

Voluntary Benefits Enrollment Guide



Voluntary Employee Benefits

- Dental
- Disability
- Life
- Cancer
- Vision
- Accident
- Critical Illness
- Hospital Confinement

Employee Benefit Guide

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Welcome to NKCES comprehensive benefits program. This booklet highlights the benefits offered to all eligible employees. Benefits described in this booklet are voluntary employee-paid benefits unless otherwise noted.

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In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body - including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.



Policy Overview



Benefits	GEV2+	GV2+
Individual Deductible	\$25	\$25
Family Deductible	\$75	\$75
Annual Maximum	\$1,000	\$1,000
Orthodontia Lifetime Max	\$1,000	\$1,000
Preventative Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Endodontics	50%	80%
Periodontics	50%	80%
Coverage Options	Monthly Rates	Monthly Rates
Employee Only	\$16.27	\$17.37
Employee & Spouse	\$42.13	\$44.32
Employee & Child(ren)	\$55.66	\$58.13
Family	\$94.83	\$98.86

Delta Dental of Kentucky
Delta Dental PPO plus Premier™
Summary of Dental Plan Benefits
Choice Program GEV2+

Covered Services –

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Non-participating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Denture Repair – repairs to complete or partial dentures	80%	80%	80%
Major Services			
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Relines and Rebase – to dentures	50%	50%	50%
Fixed Prosthodontic Repair – to bridges	50%	50%	50%
Implant Repair – implant maintenance, repair, and removal	50%	50%	50%
Adjustments to Dentures – adjustments to complete or partial dentures	50%	50%	50%
Prosthodontic Services – bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	Dependent Children to the end of the month of age 19		

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year. Limited oral evaluations for a specific problem or complaint are also payable twice in the same calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in a lifetime.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per calendar year for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 13 and under.

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<https://www.DeltaDentalKY.com>

- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per two-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Payment for crowns, inlays, and onlays are payable once per tooth in any five-year period. Stainless steel crowns are payable once per tooth in any two-year period on primary teeth only.
- Composite resin (white) restorations are payable on posterior teeth.
- Root canal treatment is inclusive of periapical X-rays, cultures, follow-up care, treatments, pulpotomy or pulpectomy, and routine post-operative procedures. Separate charges are not Covered Services for these procedures. Retreatment is payable two years after the initial treatment.
- Denture and/or bridge replacement is payable five-years post initial place. Replacement is not a Covered Service for lost or stolen dentures and/or bridges. Interim dentures are payable only for people under age 17 to replace extracted anterior permanent teeth.
- The initial installation of any prosthodontic service to replace missing teeth or teeth that were lost before coverage began, including congenitally missing teeth is not payable. Replacements of existing appliances can be considered.
- Fixed bridges or removable cast partials are payable only for Eligible Dependents over age 16. Services and appliances that replace missing natural teeth (such as bridges, endosteal implants, implant crowns, partial dentures, and complete dentures) may be subject to an Alternate Benefit.
- Porcelain and resin facings on bridges are payable on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

Deductible – \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth).

Maximum Payment – \$1,000 per person total per Benefit Year on all services, except cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth). \$1,000 per person total per lifetime on cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth).

Dependent Age Limit – Dependents are covered up to age 26.

Waiting Period – There is a 12-month waiting period for certain services. Endodontic Services, Periodontic Services, Major Restorative Services, Relines and Adjustments, Fixed Prosthodontic Repair, Prosthodontic Services, and Orthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.

Eligible People – The subscriber (you) is eligible for dental benefits when your employer or organization notifies Delta Dental.

Also eligible at your option are your legal spouse and your children who meet the age requirements noted above. Enrollees and dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application and as a dependent on your spouse's application. Your dependent children may be enrolled on both applications as well. Delta Dental will coordinate benefits.

Benefits will cease on the last day of the month in which your employment is terminated.



**Delta Dental of Kentucky
Delta Dental PPO plus Premier™
Summary of Dental Plan Benefits
Choice Program GV2+**

Covered Services –

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Customer Service Toll-Free Number: 800-955-2030
<https://www.DeltaDentalKY.com>



DeltaVision[®]

visit www.vsp.com to check to
the provider network

Coverage Options	Per Month
Employee	\$13.12
Employee + Spouse	\$26.14
Employee + Child(ren)	\$26.80
Family	\$39.82

Vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. Members may elect frames or contact lenses every 12 months. You can find the full benefit summary on the following pages.

DeltaVision 175

Benefit	Description	Copay
WellVision Exam		
Exams 1 exam every 12 months	Comprehensive eye exam to ensure overall visual wellness	\$10
Prescription Glasses		
Frames 1 pair every 12 months	\$175 allowance for wide selection of frames 20% savings on amount over allowance \$95 Costco, Walmart/Sam's Club frame allowance	Included in Prescription Glasses Copay
Lenses 1 pair every 12 months	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for children	Included in Prescription Glasses Copay
Covered Lens Enhancements	Standard Progressive Lenses Standard Anti-Reflective Coating	\$0 \$0
Optional Lens Enhancements	Premium Progressive Lenses Custom Progressive Lenses Tints/Photochromic Adaptive Lenses Scratch Resistant Coating Average savings of 30% on other lens enhancements	\$95 - \$105 \$150 - \$175 \$15 - \$17 \$17
Contact Lenses - instead of glasses		
Contacts every 12 months	\$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	up to \$60
Extra Savings		
Featured Frames	\$195 allowance on featured frame brands. Check vsp.com for current offers.	
Glasses and Sunglasses	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam	
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	
Laser Vision Correction	Average 15%-20% discount	
Additional Programs		
Included	Primary Eyecare, Eye Health Management (including Diabetic Exam Reminder Letters)	
Your coverage with Out-of-Network Providers		
Exam - up to \$45 Frame - up to \$70 Single Vision Lenses - up to \$30	Lined Bifocal Lenses - up to \$50 Lined Trifocal Lenses - up to \$65 Lenticular Lenses - up to \$100	Progressive Lenses - up to \$50 Contacts - up to \$105 Necessary Contact Lenses - up to \$210

Member Services*

Delta Dental of Kentucky

Customer Service
800-955-2030

*Please contact DDKY for eligibility before contacting VSP Member Services

VSP Vision

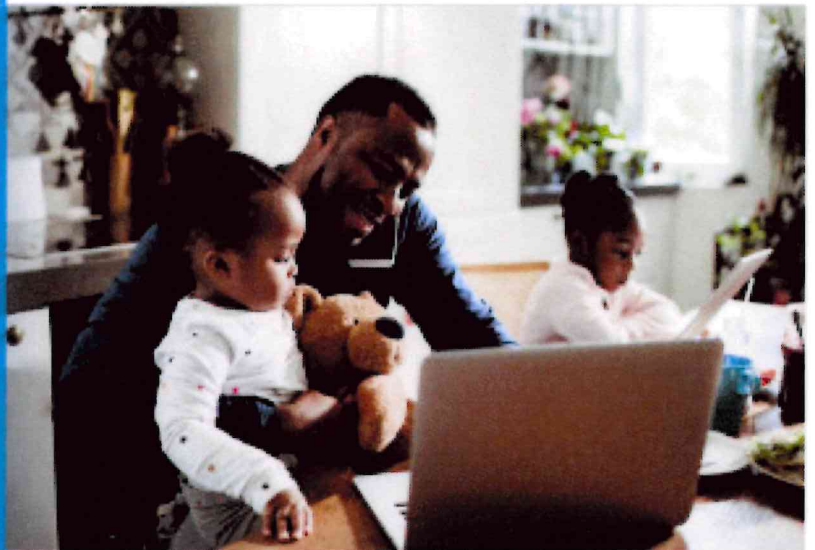
Member Services
800-877-7195

Hearing impaired customers may call 800-428-4833

VSP Choice Network

100,000 Access Points • In-network with Costco, Walmart/Sam's Club

Available Services When You Need Help the Most



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

— We are here for you —

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap
or call us: 1-800-316-2796

Basic EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	<ul style="list-style-type: none"> • An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments • Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters • Access to subject matter experts in the field of EAP service delivery
Counseling Options	<ul style="list-style-type: none"> • Three calls per year (per household) with our in-house Master's level EAP professionals, who will provide the caller with community resources <ul style="list-style-type: none"> • Additional community resources or possible counseling options come at the expense of the employee
Access	<ul style="list-style-type: none"> • 1-800 hotline with direct access to a Master's level EAP professional • 24/7/365 services available • Telephone support available in more than 120 languages • Online submission form available for EAP service requests

Continued on back.

Basic EAP Services (continued)

Features	Value to Company and Employees
Online Services	<ul style="list-style-type: none"> • An inclusive website with resources and links for additional assistance, including: <ul style="list-style-type: none"> • Current events and resources • Family and relationships • Emotional well-being • Financial wellness • Substance abuse and addiction • Legal assistance • Physical well-being • Work and career • Bilingual article library
Employee Family Legal Services	<ul style="list-style-type: none"> • Valuable resources available via website <ul style="list-style-type: none"> • Legal libraries & tools • Legal forms • 1 Legal consultation with an attorney per year (up to 30 minutes) <ul style="list-style-type: none"> • 25% discount for ongoing legal services for same issue
Employee Family Work/Life Services	<ul style="list-style-type: none"> • Child care resources and referrals • Elder care resources and referrals
Employee Family Financial Services	<ul style="list-style-type: none"> • Inclusive financial platform powered by Enrich • Personal financial assessment tool • Personalized courses, articles & resource to meet financial needs • Ongoing progress reports on financial health
Employee Communication	<ul style="list-style-type: none"> • All materials available in English and Spanish
Eligibility	<ul style="list-style-type: none"> • Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	<ul style="list-style-type: none"> • EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible



Mutual of Omaha

Short Term Disability

Can you live
without a
paycheck in case
of an accident or
illness?



- Covers 60% of your income
- Maternity Coverage
- Pays benefits after being off work for 14 days
- Protects your paycheck!



HOUCHENS INSURANCE GROUP



Voluntary Short-Term Disability Insurance

FOR EMPLOYEES OF NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES, INC.

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.
BENEFITS	
Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> • On the 15th day of your disabling injury. • On the 15th day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Benefit Period	Up to 11 weeks
Maximum Weekly Benefit	\$1,000
Minimum Weekly Benefit	None
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
DEFINITIONS	
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
SERVICES	

Hearing Discount Program

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

SEMI-MONTHLY PREMIUM CALCULATION		EXAMPLE <i>(42-year-old employee earning \$40,000 a year)</i>
List your weekly earnings (Maximum is \$1,666.67)	\$ _____	\$ <u>769.23</u>
Multiply by the premium factor	<u>0.0096000</u>	<u>0.0096000</u>
Your Estimated Semi-Monthly Premium**	\$ _____	\$ <u>7.38</u>

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 20 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
 - Results from an act of declared or undeclared war or armed aggression
 - Results from participation in a riot or commission of or attempt to commit a felony
 - Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ-2010.

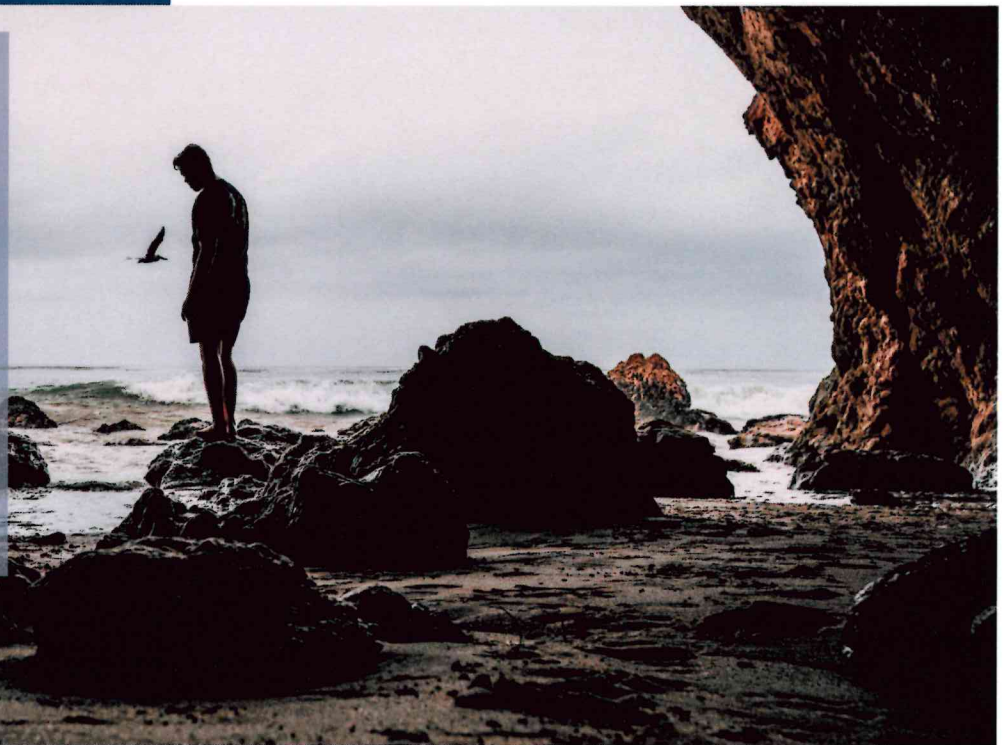




Mutual of Omaha

Long Term Disability

**Can you live
without a
paycheck in case
of an accident or
illness?**



- Covers you in the event you are off work for an accident or illness after 90 days
- Covers 60% of your income
- Coverage to age 65
- Protects your paycheck!



Voluntary Long-Term Disability Insurance

FOR EMPLOYEES OF NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES, INC.

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.
BENEFITS	
Elimination Period	Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short term disability ends.
Monthly Benefit	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources. The premium for your long-term disability coverage is waived while you are receiving benefits.
Maximum Monthly Benefit	\$6,000
Minimum Monthly Benefit	\$100/10%
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits.
DEFINITIONS	
Own Occupation	2 Years
Own Occupation Earnings Test	99%
Definition of Monthly Earnings	Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
Survivor Benefit	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

VOLUNTARY LONG-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary long-term disability coverage in the worksheet below, using the example as a guide.

SEMI-MONTHLY PREMIUM CALCULATION		EXAMPLE <i>(42-year-old employee earning \$40,000 a year)</i>	
List your monthly earnings (Maximum is \$10,000)	\$ _____	\$	<u>3,333.33</u>
Multiply by the premium factor	_____		<u>0.0026000</u>
Your Estimated Semi-Monthly Premium**	\$ _____	\$	<u>8.67</u>

AGE	PREMIUM FACTOR
< 25	0.0009000
25 - 29	0.0012500
30 - 34	0.0019000
35 - 39	0.0022500
40 - 44	0.0026000
45 - 49	0.0035000
50 - 54	0.0048500
55 - 59	0.0055500
60 - 64	0.0058500
65 - 69	0.0061500
70+	0.0064500

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

› Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 20 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

Yes, your LTD insurance provides benefits for both on-the-job and off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Disabilities related to alcohol and drug abuse are only payable for up to 12 months while insured under the policy.
- Disabilities related to mental disorders are only payable for up to 12 months while insured under the policy.
- Disabilities related to self-reported conditions and specific conditions are only payable for up to 12 months while insured under the policy.
- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
 - Results from an act of declared or undeclared war or armed aggression
 - Results from participation in a riot or commission of or attempt to commit a felony
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Results from alcohol and drug abuse and/or substance abuse, except as noted above
 - Results from a mental disorder, except as noted above
 - Is caused by alcohol and drug abuse and/or substance abuse, while not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ-2010.





WHAT DO YOU WANT TO LEAVE YOUR LOVED ONES?

Employees can elect up to \$100,000 in additional life coverage, your spouse can elect \$25,000, and you can elect \$10,000 for your children.

- You want to provide for your loved ones
- You want your family to stay in their home
- You want to make sure your kids go to college
- You don't want to leave your family in debt

Your Enrollment Counselor will provide you with specific rates for this coverage



Voluntary Term Life Insurance

FOR EMPLOYEES OF NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES, INC.

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

COVERAGE GUIDELINES

	Minimum	Guarantee Issue	Maximum
For You	\$10,000	5 times annual salary, up to \$100,000	\$500,000, in increments of \$10,000, but no more than 5 times annual salary
Spouse	\$5,000	100% of employee's benefit, up to \$25,000	100% of employee's benefit, up to \$250,000
Children	\$10,000	\$10,000	\$10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

BENEFITS

Life Insurance Benefit Amount	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p>
Accidental Death & Dismemberment (AD&D) Benefit Amount	<p>For you and your spouse: The Principal Sum amount is equal to the amount of life insurance benefit.</p> <p>AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p>

FEATURES

Living Care/ Accelerated Death Benefit	75% of the amount of the life insurance benefit is available to you and your spouse if terminally ill, not to exceed \$250,000.
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Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to \$20,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Seat Belt - Airbag - Repatriation - Common Carrier
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

SERVICES

Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epop, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com .

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 70, amounts reduce to 65%
- At age 75, amounts reduce to 45%
- At age 80, amounts reduce to 30%
- At age 85, amounts reduce to 20%
- At age 90, amounts reduce to 15%

Spouse coverage terminates when you reach age 70.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
30 - 34	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
35 - 39	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
40 - 44	\$0.85	\$1.70	\$2.55	\$3.40	\$4.25	\$5.10	\$5.95	\$6.80	\$7.65	\$8.50
45 - 49	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00
50 - 54	\$2.25	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50	\$15.75	\$18.00	\$20.25	\$22.50
55 - 59	\$3.45	\$6.90	\$10.35	\$13.80	\$17.25	\$20.70	\$24.15	\$27.60	\$31.05	\$34.50
60 - 64	\$5.30	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80	\$37.10	\$42.40	\$47.70	\$53.00
65 - 69	\$9.45	\$18.90	\$28.35	\$37.80	\$47.25	\$56.70	\$66.15	\$75.60	\$85.05	\$94.50
70 - 74	\$16.80	\$33.60	\$50.40	\$67.20	\$84.00	\$100.80	\$117.60	\$134.40	\$151.20	\$168.00
75 - 79	\$27.65	\$55.30	\$82.95	\$110.60	\$138.25	\$165.90	\$193.55	\$221.20	\$248.85	\$276.50
80+	\$55.90	\$111.80	\$167.70	\$223.60	\$279.50	\$335.40	\$391.30	\$447.20	\$503.10	\$559.00

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse's rate is based on your age, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.23	\$0.45	\$0.68	\$0.90	\$1.13	\$1.35	\$1.58	\$1.80	\$2.03	\$2.25
30 - 34	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50
35 - 39	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
40 - 44	\$0.43	\$0.85	\$1.28	\$1.70	\$2.13	\$2.55	\$2.98	\$3.40	\$3.83	\$4.25
45 - 49	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
50 - 54	\$1.13	\$2.25	\$3.38	\$4.50	\$5.63	\$6.75	\$7.88	\$9.00	\$10.13	\$11.25
55 - 59	\$1.73	\$3.45	\$5.18	\$6.90	\$8.63	\$10.35	\$12.08	\$13.80	\$15.53	\$17.25
60 - 64	\$2.65	\$5.30	\$7.95	\$10.60	\$13.25	\$15.90	\$18.55	\$21.20	\$23.85	\$26.50
65 - 69	\$4.73	\$9.45	\$14.18	\$18.90	\$23.63	\$28.35	\$33.08	\$37.80	\$42.53	\$47.25

ALL CHILDREN PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)*	
\$10,000	\$1.00

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week.
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
 - At age 70, amounts reduce to 65%
 - At age 75, amounts reduce to 45%
 - At age 80, amounts reduce to 30%
 - At age 85, amounts reduce to 20%
 - At age 90, amounts reduce to 15%
- Spouse coverage terminates when you reach age 70.
- Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.





Protect your income with cancer insurance
Help cover expenses from diagnosis through recovery
Hopefully, you and your family will never face cancer. But if you do, Colonial Life is here to help. Our cancer insurance helps provide a financial safety net that can assist with covering cancer-related expenses that medical insurance doesn't cover, so you can focus on what matters most: recovery.

Cancer Insurance

Level 1 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
Air ambulance	\$2,000 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Ambulance	\$250 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Anesthesia	
Administered during a surgical procedure for cancer treatment	
■ General anesthesia	25% of surgical procedures benefit
■ Local anesthesia	\$25 per procedure
Anti-nausea medication	\$25 per day administered or
Doctor-prescribed medication for radiation or chemotherapy <i>[\$100 monthly max.]</i>	per prescription filled
Blood/plasma/platelets/immunoglobulins	\$150 per day
A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	
Bone marrow donor screening	\$50
Testing in connection with being a potential donor <i>[once per lifetime]</i>	
Bone marrow or peripheral stem cell donation	\$500
Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	
Bone marrow or peripheral stem cell transplant	\$3,500 per transplant
Transplant you receive in connection with cancer treatment	
<i>[max. of two bone marrow transplant benefits per lifetime]</i>	
Cancer vaccine	\$50
An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	
Companion transportation	\$0.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,000 per round trip]</i>	
Egg(s) extraction or harvesting/sperm collection and storage	
Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) extraction or harvesting/sperm collection	\$500
■ Egg(s) or sperm storage (cryopreservation)	\$175
Experimental treatment	\$200 per day
Hospital, medical or surgical care for cancer <i>[\$10,000 lifetime max.]</i>	
Family care	\$30 per day
Inpatient or outpatient treatment for a covered dependent child <i>[\$1,500 calendar year max.]</i>	
Hair/external breast/voice box prosthesis	\$200 per calendar year
Prosthesis needed as a direct result of cancer	
Home health care services	\$50 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	
Hospice (initial or daily care)	
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>	\$1,000
■ Daily hospice care	\$50 per day



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BENEFIT DESCRIPTION

BENEFIT AMOUNT

Hospital confinement	
Hospital stay (including intensive care) required for cancer treatment	
■ 30 days or less	\$100 per day
■ 31 days or more	\$200 per day
Lodging	\$50 per day
Hotel/motel expenses when being treated for cancer more than 50 miles from home <i>[70-day calendar year max.]</i>	
Medical imaging studies	\$75 per study
Specific studies for cancer treatment <i>[\$150 calendar year max.]</i>	
Outpatient surgical center	\$100 per day
Surgery at an outpatient center for cancer treatment <i>[\$300 calendar year max.]</i>	
Private full-time nursing services	\$50 per day
Services while hospital confined other than those regularly furnished by the hospital	
Prosthetic device/artificial limb	\$1,000 per device or limb
A surgical implant needed because of cancer surgery <i>[payable one per site, \$2,000 lifetime max.]</i>	
Radiation/chemotherapy	
Weekly benefit <i>[max. once per week]</i>	
■ Injected chemotherapy by medical personnel	\$250
■ Radiation delivered by medical personnel	\$250
Monthly chemotherapy benefit <i>[max. once per month]</i>	
■ Self-injected	\$150
■ Pump	\$150
■ Topical	\$150
■ Oral hormonal [1-24 months]	\$150
■ Oral hormonal [25+ months]	\$75
■ Oral non-hormonal	\$150
Reconstructive surgery	\$40 per surgical unit
A surgery to reconstruct anatomic defects that result from cancer treatment <i>[up to \$2,500 per procedure, including 25% for general anesthesia]</i>	
Second medical opinion	\$150
A second physician's opinion on cancer surgery or treatment <i>[once per lifetime]</i>	
Skilled nursing care facility	\$75 per day
Confinement to a covered facility after hospital release <i>[up to the number of days paid for hospital confinement]</i>	
Skin cancer initial diagnosis	\$300
A skin cancer diagnosis while the policy is in force <i>[once per lifetime]</i>	
Supportive or protective care drugs and colony stimulating factors	\$50 per day
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments <i>[\$400 calendar year max.]</i>	
Surgical procedures	\$40 per surgical unit
Inpatient or outpatient surgery for cancer treatment <i>[\$2,500 max. per procedure]</i>	
Transportation	\$0.50 per mile
Travel expenses when being treated for cancer more than 50 miles from home <i>[up to \$1,000 per round trip]</i>	
Waiver of premium	Is available
No premiums due if the named insured is disabled longer than 90 consecutive days	

THIS POLICY PROVIDES LIMITED BENEFITS.

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 form CanAssist (including state abbreviations where used – for example: CanAssist-TX). This chart is not complete without form number 101481.

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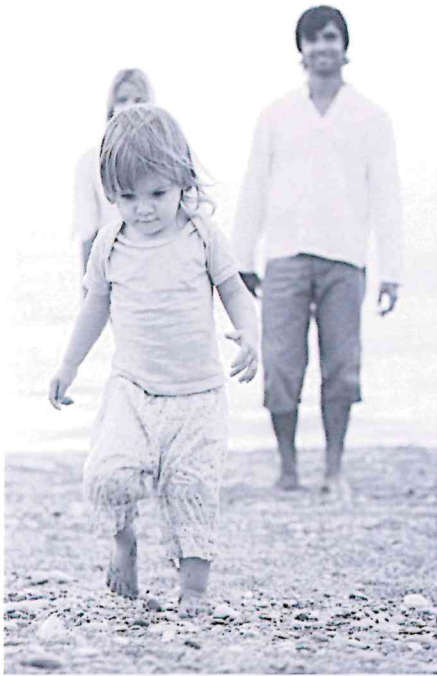
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Cn

Cancer Insurance

Level 2 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
Air ambulance	\$2,000 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Ambulance	\$250 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Anesthesia	
Administered during a surgical procedure for cancer treatment	
■ General anesthesia	25% of surgical procedures benefit
■ Local anesthesia	\$30 per procedure
Anti-nausea medication	\$40 per day administered or
Doctor-prescribed medication for radiation or chemotherapy <i>[\$160 monthly max.]</i> per prescription filled	
Blood/plasma/platelets/immunoglobulins	\$150 per day
A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	
Bone marrow donor screening	\$50
Testing in connection with being a potential donor <i>[once per lifetime]</i>	
Bone marrow or peripheral stem cell donation	\$500
Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	
Bone marrow or peripheral stem cell transplant	\$4,000 per transplant
Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	
Cancer vaccine	\$50
An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	
Companion transportation	\$0.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,000 per round trip]</i>	
Egg(s) extraction or harvesting/sperm collection and storage	
Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) extraction or harvesting/sperm collection	\$700
■ Egg(s) or sperm storage (cryopreservation)	\$200
Experimental treatment	\$250 per day
Hospital, medical or surgical care for cancer <i>[\$12,500 lifetime max.]</i>	
Family care	\$40 per day
Inpatient or outpatient treatment for a covered dependent child <i>[\$2,000 calendar year max.]</i>	
Hair/external breast/voice box prosthesis	\$200 per calendar year
Prosthesis needed as a direct result of cancer	
Home health care services	\$75 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	
Hospice (initial or daily care)	
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>	\$1,000
■ Daily hospice care	\$50 per day



ColonialLife.com

BENEFIT DESCRIPTION

BENEFIT AMOUNT

Hospital confinement	
Hospital stay (including intensive care) required for cancer treatment	
■ 30 days or less	\$150 per day
■ 31 days or more	\$300 per day
Lodging	\$50 per day
Hotel/motel expenses when being treated for cancer more than 50 miles from home <i>[70-day calendar year max.]</i>	
Medical imaging studies	\$125 per study
Specific studies for cancer treatment <i>[\$250 calendar year max.]</i>	
Outpatient surgical center	\$200 per day
Surgery at an outpatient center for cancer treatment <i>[\$600 calendar year max.]</i>	
Private full-time nursing services	\$75 per day
Services while hospital confined other than those regularly furnished by the hospital	
Prosthetic device/artificial limb	\$1,500 per device or limb
A surgical implant needed because of cancer surgery <i>[payable one per site, \$3,000 lifetime max.]</i>	
Radiation/chemotherapy	
Weekly benefit <i>[max. once per week]</i>	
■ Injected chemotherapy by medical personnel	\$500
■ Radiation delivered by medical personnel	\$500
Monthly chemotherapy benefit <i>[max. once per month]</i>	
■ Self-injected	\$200
■ Pump	\$200
■ Topical	\$200
■ Oral hormonal [1-24 months]	\$200
■ Oral hormonal [25+ months]	\$100
■ Oral non-hormonal	\$200
Reconstructive surgery	\$40 per surgical unit
A surgery to reconstruct anatomic defects that result from cancer treatment <i>[up to \$2,500 per procedure, including 25% for general anesthesia]</i>	
Second medical opinion	\$200
A second physician's opinion on cancer surgery or treatment <i>[once per lifetime]</i>	
Skilled nursing care facility	\$100 per day
Confinement to a covered facility after hospital release <i>[up to the number of days paid for hospital confinement]</i>	
Skin cancer initial diagnosis	\$300
A skin cancer diagnosis while the policy is in force <i>[once per lifetime]</i>	
Supportive or protective care drugs and colony stimulating factors	\$100 per day
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments <i>[\$800 calendar year max.]</i>	
Surgical procedures	\$50 per surgical unit
Inpatient or outpatient surgery for cancer treatment <i>[\$3,000 max. per procedure]</i>	
Transportation	\$0.50 per mile
Travel expenses when being treated for cancer more than 50 miles from home <i>[up to \$1,000 per round trip]</i>	
Waiver of premium	Is available
No premiums due if the named insured is disabled longer than 90 consecutive days	

THIS POLICY PROVIDES LIMITED BENEFITS.

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.

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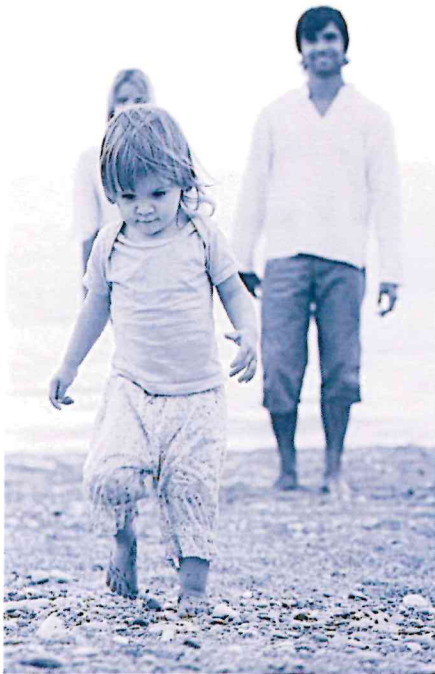
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Cn

Cancer Insurance

Level 3 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
Air ambulance	\$2,000 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Ambulance	\$250 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Anesthesia	
Administered during a surgical procedure for cancer treatment	
■ General anesthesia	25% of surgical procedures benefit
■ Local anesthesia	\$40 per procedure
Anti-nausea medication	\$50 per day administered or
Doctor-prescribed medication for radiation or chemotherapy <i>[\$200 monthly max.]</i>	per prescription filled
Blood/plasma/platelets/immunoglobulins	\$175 per day
A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	
Bone marrow donor screening	\$50
Testing in connection with being a potential donor <i>[once per lifetime]</i>	
Bone marrow or peripheral stem cell donation	\$750
Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	
Bone marrow or peripheral stem cell transplant	\$7,000 per transplant
Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	
Cancer vaccine	\$50
An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	
Companion transportation	\$0.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,200 per round trip]</i>	
Egg(s) extraction or harvesting/sperm collection and storage	
Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) extraction or harvesting/sperm collection	\$1,000
■ Egg(s) or sperm storage (cryopreservation)	\$350
Experimental treatment	\$300 per day
Hospital, medical or surgical care for cancer <i>[\$15,000 lifetime max.]</i>	
Family care	\$50 per day
Inpatient or outpatient treatment for a covered dependent child <i>[\$2,500 calendar year max.]</i>	
Hair/external breast/voice box prosthesis	\$350 per calendar year
Prosthesis needed as a direct result of cancer	
Home health care services	\$100 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	
Hospice (initial or daily care)	
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>	\$1,000
■ Daily hospice care	\$50 per day



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BENEFIT DESCRIPTION

BENEFIT AMOUNT

Hospital confinement	
Hospital stay (including intensive care) required for cancer treatment	
■ 30 days or less	\$250 per day
■ 31 days or more	\$500 per day
Lodging	\$75 per day
Hotel/motel expenses when being treated for cancer more than 50 miles from home <i>[70-day calendar year max.]</i>	
Medical imaging studies	\$175 per study
Specific studies for cancer treatment <i>[\$350 calendar year max.]</i>	
Outpatient surgical center	\$300 per day
Surgery at an outpatient center for cancer treatment <i>[\$900 calendar year max.]</i>	
Private full-time nursing services	\$125 per day
Services while hospital confined other than those regularly furnished by the hospital	
Prosthetic device/artificial limb	\$2,000 per device or limb
A surgical implant needed because of cancer surgery <i>[payable one per site, \$4,000 lifetime max.]</i>	
Radiation/chemotherapy	
Weekly benefit <i>[max. once per week]</i>	
■ Injected chemotherapy by medical personnel	\$750
■ Radiation delivered by medical personnel	\$750
Monthly chemotherapy benefit <i>[max. once per month]</i>	
■ Self-injected	\$300
■ Pump	\$300
■ Topical	\$300
■ Oral hormonal [1-24 months]	\$300
■ Oral hormonal [25+ months]	\$150
■ Oral non-hormonal	\$300
Reconstructive surgery	\$60 per surgical unit
A surgery to reconstruct anatomic defects that result from cancer treatment <i>[up to \$3,000 per procedure, including 25% for general anesthesia]</i>	
Second medical opinion	\$300
A second physician's opinion on cancer surgery or treatment <i>[once per lifetime]</i>	
Skilled nursing care facility	\$100 per day
Confinement to a covered facility after hospital release <i>[up to the number of days paid for hospital confinement]</i>	
Skin cancer initial diagnosis	\$400
Askin cancer diagnosis while the policy is in force <i>[once per lifetime]</i>	
Supportive or protective care drugs and colony stimulating factors	\$150 per day
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments <i>[\$1,200 calendar year max.]</i>	
Surgical procedures	\$60 per surgical unit
Inpatient or outpatient surgery for cancer treatment <i>[\$5,000 max. per procedure]</i>	
Transportation	\$0.50 per mile
Travel expenses when being treated for cancer more than 50 miles from home <i>[up to \$1,200 per round trip]</i>	
Waiver of premium	Is available
No premiums due if the named insured is disabled longer than 90 consecutive days	

THIS POLICY PROVIDES LIMITED BENEFITS.

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 form CanAssist (including state abbreviations where used, for example: CanAssist-TX). This chart is not complete without form number 101481.

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5-19 | 101484-2

Cn

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
Air ambulance	\$2,000 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Ambulance	\$250 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Anesthesia	
Administered during a surgical procedure for cancer treatment	
■ General anesthesia	25% of surgical procedures benefit
■ Local anesthesia	\$50 per procedure
Anti-nausea medication	\$60 per day administered or
Doctor-prescribed medication for radiation or chemotherapy <i>[\$240 monthly max.]</i>	per prescription filled
Blood/plasma/platelets/immunoglobulins	\$250 per day
A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	
Bone marrow donor screening	\$50
Testing in connection with being a potential donor <i>[once per lifetime]</i>	
Bone marrow or peripheral stem cell donation	\$1,000
Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	
Bone marrow or peripheral stem cell transplant	\$10,000 per transplant
Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	
Cancer vaccine	\$50
An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	
Companion transportation	\$0.50 per mile
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>	
Egg(s) extraction or harvesting/sperm collection and storage	
Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) extraction or harvesting/sperm collection	\$1,500
■ Egg(s) or sperm storage (cryopreservation)	\$500
Experimental treatment	\$300 per day
Hospital, medical or surgical care for cancer <i>[\$15,000 lifetime max.]</i>	
Family care	\$60 per day
Inpatient or outpatient treatment for a covered dependent child <i>[\$3,000 calendar year max.]</i>	
Hair/external breast/voice box prosthesis	\$500 per calendar year
Prosthesis needed as a direct result of cancer	
Home health care services	\$150 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	
Hospice (initial or daily care)	
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>	\$1,000
■ Daily hospice care	\$50 per day



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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	\$80 per day
Hotel/motel expenses when being treated for cancer more than 50 miles from home <i>[70-day calendar year max.]</i>	
Medical imaging studies	\$225 per study
Specific studies for cancer treatment <i>[\$450 calendar year max.]</i>	
Outpatient surgical center	\$400 per day
Surgery at an outpatient center for cancer treatment <i>[\$1,200 calendar year max.]</i>	
Private full-time nursing services	\$150 per day
Services while hospital confined other than those regularly furnished by the hospital	
Prosthetic device/artificial limb	\$3,000 per device or limb
A surgical implant needed because of cancer surgery <i>[payable one per site, \$6,000 lifetime max.]</i>	
Radiation/chemotherapy	
Weekly benefit <i>[max. once per week]</i>	
■ Injected chemotherapy by medical personnel	\$1,000
■ Radiation delivered by medical personnel	\$1,000
Monthly chemotherapy benefit <i>[max. once per month]</i>	
■ Self-injected	\$400
■ Pump	\$400
■ Topical	\$400
■ Oral hormonal [1-24 months]	\$400
■ Oral hormonal [25+ months]	\$200
■ Oral non-hormonal	\$400
Reconstructive surgery	\$60 per surgical unit
A surgery to reconstruct anatomic defects that result from cancer treatment <i>[up to \$3,000 per procedure, including 25% for general anesthesia]</i>	
Second medical opinion	\$300
A second physician's opinion on cancer surgery or treatment <i>[once per lifetime]</i>	
Skilled nursing care facility	\$150 per day
Confinement to a covered facility after hospital release <i>[up to the number of days paid for hospital confinement]</i>	
Skin cancer initial diagnosis	\$600
A skin cancer diagnosis while the policy is in force <i>[once per lifetime]</i>	
Supportive or protective care drugs and colony stimulating factors	\$200 per day
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments <i>[\$1,600 calendar year max.]</i>	
Surgical procedures	\$70 per surgical unit
Inpatient or outpatient surgery for cancer treatment <i>[\$6,000 max. per procedure]</i>	
Transportation	\$0.50 per mile
Travel expenses when being treated for cancer more than 50 miles from home <i>[up to \$1,500 per round trip]</i>	
Waiver of premium	Is available
No premiums due if the named insured is disabled longer than 90 consecutive days	

THIS POLICY PROVIDES LIMITED BENEFITS.

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

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used – for example: CanAssist-TX). This chart is not complete without form number 101481.

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11-19 | 101485-3

Cn

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



For more information, talk with your benefits counselor.

Part one: Cancer wellness/health screening

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

Cancer wellness tests

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

Health screening tests

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

\$100 Wellness Benefit

Part two: Cancer wellness — additional invasive diagnostic test or surgical procedure

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

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

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

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ACCIDENT INSURANCE



COLONIAL'S ACCIDENT INSURANCE HELPS PAY FOR UNEXPECTED HEALTHCARE EXPENSES DUE TO ACCIDENT THAT OCCUR EVERY DAY FROM THE SOCCER FIELD TO THE SKI SLOPE AND THE HIGHWAY IN-BETWEEN, AND THEY ARE UNEXPECTED. HOW YOU CARE FOR THEM SHOULDN'T BE.



HOUCHENS INSURANCE GROUP

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.

Accident 1.0-Preferred with Health Screening Benefit-KY

What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Health Savings Account (HSA) guidelines

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

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

What if I change employers?

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

Can my premium change?

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

How do I file a claim?

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

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

Initial Care

- Accident Emergency Treatment..... \$125
- X-ray Benefit.....\$30
- Ambulance\$200
- 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* \$1,250 per accident
 - Hospital ICU Admission* \$2,500 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.*
- Hospital Confinement \$250 per day up to 365 days per accident
 - Hospital ICU Confinement\$500 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit \$50 (up to 3 visits per accident)
- Medical Imaging Study\$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	\$50,000	\$100,000
● Spouse	\$50,000	\$100,000
● Child(ren)	\$10,000	\$20,000

Health Screening Benefit

● \$50 per covered person per calendar year

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

Tests include:

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

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

Who will be covered? (check one)

- Employee Only Spouse Only One Child Only Employee & Spouse
- One-Parent Family, with Employee One-Parent Family, with Spouse Two-Parent Family

When are covered accident benefits available? (check one)

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

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

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

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Accident 1.0-Preferred with Health Screening Benefit-KY



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The benefits of good hard work.™

CRITICAL ILLNESS

COLONIAL'S CRITICAL ILLNESS IS DESIGNED TO FOCUS ON THE MANY WAYS CRITICAL ILLNESS TOUCHES YOUR LIFE. YOU CAN USE THE BENEFIT ANY WAY YOU WISH, WHETHER IT'S FOR TREATMENT, CHANGES TO YOUR HOME OR SOMEONE TO WATCH YOUR CHILDREN.



HOUCHENS INSURANCE GROUP

Group Critical Illness Insurance Plan 3 Full



For more information,
talk with your
benefits counselor.

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If you're diagnosed with a covered critical illness, group critical illness insurance* from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

*The policy name is Critical Illness Group Specified Disease Insurance.

Face amount: \$ _____

Critical illness benefit

For the diagnosis of this covered critical illness condition: ¹	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Coma	100%
Permanent paralysis due to a covered accident	100%
Blindness	100%
Occupational infectious HIV or occupational infectious hepatitis B, C or D	100%
Coronary artery bypass graft surgery/disease ²	25%

Subsequent diagnosis of a different critical illness³

If you receive a benefit for a critical illness, and later you are diagnosed with a different critical illness, the original percentage of the face amount is payable for that particular critical illness.

Subsequent diagnosis of the same critical illness³

If you receive a benefit for a critical illness, and later you are diagnosed with the same critical illness, 25% of the original face amount is payable. Critical illness conditions that do not qualify are: coronary artery bypass graft surgery/coronary artery disease² and occupational infectious HIV or occupational infectious hepatitis B, C or D.



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Spouse/Dependent Children coverage is also available if the employee chooses. If covered by the employee's plan, the Face Amount for the Spouse and eligible Dependent Children will be 50% of the named insured's Face Amount.

1 Please refer to the certificate for complete definitions of covered conditions.

2 Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.

3 Dates of diagnoses of a covered critical illness must be separated by at least 180 days.

THIS POLICY PROVIDES LIMITED BENEFITS.

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

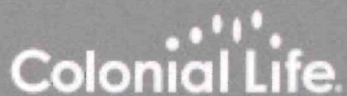
EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of a Critical Illness that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; 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.

This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C (including state abbreviations where used, for example: GCC1.0-C-TX). The certificate or its provisions may vary or be unavailable in some states. Please see your Colonial Life benefits counselor for details.

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Critical Illness Insurance

Health Screening Benefit



The optional health screening benefit can help you reduce the risk of serious illness through early detection.

Health screening benefit \$ _____

Maximum of one screening test per covered person per calendar year.

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

For more information,
talk with your
benefits counselor.

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The policy has exclusions and limitations which may affect any benefits payable.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to form CI-1.0-P and GCC1.0-P (including state abbreviations where used, for example: CI-1.0-P-TX and GCC1.0-P-TX). Coverage may vary by state and may not be available in all states.

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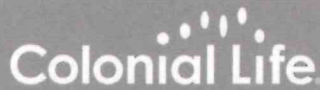
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The benefits of good hard work.®

GROUP HOSPITAL CONFINEMENT

COLONIAL'S HOSPITAL CONFINEMENT PLANS ARE DESIGNED TO HELP YOU WITH DEDUCTIBLES AND OUT OF POCKETS YOUR HEALTH INSURANCE WILL NOT COVER. YOU HAVE TWO OPTIONS TO CHOOSE!



HOUCHENS INSURANCE GROUP



Group Hospital Confinement Indemnity Insurance Plan 1



Group Medical BridgeSM insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

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

Health savings account (HSA) compatible

This plan is compatible with HSA guidelines. This plan may also be offered to employees who do not have HSAs.

Colonial Life & Accident Insurance Company's Group Medical Bridge offers an HSA compatible plan in most states.

For more information,
talk with your
benefits counselor.

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THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses which are caused by: intoxicants, narcotics and hallucinogenics, dental procedures, elective procedures, cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide, intentional injuries, war, armed forces service or giving birth within the first nine months after the certificate effective date. 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, which means 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 certificate effective date.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form GMB1.0-P-KY-R and certificate form GMB1.0-C-KY-R. This is not an insurance contract and only the actual certificate provisions will control.

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GROUP MEDICAL BRIDGE - PLAN 1 | 5-19 | 100024-4-KY



Group Hospital Confinement Indemnity Insurance Plan 3



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

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

Emergency room visit benefit \$150 per day
Maximum of one day per covered person per calendar year

Diagnostic procedure benefit \$_____ per day
Maximum of one day per covered person per calendar year

Outpatient surgical procedure benefit

■ **Tier 1** \$_____ per day

■ **Tier 2** \$_____ per day

Maximum of \$_____ per covered person per calendar year for Tier 1 and 2 combined
Maximum of one day per outpatient surgical procedure

Diagnostic procedures

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

- **Breast**
 - Biopsy (incisional, needle, stereotactic)
- **Cardiac**
 - Angiogram
 - Arteriogram
 - Thallium stress test
 - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
 - Computerized tomography scan (CT scan)
 - Electroencephalogram (EEG)
 - Magnetic resonance imaging (MRI)
 - Myelogram
 - Nuclear medicine test
 - Positron emission tomography scan (PET scan)
- **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
- **Urinary**
 - Cystoscopy

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 certificate.

Tier 1 outpatient surgical procedures

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

Tier 2 outpatient surgical procedures

- **Breast**
 - Breast reduction
- **Cardiac**
 - Angioplasty
 - Cardiac catheterization
- **Digestive**
 - Exploratory laparoscopy
 - Laparoscopic appendectomy
 - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
 - Ethmoidectomy
 - Mastoidectomy
 - Septoplasty
 - Stapedectomy
 - Tympanoplasty
 - Tympanotomy
- **Eye**
 - Cataract surgery
 - Corneal surgery (penetrating keratoplasty)
 - Glaucoma surgery (trabeculectomy)
 - Vitrectomy
- **Gynecological**
 - 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

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses which are caused by: intoxicants, narcotics and hallucinogenics, dental procedures, elective procedures, cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide, intentional injuries, war, armed forces service or giving birth within the first nine months after the certificate effective date. 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, which means 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 certificate effective date.

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4-19 | 100026-4-KY

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HIG HOUCHENS INSURANCE GROUP

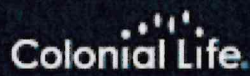
WHOLE LIFE INSURANCE



COLONIAL OFFERS A WHOLE LIFE INSURANCE
DESIGNED TO HELP YOU WITH FINAL EXPENSES AND
COVERAGE YOUR LOVED ONES CAN DEPEND ON TO
HELP PAY BILLS AFTER YOU ARE GONE.



HOUCHENS INSURANCE GROUP



Whole Life Plus Insurance



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

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

BENEFITS AND FEATURES

- ✓ Choose the age when your premium payments end — Paid-Up at Age 70 or Paid-Up at Age 100
- ✓ Stand-alone spouse policy available even without buying a policy for yourself
- ✓ Ability to keep the policy if you change jobs or retire
- ✓ Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness²
- ✓ 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 coverage for all of your eligible dependent children and pay one premium. The children's term rider may be added to either your policy or your spouse's policy — not both.

ADVANTAGES OF WHOLE LIFE PLUS INSURANCE

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



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

WHOLE LIFE PLUS (IWL5000)

Benefits worksheet

For use with your benefits counselor

How much coverage do you need?

YOU \$ _____

Select the option:

- Paid-Up at Age 70
 Paid-Up at Age 100

SPOUSE \$ _____

Select the option:

- Paid-Up at Age 70
 Paid-Up at Age 100

DEPENDENT STUDENT

\$ _____

Select the option:

- Paid-Up at Age 70
 Paid-Up at Age 100

Select any optional riders:

- Spouse term rider
\$ _____ face amount
for _____-year term period
- Children's term rider
\$ _____ face amount
- Accidental death benefit rider
- Chronic care accelerated death benefit rider
- Critical illness accelerated death benefit rider
- Guaranteed purchase option rider
- Waiver of premium benefit rider



To learn more, talk with
your benefits counselor.

Colonial Life

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ADDITIONAL COVERAGE OPTIONS (CONTINUED)

Accidental death benefit rider

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

Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.⁷ A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living (bathing, continence, dressing, eating, toileting and transferring). Premiums are waived during the benefit period.

Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a \$5,000 benefit is payable.⁸ A subsequent diagnosis benefit is included.

Guaranteed purchase option rider

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

Waiver of premium benefit rider

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

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

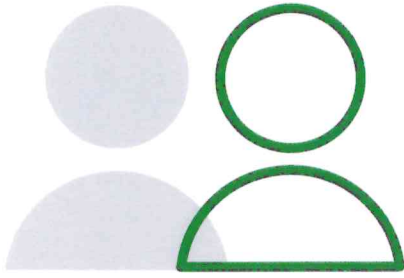
EXCLUSIONS AND LIMITATIONS: If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid without interest, minus any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

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

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FOR EMPLOYEES 6-21 | 642298



Helpful Contact Information



Julie Ash
866-215-2414
jash@higusa.com



Customer Service
800-955-2030
www.deltadentalky.com



Customer Service
800-325-4368
www.coloniallife.com



Customer Service
800-228-7104
www.mutualofomaha.com

Claims guidance on following pages

How to File a Claim for Colonial Life Benefits

FOR FASTEST RESULTS, FILE ONLINE:

- 1 Go to ColonialLife.com/access to login or register
- 2 Fill out the required information and click **Submit**.
- 3 Enjoy streamlined claims management and faster service online.

DIGITALLY FILE ALL TYPES OF CLAIMS



Disability Insurance



Accident & Hospital Insurance



Life Insurance



Critical Illness & Cancer Insurance



Wellness benefits for screening tests

Not sure which type of claim to file? No problem.

Just answer a few questions on the portal and we'll help you figure everything out.

BEFORE YOU FILE:

Review the appropriate claims checklist at ColonialLife.com and have this information handy to make the process go smoothly. Proper documentation must be submitted when filing your claim.

AFTER YOU FILE:

Check your claim status and manage your claim by logging into your account at ColonialLife.com/access. Live chat is also available 9 a.m. - 5 p.m. EST.

OTHER WAYS TO FILE A CLAIM:

Fax: 1.800.880.9325

Mail: P.O. Box 100195, Columbia, SC 29202

Colonial Life is committed to providing you, our valued customer, a market-leading claims experience. We look forward to serving you on ColonialLife.com.



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On the policyholder portal you can:

View benefit details

- Here you'll find a copy of your policy to see what's covered and benefit amounts

Track your claim

- Log in anytime to view status; or opt in to receive status alerts by email or text so you know instantly if we require additional information



Sign up for direct deposit to get approved payments up to a week faster than paper check!

Accessing Claims Online Using the Employee Portal



Managing claims shouldn't be difficult. Mutual of Omaha always has our customers in mind, which is why we created our Employee Portal so you can easily access your claims.

Our Employee Portal provides real-time information giving you the ability to view current claims, access claim forms, and submit a new claim for short-term disability benefits.

Getting Started

1. Go to <https://www2.mutualofomaha.com/my-benefits/login>.
2. Register for an account by filling out the necessary information. Click on Sign Up.
3. Users will be notified when they have completed the first step of creating an account.
4. An email will be sent with the final steps to finish setting up an account.

Already have an account? Log in with your credentials.

How to View Current Claims

- To access current claims, log in and click on the "Claims" icon*
- View a specific claim and its status, along with the claim number



***PLEASE NOTE:** The "Claims" icon will only be shown if a claim has been filed. If there are no existing claims, the icon will not appear.

Submitting a Claim Form Online



A short-term disability claim form can be submitted online by clicking on the "Submit claim" icon on the Employee Portal homepage.

- On the forms page, select "I am a Plan Member (Employee)" and choose the relevant state
- Select the necessary form, then select "Complete form online"



Forms can also be submitted via fax or mail by clicking the "Claims forms" icon and downloading the form.

We are here for you

If you have questions regarding a claim, please contact our dedicated toll-free number: **(800) 877-5176**

(Monday - Friday, 7:30 a.m. - 5 p.m. CST)

Mutual of Omaha