-Term Disability and Long-Term Disability benefits through The Standard Insurance Company. The Virginia Retirement System (VRS) established the benefits under the plan.

All employees hired on or after January 1, 2014 will only be eligible for the Hybrid Plan.

The Standard provides income protection for a non-work related or work-related illness, injury or other condition, such as surgery, pregnancy, complications from pregnancy or a catastrophic or major chronic condition. The Standard can be reached at 800-368-2859.

### **STANDARD'S SHORT-TERM DISABILITY (VRS HYBRID)**

The Short-Term Disability benefit begins after a seven-calendar day waiting period from the first day of your disability and continues for up to 125 workdays.

- You are eligible for work-related short-term disability coverage upon employment.
- There is a one-year waiting period. The waiting period applies regardless of service, including existing employees.
- Short term disability benefits are paid on a weekly basis after your sick leave has been exhausted.
- You are eligible for income replacement at 60 percent of your pre-disability income if you go on non-work related short-term disability after 13 months of continuous service. After five years of continuous participation in The Standard with your current employer, you will become eligible for higher income replacement levels.

### **STANDARD'S LONG-TERM DISABILITY (VRS HYBRID)**

The Standard's Long-Term Disability benefit begins after 125 workdays of short-term disability.

- You are eligible for a long-term disability benefit if you are unable to work at all or you are working less than 20 hours a week.
- You will receive 60 percent of your pre-disability income (80% for catastrophic conditions).

Please visit the VRS website at [www.varetire.org](http://www.varetire.org).

On the District website, on the Human Resources page, you can find a certificate of coverage and claim forms for these plans.



# REQUIRED HEALTH CARE NOTICES

## Newborn and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully. As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following benefits: 1. All stages of reconstruction of the breast on which the mastectomy has been performed; 2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3. Prostheses and treatment of physical complications of the mastectomy, including lymphedemas. Health plans must provide coverage of mastectomy related benefits in a manner to determine in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and insurance amounts that are consistent with those that apply to other benefits under the plan.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov). If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).



# REQUIRED HEALTH CARE NOTICES

## ALABAMA - MEDICAID

**Website:** myalhipp.com  
**Phone:** 1-855-692-5447

## ALASKA - MEDICAID

### **The AK Health Insurance Premium Payment Program**

**Website:** myakhipp.com  
**Phone:** 1-866-251-4861  
**Email:** CustomerService@MyAKHIPP.com  
**Medicaid Eligibility:** dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

## ARKANSAS - MEDICAID

**Website:** myarhipp.com  
**Phone:** 1-855-MyARHIPP (855-692-7447)

## CALIFORNIA - MEDICAID

**Website:** www.dhcs.ca.gov/services/Pages/TPLRD\_CAU\_cont.aspx  
**Phone:** 916-440-5676

## COLORADO - HEALTH FIRST COLORADO (MEDICAID) & CHILD HEALTH PLAN PLUS (CHP+)

**Health First Colorado Website:** www.healthfirstcolorado.com  
**Health First Colorado Member Contact Center:** 1-800-221-3943/State Relay 711  
**CHP+:** www.colorado.gov/pacific/hcpf/child-health-plan-plus  
**CHP+ Customer Service:** 1-800-359-1991/State Relay 711  
**Health Insurance Buy-In Program (HIBI):** www.colorado.gov/pacific/hcpf/health-insurance-buy-program  
**HIBI Customer Service:** 1-855-692-6442

## FLORIDA - MEDICAID

**Website:** www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html  
**Phone:** 1-877-357-3268

## GEORGIA - MEDICAID

**Website:** medicaid.georgia.gov/health-insurance-premium-payment-program-hipp  
**Phone:** 678-564-1162, ext. 2131

## INDIANA - MEDICAID

### **Healthy Indiana Plan for Low-Income Adults 19-64**

**Website:** www.in.gov/fssa/hip  
**Phone:** 1-877-438-4479  
**All other Medicaid Website:** www.in.gov/medicaid  
**Phone:** 1-800-457-4584

## IOWA - MEDICAID AND CHIP (HAWKI)

**Medicaid Website:** dhs.iowa.gov/ime/members  
**Medicaid Phone:** 1-800-338-8366  
**Hawki Website:** dhs.iowa.gov/Hawki  
**Hawki Phone:** 1-800-257-8563

## KANSAS - MEDICAID

**Website:** www.kdheks.gov/hcf/default.htm  
**Phone:** 1-800-792-4884

## KENTUCKY - MEDICAID

**Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:** chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx  
**Phone:** 1-855-459-6328  
**Email:** KIHIPP.PROGRAM@ky.gov  
**KCHIP Website:** kidshealth.ky.gov/Pages/index.aspx  
**Phone:** 1-877-524-4718  
**Kentucky Medicaid Website:** chfs.ky.gov

## LOUISIANA - MEDICAID

**Website:** www.medicaid.la.gov or www.ldh.la.gov/lahipp  
**Phone:** 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)



# REQUIRED HEALTH CARE NOTICES

## MAINE - MEDICAID

**Website:** [www.maine.gov/dhhs/ofi/public/assistance/index.html](http://www.maine.gov/dhhs/ofi/public/assistance/index.html)  
**Phone:** 1-800-442-6003  
**TTY:** Maine Relay 711

## MASSACHUSETTS - MEDICAID AND CHIP

**Website:** [www.mass.gov/eohhs/gov/departments/masshealth](http://www.mass.gov/eohhs/gov/departments/masshealth)  
**Phone:** 1-800-862-4840

## MINNESOTA - MEDICAID

**Website:** [mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp](http://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp)  
*[Under ELIGIBILITY tab, see "What if I have other health insurance?"]*  
**Phone:** 1-800-657-3739

## KANSAS - MEDICAID

**Website:** [www.kdheks.gov/hcf/default.htm](http://www.kdheks.gov/hcf/default.htm)  
**Phone:** 1-800-792-4884

## MISSOURI - MEDICAID

**Website:** [www.dss.mo.gov/mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)  
**Phone:** 573-751-2005

## MONTANA - MEDICAID

**Website:** [dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)  
**Phone:** 1-800-694-3084

## NEBRASKA - MEDICAID

**Website:** [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)  
**Phone:** 1-855-632-7633  
**Lincoln:** 402-473-7000  
**Omaha:** 402-595-1178

## NEVADA - MEDICAID

**Medicaid Website:** [dhcfp.nv.gov](http://dhcfp.nv.gov)  
**Medicaid Phone:** 1-800-992-0900

## NEW HAMPSHIRE - MEDICAID

**Website:** [www.dhhs.nh.gov/oii/hipp.htm](http://www.dhhs.nh.gov/oii/hipp.htm)  
**Phone:** 603-271-5218  
**Toll free number for the HIPP program:** 1-800-852-3345, ext. 5218

## NEW JERSEY - MEDICAID AND CHIP

**Medicaid Website:** [www.state.nj.us/humanservices/dmahs/clients/medicaid](http://www.state.nj.us/humanservices/dmahs/clients/medicaid)  
**Medicaid Phone:** 609-631-2392  
**CHIP Website:** [www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)  
**CHIP Phone:** 1-800-701-0710

## NEW YORK - MEDICAID

**Website:** [www.health.ny.gov/health\\_care/medicaid](http://www.health.ny.gov/health_care/medicaid)  
**Phone:** 1-800-541-2831

## NORTH CAROLINA - MEDICAID

**Website:** [medicaid.ncdhhs.gov](http://medicaid.ncdhhs.gov)  
**Phone:** 919-855-4100

## NORTH DAKOTA - MEDICAID

**Website:** [www.nd.gov/dhs/services/medicalserv/medicaid](http://www.nd.gov/dhs/services/medicalserv/medicaid)  
**Phone:** 1-844-854-4825

## OKLAHOMA - MEDICAID & CHIP

**Website:** [www.insureoklahoma.org](http://www.insureoklahoma.org)  
**Phone:** 1-888-365-3742

## OREGON - MEDICAID & CHIP

**Website:** [healthcare.oregon.gov/Pages/index.aspx](http://healthcare.oregon.gov/Pages/index.aspx)  
**Phone:** 1-800-699-9075



# REQUIRED HEALTH CARE NOTICES

## PENNSYLVANIA - MEDICAID

**Website:** [www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx](http://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx)  
**Phone:** 1-800-692-7462

## RHODE ISLAND - MEDICAID AND CHIP

**Website:** [www.eohhs.ri.gov](http://www.eohhs.ri.gov)  
**Phone:** 1-855-697-4347 or 401-462-0311  
(Direct Rlte Share Line)

## SOUTH CAROLINA - MEDICAID

**Website:** [www.scdhhs.gov](http://www.scdhhs.gov)  
**Phone:** 1-888-549-0820

## SOUTH DAKOTA - MEDICAID

**Website:** [dss.sd.gov](http://dss.sd.gov)  
**Phone:** 1-888-828-0059

## TEXAS - MEDICAID

**Website:** [gethipptexas.com](http://gethipptexas.com)  
**Phone:** 1-800-440-0493

## UTAH - MEDICAID

**Medicaid Website:** [medicaid.utah.gov](http://medicaid.utah.gov)  
**CHIP Website:** [health.utah.gov/chip](http://health.utah.gov/chip)  
**Phone:** 1-877-543-7669

## VERMONT - MEDICAID

**Website:** [www.greenmountaincare.org](http://www.greenmountaincare.org)  
**Phone:** 1-800-250-8427

## VIRGINIA - MEDICAID AND CHIP

**Website:** [www.coverva.org/hipp](http://www.coverva.org/hipp)  
**Medicaid Phone:** 1-800-432-5924  
**CHIP Phone:** 1-855-242-8282

## WASHINGTON - MEDICAID

**Website:** [www.hca.wa.gov](http://www.hca.wa.gov)  
**Phone:** 1-800-562-3022

## WEST VIRGINIA - MEDICAID

**Website:** [mywvhipp.com](http://mywvhipp.com)  
**Toll-free phone:** 1-855-MyWVHIPP  
(1-855-699-8447)

## WISCONSIN - MEDICAID AND CHIP

**Website:** [www.dhs.wisconsin.gov/badgercareplus/p-10095.htm](http://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm)  
**Phone:** 1-800-362-3002

## WYOMING - MEDICAID

**Website:** [wyequalitycare.acs-inc.com](http://wyequalitycare.acs-inc.com)  
**Phone:** 307-777-7531



# REQUIRED HEALTH CARE NOTICES

**To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:**

**U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)**

**U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565**

## **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.



# 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) with 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 you 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 800-387-5955 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 800-387-5955 for assistance.

Please visit [www.piercergroupbenefits.com/individualcoverage](http://www.piercergroupbenefits.com/individualcoverage) or call **800-387-5955** for more information on these policies, as well as to enroll/continue your benefits.



### **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**