



EMPLOYEE BENEFITS GUIDE 2024

PLAN YEAR:

JULY 1, 2024 - JUNE 30, 2025



EMPLOYEE BENEFITS GUIDE

TABLE OF CONTENTS

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

ENROLLMENT DATES:

January 8, 2024 - February 23, 2024

PLAN YEAR & EFFECTIVE DATES:

July 1, 2024 - June 30, 2025

IMPORTANT NOTE & DISCLAIMER

This is neither an insurance contract nor a Summary Plan Description and only the actual policy provisions will prevail.



All information in this guide, including premiums quoted, is subject to change.



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

TABLE OF CONTENTS

Important Contact Information.....	3
Eligibility Requirements	4
Overview Of Benefits	5
Important Notices	6
Qualifying Life Events	7
Enrollment Information	9
Ben Select Enrollment Instructions	11
Flexible Spending Account.....	12
The FSA Store	15
Dependent Care Account.....	16
Dental Insurance	19
Vision Insurance.....	26
Group Term Life Insurance	28
Employee Assistance Program	33
Cancer Benefits.....	35
Critical Illness Benefits	42
State Of NC Disability At A Glance**	54
Short-Term Disability Benefits.....	55
Accident Benefits.....	62
State Health Plan Comparison**	68
Medical Bridge Benefits.....	70
Term Life Insurance	79
Whole Life Insurance	83
Pet Insurance.....	88
COBRA Continuation Coverage Rights	91
Authorization Form	93
Privacy Notices	94
Continuation Of Coverage	95

**for informational purposes only

Rev. 11/15/2023



IMPORTANT CONTACT INFORMATION

	Carrier	Phone Number	Fax Number	Website
Flexible Spending Accounts	Ameriflex	888-868-3539	-	www.ameriflex.com
Dental Insurance	MetLife	1 (800) 638-5433	-	www.metlife.com
Vision Insurance	Superior Vision	1-800-507-3800	410-752-8969	www.superiorvision.com
Pet Insurance	Nationwide	1-877-738-7874	-	www.petinsurance.com/buncombe
EAP & Life Planning Services	Colonial Life	1-888-645-1722	-	www.coloniallife.com/eap
BenSelect Online Enrollment	BenSelect	888-662-7500	-	www.harmony.benselect.com
North Carolina State Health Plan	SHPNC	1-888-234-2416	919-765-2322	www.shpnc.org
To View Your Benefits Online	Pierce Group Benefits	1-888-662-7500	984-225-2605	www.PierceGroupBenefits.com/BuncombeCountySchools
Supplemental Benefits	Colonial Life	Customer Service & Wellness Screenings 1-800-325-4368 TDD For Hearing Impaired Customers 1-800-798-4040	1-800-880-9325	www.coloniallife.com



NC State Health Plan: Under certain qualifying events, employees and dependents have the opportunity to continue coverage for 18-36 months under the COBRA Act. Please contact the State Health Plan at **1-877-679-6272**. If you are retiring, you must either log into www.myncretirement.com or call **1-877-679-6272**.



ELIGIBILITY REQUIREMENTS



CURRENT EMPLOYEE?



OPEN ENROLLMENT DATES:

January 8, 2024 - February 23, 2024

PLAN YEAR & EFFECTIVE DATES:

July 1, 2024 - June 30, 2025

ELIGIBILITY

- Employees must work 30 hours or more per week.



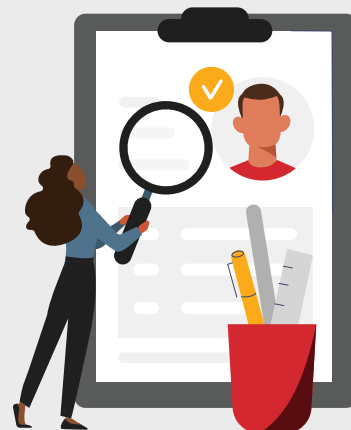
NEW HIRE?

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

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

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

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



www.PierceGroupBenefits.com/BuncombeCountySchools



OVERVIEW OF BENEFITS

PRE – TAX BENEFITS



Flexible Spending Accounts Ameriflex

- Medical Reimbursement: \$3,200/year Max
- Dependent Care Reimbursement: \$5,000/year Max
- *You will need to re-enroll in the Flexible Spending Accounts if you want them to continue next year.
- If you do not re-enroll, your contribution will stop effective June 30, 2024.*



Dental Insurance MetLife



Vision Insurance Superior Vision



Cancer Benefits Colonial Life



Accident Benefits Colonial Life



Medical Bridge Benefits Colonial Life

POST – TAX BENEFITS



Disability Benefits Colonial Life



Critical Illness Benefits Colonial Life



Pet Insurance Nationwide (Direct Billing Only)



Life Insurance Colonial Life

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



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



IMPORTANT NOTICES

When do my benefits start? The plan year for Colonial Insurance products, Spending Accounts, MetLife Dental, Colonial Group Term Life, and Superior Vision lasts from July 1, 2024 through June 30, 2025. Please Note: Dental benefits are based on the Calendar Year, running from January 1st through December 31st. Dental benefits and deductibles will reset every January 1st.

When do my deductions start? Deductions for Colonial Insurance products, Spending Accounts, MetLife Dental, Colonial Group Term Life, and Superior Vision will begin August 2024 for 10-month employees receiving 10 deductions and September 2024 for 10-month employees receiving 20 deductions. The Nationwide Pet Insurance plan is available by Direct Billing only. No deductions will be taken via payroll deduction.

Why have my Cancer, Accident, or Medical Bridge benefits not started yet? The Colonial Cancer plan and the Health Screening Rider on the Colonial Accident and Colonial Medical Bridge plan have a 30-day waiting period for new enrollees. Coverage, therefore, will not begin until **July 31, 2024**.

What is an EAP? Your Group Term Life coverage includes Health Advocate Employee Assistance + Work/Life Programs. An Employee Assistance Program (EAP) offers confidential support and resources for personal or work-related challenges and concerns. Please see the Group Term Life pages of this benefit guide for more details and contact information.

How do Flexible Spending Account (FSA) funds work, and do my FSA funds have to be used by a specific deadline? Flexible Spending Account expenses must be incurred during the plan year to be eligible for reimbursement. After the plan year ends, an employee has 3 months to submit claims for incurred qualified spending account expenses (or 3 months after employment termination date). If employment is terminated before the plan year ends, the spending account also ends. Failure to use all allotted funds in the FSA account will result in a "Use It or Lose It" scenario.

My spouse is enrolled in an Health Savings Account (HSA), am I eligible for an FSA? As a married couple, one spouse cannot be enrolled in a Medical Reimbursement FSA at the same time the other opens or contributes to an HSA.

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

When will I get my card? If you will be receiving a new debit card, whether you are a new participant or to replace your expired card, please be aware that it may take up to 30 days following your plan effective date for your card to arrive. Your card will be delivered by mail in a plain white envelope. During this time you may use manual claim forms for eligible expenses. Please note that your debit card is good through the expiration date printed on the card.

I want to sign my family up for benefits as well, what information will I need? If signing up for any coverage on your spouse and/or children, please have their dates of birth and social security numbers available when speaking with the Benefits Representative.

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

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

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



QUALIFYING LIFE EVENTS

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

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

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



QUALIFYING LIFE EVENTS

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



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



ENROLLMENT INFORMATION

ONLINE & IN-PERSON

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



OPEN ENROLLMENT PERIOD:

JANUARY 8, 2024 - FEBRUARY 23, 2024

BENEFIT ELECTION OPTIONS

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

- Enroll/Re-Enroll in Flexible Spending Accounts.*
- Enroll in, change or cancel Dental Insurance.
- Enroll in, change or cancel Vision Insurance.
- Enroll in, change or cancel Group Term Life Insurance.
- Enroll in, change or cancel Pet Insurance (DIRECT BILLING ONLY)**.
- Enroll in, change or cancel Colonial coverage.

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

****Please see the coordinating pages of your Benefits Guide for enrollment instructions for Pet Insurance.**
***The Pet Insurance plan is available by Direct Billing only. No deductions will be taken via payroll deduction.**

ACCESS YOUR BENEFIT OPTIONS WHENEVER. WHEREVER



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

www.PierceGroupBenefits.com/BuncombeCountySchools



BEN SELECT ENROLLMENT INSTRUCTIONS



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

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

HELPFUL TIPS :

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

1. LOGGING IN

Enter your User Name: **Employee ID (ex. 123456)**. Please note in some cases your Social Security Number may serve as your ID.

Enter your Password: **Last 4 numbers of your Social Security Number** followed by **last 2 numbers of your Date of Birth year (ex. 678970)**

Please note that once logged in, you will be prompted to send a multi-factor authentication code to your email address or cell phone number, and you must enter the code received to proceed with enrollment.

To login, visit: **harmony.benselect.com/buncombe**



2. NEW PIN

The screen prompts you to create a NEW PIN.



3. SECURITY QUESTIONS

Choose a security question and enter answer.



4. CONFIRM

Confirm (or enter) an email address.



5. SAVE NEW PIN

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

NEXT

6. CLICK NEXT

From the welcome screen click "Next".



7. PERSONAL INFORMATION

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





BEN SELECT ENROLLMENT INSTRUCTIONS



8. ADDING FAMILY MEMBER

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



9. BENEFIT SUMMARY

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



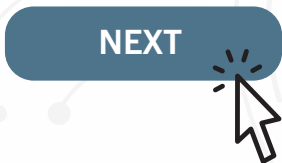
10. SIGN & SUBMIT

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



11. REVIEW

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



12. NEXT

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



13. SIGN FORM

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



14. DOWNLOAD & PRINT

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

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



FLEXIBLE SPENDING ACCOUNT



Flexible Spending Account

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

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

How It Works

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

Can I have an FSA and an HSA?

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

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

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

The Value & Perks

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

Eligible FSA Expenses

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



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



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



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



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



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

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

The “Use-or-Lose” Rule

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

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



THE FSA STORE

THE FSASTORE : FLEX SPENDING WITH ZERO GUESSWORK

Your Health, Your Funds, Your Choice

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



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

Other Great FSA store Resources Available To You:

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

Shop FSA Eligible Products
Through Our Partnership with
The FSA Store!

BONUS: Get \$20 off any
order of \$150+ with code

PGB20FSA

(one use per customer)



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



DEPENDENT CARE ACCOUNT



Dependent Care Account

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

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

How It Works

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

The Value & Perks

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

Eligible DCA Expenses

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



Private sitter



Daycare and elder care



Summer day camp



Before- and after-school care



Nanny service



Nursery school & Pre-school

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

Online Account Instructions

How to Access Your Ameriflex Account:

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

How to Register Online For Your Ameriflex Spending Account:

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

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

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

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

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

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

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

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

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

Step 4: Verify and submit setup information,

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

Want to Manage Your Account on the go?

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

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

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



**DENTAL
INSURANCE**



Dental Insurance

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

Buncombe County Schools

Network: PDP Plus

	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ 90% of R&C Fee ^{**}
Coverage Type		
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%
Type D: Orthodontia	50%	50%
Deductible[†]	B&C	B&C
Individual	\$25	\$25
Family	\$75	\$75
Annual Maximum Benefit <i>(applies to A,B,C services)</i>		
Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum		
Per Person ^{***}	\$1,000	\$1,000

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

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

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

[†] Applies only to Type B & C Services.

^{***} Orthodontia excluded for adults. Available for dependent children up to age 26.

Dental Insurance

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

Buncombe County Schools

List of Primary Covered Services & Limitations*

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

Plan Type	How Many/How Often
Type A — Preventive	
Prophylaxis (cleanings)	1 time in 6 months
Oral Examinations	1 time in 6 months
Topical Fluoride Applications	1 time in 6 Months for a dependent child under the age 16
Sealants	<ul style="list-style-type: none"> • 1 per molar in 36 months for a child under the age 16
Type B — Basic Restorative	
Fillings	
X-rays	Full Mouth X-Rays once in 60 months
Simple Extractions	
Type C — Major Restorative	
Crown, Denture and Bridge Repair/ Recementations	Repair - 1 in 7 years
Oral Surgery	
Implants	Services - 1 per tooth position in 7 years Repairs – 1 tooth in 12 months
Bridges and Dentures	<ul style="list-style-type: none"> • Initial placement to replace one or more natural teeth, which are lost while covered by the plan. • Dentures and bridgework replacement; Every 7 years • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Endodontics	
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year

Dental Insurance

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

Buncombe County Schools

Type D — Orthodontia

- Your children, up to age 26, are covered while Dental insurance is in effect.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia
- Payments are on a repetitive basis
- 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary
- Orthodontic benefits end at cancellation of coverage

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

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

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - Scaling and polishing of teeth; or
 - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
 - Covered under any workers' compensation or occupational disease law;
 - Covered under any employer liability law;
 - For which the employer of the person receiving such services is not required to pay; or
 - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
 - Claim form completion;
 - Infection control such as gloves, masks, and sterilization of supplies; or
 - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.

Dental Insurance

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

Buncombe County Schools

- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

Limitations

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

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

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

Dental Insurance

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

Buncombe County Schools

Questions & Answers

Q. Who is a participating dentist?

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

Q. How do I find a participating dentist?

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

Q. What services are covered under this plan?

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

Q. May I choose a non-participating dentist?

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

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

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

Q. How are claims processed?

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

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

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

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

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

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

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

Q. Do I need an ID card?

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

Dental Insurance

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

Buncombe County Schools

Monthly Cost

The following monthly costs are effective through 06/30/2025. Your premium will be paid through convenient payroll deduction. The monthly costs shown below for "Employee + Spouse + Child(ren)" and "Employee + Family" include the cost for all eligible children.

(10-month PEPM - Illustrative)

Employee Only	\$46.91	Employee + Spouse	\$93.89
Employee + Child(ren)	\$133.36	Employee + Family	\$179.99

(20 pay periods per year)

Employee Only	\$23.45	Employee + Spouse	\$46.94
Employee + Child(ren)	\$66.68	Employee + Family	\$89.99

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

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

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

**Refer to your dental benefits plan summary for your out-of-network dental c/verage.

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



**VISION
INSURANCE**



Vision plan benefits for Buncombe County Schools

You may choose from two plans: exam & materials plan, or materials only plan

Benefits through Superior National network



Benefits

Exam (MD)
Exam (OD)
Frames
Contact lens fitting (standard²)
Contact lens fitting (specialty²)
Lenses (standard) per pair
Single vision
Bifocal
Trifocal
Progressive lens upgrade
Contact lenses⁴

Exam & Materials Plan

Copays		
Exam		\$10
Materials ¹		\$15
Contact lens fitting		\$25

Premiums	10 month	20 month
Emp. Only	\$8.71	\$4.36
Emp. + 1 dependent	\$16.92	\$8.46
Emp. + family	\$24.84	\$12.42

Services/frequency	
Exam	12 months
Frames	24 months
Contact lens fitting	12 months
Lenses	12 months
Contact lenses	12 months

In-network	Out-of-network
Covered in full	Up to \$44
Covered in full	Up to \$39
\$100 retail allowance	Up to \$50
Covered in full	Not covered
\$50 retail allowance	Not covered
Covered in full	Up to \$34
Covered in full	Up to \$48
Covered in full	Up to \$64
See description ³	Up to \$64
\$120 retail allowance	Up to \$100

Materials Only Plan

Copays		
Exam		N/A
Materials ¹		\$15
Contact lens fitting		\$25

Premiums	10 month	20 month
Emp. Only	\$6.14	\$3.07
Emp. + 1 dependent	\$11.90	\$5.95
Emp. + family	\$17.47	\$8.74

Services/frequency	
Exam	N/A
Frames	24 months
Contact lens fitting	12 months
Lenses	12 months
Contact lenses	12 months

In-network	Out-of-network
N/A	N/A
N/A	N/A
\$100 retail allowance	Up to \$50
Covered in full	Not covered
\$50 retail allowance	Not covered
Covered in full	Up to \$34
Covered in full	Up to \$48
Covered in full	Up to \$64
See description ³	Up to \$64
\$120 retail allowance	Up to \$100

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses.

² Standard Contact Lens Fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty Contact Lens Fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay.

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

Discount features

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

Discounts on covered materials

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

Maximum member out-of-pocket

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

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

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

Discounts on non-covered exam, services and materials

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

Refractive surgery

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

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

The Plan discount features are not insurance.

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

Discounts are subject to change without notice.

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



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



GROUP TERM LIFE INSURANCE



GROUP TERM LIFE INSURANCE BUNCOMBE COUNTY SCHOOLS

How secure is your family's future without you?



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

Plan for the future with Colonial Life's Group Term Life insurance.

My Coverage Worksheet

WHAT IS GROUP TERM LIFE INSURANCE?

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

Employer-paid Group Term Life – each employee will be provided with \$7,000 in coverage with guaranteed-issue underwriting.

HOW MUCH COVERAGE DO I NEED?

<input type="checkbox"/> YOU	<input type="checkbox"/> YOUR SPOUSE*	<input type="checkbox"/> YOUR DEPENDENT CHILDREN* (Up to age 26)
\$ _____ • Available in \$10,000 increments • Minimum of \$10,000 to a maximum of 5 times your salary to \$500,000 ¹	\$ _____ • Available in \$5,000 increments • Minimum of \$5,000 to a maximum of \$500,000 ¹ • Spouse coverage cannot exceed your coverage amount ²	\$ _____ • Available in \$5,000 increments to a maximum of \$10,000. • Each dependent child is covered for the same amount, except children from live birth to 6 months for whom the death benefit is \$1,000
10 MONTH RATES \$0.2184 PER \$1,000	10 MONTH RATES \$0.3036 PER \$1,000	10 MONTH RATES \$0.3396 PER \$1,000
10 SEMI-MONTH RATES \$0.1092 PER \$1,000	10 SEMI-MONTH RATES \$0.1518 PER \$1,000	10 SEMI-MONTH RATES \$0.1698 PER \$1,000

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

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

WHAT OTHER BENEFITS ARE INCLUDED?

- **Accelerated death benefit:** An advance of up to 75% the death benefit, to a maximum of \$150,000, if the covered person is diagnosed with a terminal illness. Terminal illness means an injury or sickness that results in the covered person having a life expectancy of 12 months or less and from which there is no reasonable prospect of recovery.³
- **Health Advocate Employee Assistance Program:** Provides 24-hour confidential personal support and referral service, including a medical bill saver service. Face-to-face sessions and video counseling with mental health professionals are available.⁴



ONLINE
ColonialLife.com/EAP



TELEPHONE
1-888-645-1772

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



ONLINE
HealthAdvocate.com/members
ColonialLife-lifeplanning



TELEPHONE
1-800-422-5142

WHAT FEATURES ARE INCLUDED?

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

CAN I APPLY FOR GUARANTEED-ISSUE COVERAGE FOR MY SPOUSE OR DEPENDENT CHILDREN AT THE INITIAL ENROLLMENT?

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

This policy has exclusions and limitations. For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number GTL1.0-P and certificate number GTL 1.0-C (including state abbreviations where used). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

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

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

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

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

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



ColonialLife.com

The policies, their names or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. Policy forms marketed by the company vary by product and are too numerous to list in the advertisement, but a list can be provided upon request. Colonial Life Insurance products are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC. ©2022 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

12-22 | NS-14349-5

Summary of Basic and Supplemental Group Term Life Benefits for Buncombe County Schools

Colonial Life & Accident
Insurance Company

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

Eligibility Guidelines

All active employees working a minimum of 30 hours or more per week on a regular basis.

Eligible spouses and dependent children (up to age 26) also qualify for coverage if employee purchases coverage.

Built-in-Benefits

Accelerated Death Benefit

An insured can advance up to 75% of their death benefit to a maximum of \$150,000 if diagnosed with a terminal illness and given 12 months or less to live.

Benefit amount discounted for 12 months.

Employee Assistance Program

Provides online, telephonic, and in-person services to all employees with GTL 1.0 coverage and includes will preparation assistance

Life Planning Financial and Legal Service

Provides terminally ill employees and designated beneficiaries financial, legal, and emotional support in dealing with death and loss.

Portability

Employees and their spouse and dependent children may continue coverage when the employee leaves his job, reduces hours below the minimum required or retires.

All ported insurance will continue to pay the active group rates. Evidence of insurability is not required at time of port.

Conversion

Right to convert to an individual level premium whole life plan then in use by us without proof of good health.

Waiver of Premium

Included for all coverages purchased. Based on employee's total disability that occurs before age 65, lasts to age 65 or retirement with a 270 day elimination period. Total disability means unable to perform any occupation.

Benefit Reduction Due to Age

When an employee turns 70, coverage reduces to 65% of the face amount in effect just prior to age 70.

When an employee turns 75, coverage reduces to 50% of the face amount in effect just prior to age 70.

Policies issued to individuals over age 70 initially are automatically reduced in accordance with the schedule above.

Spouses experience the same reduction schedule, but it is based on the spouse's age.

Group Term Life Exclusions

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

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

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

Age Band	Employee*	Spouse*
0-99	\$0.2184	\$0.3036
Voluntary Life – Child*	\$0.3396	N/A

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

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

Age Band	Employee*	Spouse*
0-99	\$0.1092	\$0.1518
Voluntary Life – Child*	\$0.1698	N/A

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



Health Advocate Employee Assistance + Work/Life Programs

Included in your Colonial Life group term life insurance



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

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

More assistance, more ways to find balance

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

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



To access, call or go online:

1-888-645-1772

ColonialLife.com/EAP

Access an expert team for life's biggest headaches

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

Medical Bill Saver™ can:

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

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



Life Planning Services

Included in your Colonial Life group term life insurance



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

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

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



To access, call or go online:

1-800-422-5142

HealthAdvocate.com/members

ColonialLife-lifeplanning

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

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

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

Insurance products are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.
©2019 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

10-19 | 101868-1

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



**CANCER
BENEFITS**



Cancer Insurance

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

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



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

Competitive advantages

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

Flexible family coverage options

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

Attractive features

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

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

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

Cancer Assist Benefits Overview

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

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



ColonialLife.com

© 2014 Colonial Life & Accident Insurance Company

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

1-14 | 101478

Radiation/Chemotherapy

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

Anti-nausea Medication

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

Medical Imaging Studies

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

Outpatient Surgical Center

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

Skin Cancer Initial Diagnosis

\$300-\$600 payable once per lifetime

Surgical Procedures

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

Reconstructive Surgery

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

Anesthesia

General: 25% of Surgical Procedures Benefit

Local: \$25-\$50 per procedure

Hospital Confinement

30 days or less: \$100-\$350 per day

31 days or more: \$200-\$700 per day

Family Care

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

Second Medical Opinion on Surgery or Treatment

\$150-\$300 once per lifetime

Home Health Care Services

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

Hospice Care

Initial: \$1,000 once per lifetime

Daily: \$50 per day

\$15,000 maximum for initial and daily hospice care per lifetime

Transportation and Lodging

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

Benefits also included in each plan

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

Cancer Insurance

Wellness Benefits

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



For more information,
talk with your
benefits counselor.

Part One: Cancer Wellness/Health Screening

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

Cancer Wellness Tests

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

Health Screening Tests

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

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

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

Individual Cancer Insurance Description of Benefits

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

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

Individual Cancer Insurance Description of Benefits

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

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

Additional Riders may be available at an additional cost

WAITING PERIOD

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

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

EXCLUSIONS

We will not pay benefits for cancer or skin cancer:

- If the diagnosis or treatment of cancer is received outside of the territorial limits of the United States and its possessions; or
- For other conditions or diseases, except losses due directly from cancer.



CANCER BENEFIT PREMIUMS

LEVEL 1 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 1 with \$100 Cancer Wellness/Health Screening				
10-Pay Premium	\$21.72	\$34.32	\$21.90	\$34.50
LEVEL 2 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 2 with \$100 Cancer Wellness/Health Screening				
10-Pay Premium	\$25.98	\$40.62	\$26.34	\$40.98
LEVEL 3 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 3 with \$100 Cancer Wellness/Health Screening				
10-Pay Premium	\$31.98	\$53.28	\$32.52	\$53.82
LEVEL 4 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 4 with \$100 Cancer Wellness/Health Screening				
10-Pay Premium	\$42.72	\$71.28	\$43.44	\$72.00
OPTIONAL RIDERS				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Specified Disease Hospital Confinement Rider				
10-Pay Premium	\$1.50	\$2.10	\$1.50	\$2.10
Initial Diagnosis of Cancer Rider (per \$1,000)				
10-Pay Premium	\$1.80	\$3.00	\$1.92	\$3.12
Initial Diagnosis of Cancer Progressive Payment Rider				
10-Pay Premium	\$9.36	\$20.46	\$9.36	\$20.46

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

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



CRITICAL ILLNESS BENEFITS





Group Critical Illness Insurance

Plan 1

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

Coverage amount: _____

An unexpected moment changes life forever

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

HOW CHRIS’S COVERAGE HELPED

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



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



Physical therapy to get back to doing what he loves



Household expenses while he was unable to work

For illustrative purposes only.

Critical illness benefit

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

KEY BENEFITS

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

For more information,
talk with your
benefits counselor.



Subsequent diagnosis of a different critical illness²

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

Subsequent diagnosis of the same critical illness²

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

Additional covered conditions for dependent children

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

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

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

THIS INSURANCE PROVIDES LIMITED BENEFITS

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

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

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

PRE-EXISTING CONDITION LIMITATION

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

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

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.
©2020 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.





Group Critical Illness Insurance

Plan 2

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

Coverage amount: _____

Preparing for a lifelong journey

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

HOW THEIR COVERAGE HELPED

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



A hospital stay and treatment for corrective heart surgery



Physical therapy to build muscle strength



Special needs daycare

For illustrative purposes only.

Critical illness and cancer benefits

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

KEY BENEFITS

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

For more information,
talk with your
benefits counselor.



Subsequent diagnosis of a different critical illness²

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

Subsequent diagnosis of the same critical illness²

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

Reoccurrence of invasive cancer (including all breast cancer)

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

Additional covered conditions for dependent children

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

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

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

THIS INSURANCE PROVIDES LIMITED BENEFITS

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

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

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

EXCLUSIONS AND LIMITATIONS FOR CANCER

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

PRE-EXISTING CONDITION LIMITATION

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

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

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
©2020 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.





Group Critical Illness Insurance

First Diagnosis Building Benefit Rider



For more information,
talk with your
benefits counselor.

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

First diagnosis building benefit

Payable once per covered person per lifetime

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

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

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

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

ColonialLife.com

THIS INSURANCE PROVIDES LIMITED BENEFITS.

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

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.
©2020 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



Group Critical Illness Insurance

Infectious Diseases Rider



For more information,
talk with your
benefits counselor.

ColonialLife.com

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

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

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



ColonialLife.com

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

THIS INSURANCE PROVIDES LIMITED BENEFITS.

EXCLUSIONS AND LIMITATIONS FOR INFECTIOUS DISEASES RIDER

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

PRE-EXISTING CONDITION LIMITATION

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

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

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

©2020 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



Group Critical Illness Insurance

Progressive Diseases Rider



For more information,
talk with your
benefits counselor.

ColonialLife.com

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

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

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

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

THIS INSURANCE PROVIDES LIMITED BENEFITS.

EXCLUSIONS AND LIMITATIONS FOR PROGRESSIVE DISEASES RIDER

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

PRE-EXISTING CONDITION LIMITATION

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

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

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

©2020 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

STATE-SPECIFIC EXCLUSIONS

AK: Alcoholism or Drug Addiction Exclusion does not apply

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

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

DE: Alcoholism or Drug Addiction Exclusion does not apply

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

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

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

KS: Alcoholism or Drug Addiction Exclusion does not apply

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

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

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

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

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

MS: Alcoholism or Drug Addiction Exclusion does not apply

ND: Alcoholism or Drug Addiction Exclusion does not apply

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

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

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

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

UT: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism

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

STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

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

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

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

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

IN: Pre-existing is 6 months/12 months

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

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

MI: Pre-existing is 6 months/6 months

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

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

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

SD: Pre-existing is 6 months/12 months

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

UT: Pre-existing is 6 months/6 months

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


©2020 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



CRITICAL ILLNESS BENEFIT PREMIUMS

Plan 1 - Critical Illness					
Rates illustrated per unit. Named Insured unit value = \$1000					
Issue Age	Deduction	Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
Non-Tobacco					
17-24	10-Pay Premium	\$0.26	\$0.37	\$0.26	\$0.37
25-29	10-Pay Premium	\$0.36	\$0.52	\$0.36	\$0.52
30-34	10-Pay Premium	\$0.46	\$0.66	\$0.46	\$0.66
35-39	10-Pay Premium	\$0.68	\$1.02	\$0.68	\$1.02
40-44	10-Pay Premium	\$0.92	\$1.37	\$0.92	\$1.37
45-49	10-Pay Premium	\$1.30	\$1.98	\$1.30	\$1.98
50-54	10-Pay Premium	\$1.73	\$2.68	\$1.73	\$2.68
55-59	10-Pay Premium	\$2.28	\$3.53	\$2.28	\$3.53
60-64	10-Pay Premium	\$3.12	\$4.82	\$3.12	\$4.82
65-69	10-Pay Premium	\$3.41	\$5.26	\$3.41	\$5.26
70-74	10-Pay Premium	\$3.92	\$6.05	\$3.92	\$6.05

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

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



CRITICAL ILLNESS BENEFIT PREMIUMS

Plan 2 - Critical Illness & Cancer Benefits					
Rates illustrated per unit. Named Insured unit value = \$1000					
Issue Age	Deduction	Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
Non-Tobacco					
17-24	10-Pay Premium	\$0.48	\$0.68	\$0.48	\$0.68
25-29	10-Pay Premium	\$0.68	\$1.00	\$0.68	\$1.00
30-34	10-Pay Premium	\$0.90	\$1.31	\$0.90	\$1.31
35-39	10-Pay Premium	\$1.38	\$2.04	\$1.38	\$2.04
40-44	10-Pay Premium	\$1.86	\$2.76	\$1.86	\$2.76
45-49	10-Pay Premium	\$2.65	\$3.98	\$2.65	\$3.98
50-54	10-Pay Premium	\$3.43	\$5.21	\$3.43	\$5.21
55-59	10-Pay Premium	\$4.51	\$6.85	\$4.51	\$6.85
60-64	10-Pay Premium	\$6.16	\$9.35	\$6.16	\$9.35
65-69	10-Pay Premium	\$7.55	\$11.48	\$7.55	\$11.48
70-74	10-Pay Premium	\$7.55	\$11.48	\$7.55	\$11.48

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

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

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

THE STATE OF NORTH CAROLINA

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

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

1. WHEN YOU ARE DISABLED:

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

* 1/12 of your total pay during the 12 months prior to your disability.

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

2. Benefits under the State Plan are payable, for "Disability," which means that you are mentally or physically incapable of performing the duties of your usual occupation.
3. You become a member of the plan when you become a full-time, permanent employee of the State, and you are eligible to receive benefits from the Plan if you become disabled after you have completed one year's service. Your coverage under the Plan ends when your employment with the State terminates.
4. Benefits of the Plan are payable beginning **60 DAYS AFTER THE DATE OF YOUR DISABILITY** (60-day waiting period).
5. The Plan coordinates with other benefits related to your employment, so that *after* the amounts you are eligible to receive from Social Security (for the first six months only), Workers' Compensation, or State retirement plans, etc., the State pays you enough, in addition, to total a) 50% the first twelve months and b) 65% thereafter of your total salary, as explained in the chart above. **HOWEVER, ANY BENEFIT FROM A PLAN FOR WHICH YOU PAY THE ENTIRE COST YOURSELF DOES NOT AFFECT THE STATE PLAN IN ANY WAY.**

BENEFITS ARE SUBJECT TO NC STATE LAW

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

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



SHORT-TERM DISABILITY BENEFITS





Educator Disability Advantage Short-Term Disability

Educator Disability Advantage insurance¹ from Colonial Life is designed to provide financial protection for all education workers with plans that can help supplement and/or complement the Disability Income Plan of North Carolina. Educator Disability Advantage insurance provides flexible options for disability coverage and accidental injury benefits to help protect your income and maintain lifestyle needs if you become disabled due to a covered accident or sickness.

My Disability Coverage Worksheet

(For use with your Colonial Life benefits counselor)

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

How much coverage do I need?

- | | | |
|-----------------------------|--------------------------|---------------------------|
| • Total Disability | On-Job Accident/Sickness | Off-Job Accident/Sickness |
| First three months | \$_____/month | \$_____/month |
| Next nine months | \$_____/month | \$_____/month |
| • Partial Disability | | |
| Up to three months | \$_____/month | \$_____/month |

When will my benefits start?

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

What additional features or benefits are included?

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

How much will it cost?

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



How long could you afford to go without a paycheck?

Monthly Expenses:

Mortgage/rent \$_____

Groceries \$_____

Car \$_____

Medical bills \$_____

Utilities \$_____

Other \$_____

TOTAL \$_____



Disability benefits and more

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

How Anita's coverage helped*

With her coverage, she received benefits for:

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

Total amount: \$3,700

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

Additional Employee Coverage

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

ACCIDENTAL INJURIES BENEFITS

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

HOSPITAL CONFINEMENT BENEFIT FOR ACCIDENT OR SICKNESS

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

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

The Hospital Confinement benefit increases to \$7,500/month when the Total Disability benefit ends at age 70.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

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

COMPLETE FRACTURES

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

COMPLETE DISLOCATIONS	Nonsurgical	Surgical
• Hip	\$1,500	\$3,000
• Knee	\$975	\$1,950
• Shoulder	\$750	\$1,500
• Collarbone (sternoclavicular)	\$750	\$1,500
• Ankle, foot	\$750	\$1,500
• Collarbone (acromioclavicular and separation)	\$675	\$1,350
• Hand	\$525	\$1,050
• Lower jaw	\$450	\$900
• Wrist	\$400	\$800
• Elbow	\$400	\$800
• One finger, toe	\$125	\$250
<p>• For a chip fracture, your benefit would be 25% of the amount shown. Chip fractures are those in which a fragment of bone is broken off near a joint at a point where a ligament is attached.</p> <p>• For multiple fractures or dislocations, we will pay for both, up to two times the highest amount.</p> <p>• For your first dislocation, you would receive the amount shown; however, recurrent dislocations of the same joint are not covered.</p>		

Optional Spouse and Dependent Child(ren) Coverage

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

ACCIDENTAL INJURIES BENEFITS

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

HOSPITAL CONFINEMENT BENEFIT FOR ACCIDENT OR SICKNESS

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

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

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



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

Frequently Asked Questions

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

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

When am I considered totally disabled?

Totally disabled means you are:

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

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

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

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

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

When do disability benefits end?

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

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

Can I keep my coverage if I change jobs?

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

How do I file a claim?

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

What is a pre-existing condition?

A pre-existing condition means a sickness or physical condition for which any covered person was treated, received medical advice, or had taken medication within twelve months before the effective date of the policy.

If you are age 65 or older when the policy is issued, pre-existing conditions include only conditions specifically excluded from coverage by the rider.

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

What is the Mental or Nervous Disorder benefit?

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



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

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

EXCLUSIONS AND LIMITATIONS

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

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

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

© 2022 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

Pregnancy and having a baby

Disability Insurance



For more information,
talk with your
benefits counselor.

ColonialLife.com

A baby changes everything – even your financial situation.

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

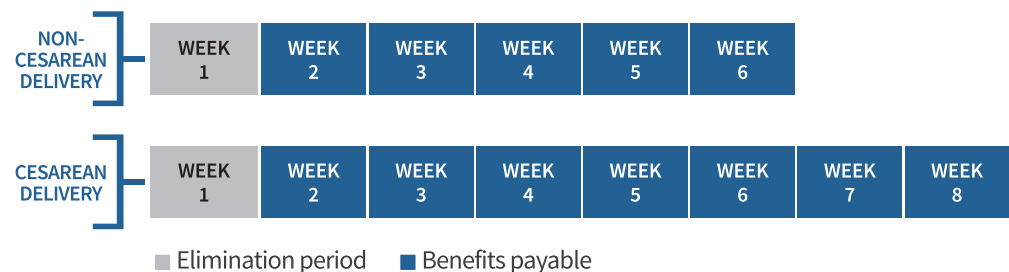
How disability insurance can help

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

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

Understanding your elimination period (waiting period)

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



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

Filing your disability claim

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

This information is not intended to be a complete description of the insurance coverage available. The insurance has exclusions and limitations which may affect any benefits payable. Coverage type and benefits may vary by state and may not be available in all states. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
©2022 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



SHORT-TERM DISABILITY PREMIUMS

On/Off-Job Accident and On/Off-Job Sickness with Mental or Nervous Benefit						
Monthly Benefit Amount			Pay Premium	Elimination Period		
First 3 Months	Next 9 Months	Units		0/7	0/14	14/14
\$400.00	\$200.00	4	10-Pay Premium	\$27.24	\$23.40	\$22.44
\$600.00	\$300.00	6	10-Pay Premium	\$34.92	\$29.16	\$27.72
\$800.00	\$400.00	8	10-Pay Premium	\$42.60	\$34.92	\$33.00
\$1,000.00	\$500.00	10	10-Pay Premium	\$50.28	\$40.68	\$38.28
\$1,500.00	\$750.00	15	10-Pay Premium	\$69.48	\$55.08	\$51.48
\$2,000.00	\$1,000.00	20	10-Pay Premium	\$88.68	\$69.48	\$64.68
\$3,000.00	\$1,500.00	30	10-Pay Premium	\$127.08	\$98.28	\$91.08
\$3,500.00	\$1,750.00	35	10-Pay Premium	\$146.28	\$112.68	\$104.28
\$3,900.00	\$1,950.00	39	10-Pay Premium	\$161.64	\$124.20	\$114.84

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

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

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



ACCIDENT BENEFITS



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

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

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

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

What additional features are included?

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

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

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

What if I change employers?

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

Can my premium change?

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

How do I file a claim?

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

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

Initial Care

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

Common Accidental Injuries

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

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

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

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

Requires Surgery

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

Surgical Care

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

Transportation/Lodging Assistance

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

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

Accident Hospital Care

- Hospital Admission*\$1,500 per accident
- Hospital ICU Admission*\$3,000 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.
- Hospital Confinement\$250 per day up to 365 days per accident
- Hospital ICU Confinement\$500 per day up to 15 days per accident

Accident Follow-Up Care

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

Accidental Dismemberment

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

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

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

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

365-day elimination period. Amounts reduced for covered persons age 65 and over.

Payable once per lifetime for each covered person.

Accidental Death

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

Health Screening Benefit

- \$50 per covered person per calendar year

Provides a benefit if the covered person has one of the health screening tests performed.

This benefit is payable once per calendar year per person and is subject to a 30-day waiting period.

Tests include:

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

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

Who will be covered? (check one)

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

When are covered accident benefits available? (check one)

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

EXCLUSIONS

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

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




ACCIDENT BENEFIT PREMIUMS

Preferred with HealthScreening - On/Off-Job Accident Coverage

	10 Deductions
Named Insured	\$25.38
Employee & Spouse	\$34.76
One-Parent Family	\$39.20
Two-Parent Family	\$48.58

Preferred with HealthScreening - Off-Job Only Accident Coverage

	10 Deductions
Named Insured	\$21.50
Employee & Spouse	\$28.75
One-Parent Family	\$31.87
Two-Parent Family	\$39.13

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

2024 STATE HEALTH PLAN COMPARISON

Active and Non-Medicare Subscribers

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

PCP: Primary Care Provider, CPP: Clear Pricing Project

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

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

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

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



MEDICAL BRIDGE BENEFITS



Hospital Confinement Indemnity Insurance

Plan 2



For more information,
talk with your
benefits counselor.

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

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

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

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

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

Outpatient surgical procedure

- **Tier 1** \$ _____
- **Tier 2** \$ _____

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

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

Tier 1 outpatient surgical procedures

- **Breast**
 - Axillary node dissection
 - Breast capsulotomy
 - Lumpectomy

- **Cardiac**
 - Pacemaker insertion

- **Digestive**
 - Colonoscopy
 - Fistulotomy
 - Hemorrhoidectomy
 - Lysis of adhesions

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

- **Ear, nose, throat, mouth**
 - Adenoidectomy
 - Removal of oral lesions
 - Myringotomy
 - Tonsillectomy
 - Tracheostomy
 - Tympanotomy

- **Gynecological**
 - Dilation and curettage (D&C)
 - Endometrial ablation
 - Lysis of adhesions

- **Liver**
 - Paracentesis

- **Musculoskeletal system**
 - Carpal/cubital repair or release
 - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
 - Removal of orthopedic hardware
 - Removal of tendon lesion

Tier 2 outpatient surgical procedures

■ Breast

- Breast reconstruction
- Breast reduction

■ Cardiac

- Angioplasty
- Cardiac catheterization

■ Digestive

- Exploratory laparoscopy
- Laparoscopic appendectomy
- Laparoscopic cholecystectomy

■ Ear, nose, throat, mouth

- Ethmoidectomy
- Mastoidectomy
- Septoplasty
- Stapedectomy
- Tympanoplasty

■ Eye

- Cataract surgery
- Corneal surgery (penetrating keratoplasty)
- Glaucoma surgery (trabeculectomy)
- Vitrectomy

■ Gynecological

- Hysterectomy
- Myomectomy

■ Musculoskeletal system

- Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
- Arthroscopic shoulder surgery
- Clavicle resection
- Dislocations (open reduction with internal fixation)
- Fracture (open reduction with internal fixation)
- Removal or implantation of cartilage
- Tendon/ligament repair

■ Thyroid

- Excision of a mass

■ Urologic

- Lithotripsy



ColonialLife.com

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

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

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

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
©2018 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

Hospital Confinement Indemnity Insurance

Plan 3



For more information,
talk with your
benefits counselor.

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

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

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

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

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

Diagnostic procedure

■ Tier 1	\$250
■ Tier 2	\$500

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

Outpatient surgical procedure

■ Tier 1	\$ _____
■ Tier 2	\$ _____

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

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

Tier 1 diagnostic procedures

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

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

Tier 2 diagnostic procedures

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

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

Tier 1 outpatient surgical procedures

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

Tier 2 outpatient surgical procedures

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

EXCLUSIONS

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

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

Hospital Confinement Indemnity Insurance

Health Screening



For more information,
talk with your
benefits counselor.

ColonialLife.com

Individual Medical BridgeSM insurance’s health screening benefit can help pay for health and wellness tests you have each year.

Health screening \$ _____

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

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

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

©2015 Colonial Life & Accident Insurance Company, Columbia, SC | Colonial Life insurance products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.



Hospital Confinement Indemnity Insurance

Medical Treatment Package



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

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

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

For more information,
talk with your
benefits counselor.

ColonialLife.com

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

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

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

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC. © 2021 Colonial Life & Accident Insurance Company. All rights reserved Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



Hospital Confinement Indemnity Insurance

Optional Riders



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

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

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

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

For more information,
talk with your
benefits counselor.

ColonialLife.com

EXCLUSIONS

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

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

©2015 Colonial Life & Accident Insurance Company, Columbia, SC | Colonial Life insurance products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.



MEDICAL BRIDGE BENEFIT PREMIUMS

INDIVIDUAL MEDICAL BRIDGE Plan 2 Named Insured			
		Level 3	Level 4
Hospital Confinement Medical Treatment Pkg \$100 Health Screening		\$1,500.00	\$2,000.00
Outpatient Surgical Procedure		Option 1 Tier 1 \$500 Tier 2 \$1,000 CY Max \$1,500	Option 1 Tier 1 \$500 Tier 2 \$1,000 CY Max \$1,500
Ages 17-49	10-Pay Premium	\$42.12	\$51.84
Ages 50-59	10-Pay Premium	\$54.60	\$67.86
Ages 60-64	10-Pay Premium	\$69.72	\$87.72
Ages 65-75	10-Pay Premium	\$99.42	\$125.88

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

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



TERM LIFE INSURANCE





Term Life Insurance



Life insurance protection when you need it most

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

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

With this coverage:

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

Talk with your
Colonial Life
benefits counselor
to learn more.

ColonialLife.com

Spouse coverage options	Dependent coverage options
Two options are available for spouse coverage at an additional cost: <ol style="list-style-type: none">1. Spouse Term Life Policy: Offers guaranteed premiums and level death benefits equivalent to those available to you —whether or not you buy a policy for yourself.2. Spouse Term Life Rider: Add a term rider for your spouse to your policy, up to a maximum death benefit of \$50,000; 10-year and 20-year are available (20-year rider only available with a 20- or 30-year term policy).	<p>You may add a Children's Term Life Rider to cover all of your eligible dependent children with up to \$20,000 in coverage each for one premium.</p> <p>The Children's Term Life Rider may be added to either the primary or spouse policy, not both.</p>

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

Colonial Life insurance products are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

©2019 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

7-19 | NS-16570-1

How much coverage do you need?

☐ **YOU** \$ _____

Select the term period:

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

☐ **SPOUSE** \$ _____

Select the term period:

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

Select any optional riders:

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

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

ColonialLife.com

Optional riders

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

Spouse term life rider

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

Children's term life rider

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

Accidental death benefit rider

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

Chronic care accelerated death benefit rider

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

Critical illness accelerated death benefit rider

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

Waiver of premium benefit rider

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

1 Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.

2 Activities of daily living are bathing, continence, dressing, eating, toileting and transferring.

3 You must resume premium payments once you are no longer disabled.

EXCLUSIONS AND LIMITATIONS

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

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

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
©2021 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



TERM LIFE INSURANCE PREMIUMS

10-Year Term Base Plan Monthly Non-Tobacco Rates					
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00
25	10-Pay Premium	\$7.97	\$12.72	\$12.25	\$19.70
30	10-Pay Premium	\$8.47	\$13.98	\$12.25	\$19.70
35	10-Pay Premium	\$9.08	\$15.53	\$13.50	\$22.20
40	10-Pay Premium	\$9.58	\$16.75	\$16.85	\$28.90
45	10-Pay Premium	\$11.00	\$20.30	\$22.34	\$39.90
50	10-Pay Premium	\$14.06	\$27.95	\$30.70	\$56.59
55	10-Pay Premium	\$19.40	\$41.33	\$43.64	\$82.50
60	10-Pay Premium	\$28.03	\$62.87	\$64.75	\$124.69

20-Year Term Base Plan Monthly Non-Tobacco Rates					
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00
25	10-Pay Premium	\$8.05	\$12.92	\$12.65	\$20.50
30	10-Pay Premium	\$8.54	\$14.17	\$12.65	\$20.50
35	10-Pay Premium	\$9.23	\$15.88	\$13.90	\$23.00
40	10-Pay Premium	\$9.88	\$17.50	\$18.50	\$32.20
45	10-Pay Premium	\$11.62	\$21.85	\$26.15	\$47.50
50	10-Pay Premium	\$15.20	\$30.83	\$37.90	\$70.99
55	10-Pay Premium	\$21.67	\$46.97	\$55.60	\$106.39
60	10-Pay Premium	\$32.21	\$73.32	\$86.40	\$167.99

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

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



WHOLE LIFE INSURANCE





Whole Life Plus Insurance*

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

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

Benefits and features

- ✓ Choose the age when your premium payments end — Paid-Up at Age 70 or Paid-Up at Age 100
- ✓ Stand-alone spouse policy available even without buying a policy for yourself
- ✓ Ability to keep the policy if you change jobs or retire
- ✓ Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness¹
- ✓ Immediate \$3,000 claim payment that can help your designated beneficiary pay for funeral costs or other expenses
- ✓ Provides cash surrender value at age 100 (when the policy ends)

Additional coverage options

Spouse term rider

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

Juvenile Whole Life Plus policy

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

Children's term rider

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

Advantages of Whole Life Plus insurance

- Permanent life insurance coverage that stays the same through the life of the policy
- Premiums will not increase due to changes in health or age.
- Accumulates cash value based on a nonforfeiture interest rate of 3.75%²
- Policy loans available, which can be used for emergencies
- Benefit for the beneficiary that is typically tax-free



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

Benefits worksheet

For use with your benefits counselor

How much coverage do you need?

☐ YOU \$ _____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

☐ SPOUSE \$ _____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

☐ DEPENDENT STUDENT
\$ _____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

Select any optional riders:

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

☐ Children's term rider
\$ _____ face amount

☐ Accelerated death benefit for
long term care services rider

☐ Accidental death benefit rider

☐ Chronic care accelerated
death benefit rider

☐ Critical illness accelerated
death benefit rider

☐ Guaranteed purchase
option rider

☐ Waiver of premium
benefit rider

To learn more, talk with
your benefits counselor.

Additional coverage options (Continued)

Accelerated death benefit for long term care services rider³

Talk with your benefits counselor for more details.

Accidental death benefit rider

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

Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.¹ Talk with your benefits counselor for more details.

Critical illness accelerated death benefit rider

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

Guaranteed purchase option rider

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

Waiver of premium benefit rider

Policy and rider premiums are waived if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period. Once you are no longer disabled, premiums will resume.

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

- 1 Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.
- 2 Accessing the accumulated cash value reduces the death benefit by the amount accessed, unless the loan is repaid. Cash value will be reduced by any outstanding loans against the policy.
- 3 The rider is not available in all states.

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

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

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy forms ICC19-IWL5000-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC23-IWL5000-LTC/IWL5000-LTC, ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO (including state abbreviations where applicable). For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

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

© 2023 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

FOR EMPLOYEES 8-23 | 642298-2



ColonialLife.com



WHOLE LIFE INSURANCE PREMIUMS

Adult Base Plan Paid-up to Age 70 Non-Tobacco Rates						
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00	\$200,000.00
25	10-Pay Premium	\$11.84	\$29.63	\$59.24	\$118.50	\$236.99
30	10-Pay Premium	\$14.30	\$35.75	\$71.50	\$142.99	\$285.98
35	10-Pay Premium	\$17.95	\$44.87	\$89.75	\$179.50	\$358.98
40	10-Pay Premium	\$23.22	\$58.04	\$116.10	\$232.19	\$464.38
45	10-Pay Premium	\$30.68	\$76.72	\$153.44	\$306.89	\$613.78
50	10-Pay Premium	\$41.84	\$104.62	\$209.24	\$418.49	\$836.96

Adult Base Plan Paid-up to Age 100 Non-Tobacco Rates						
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00	\$200,000.00
25	10-Pay Premium	\$11.04	\$27.60	\$55.20	\$110.40	\$220.79
30	10-Pay Premium	\$12.55	\$31.37	\$62.75	\$125.50	\$250.99
35	10-Pay Premium	\$15.02	\$37.55	\$75.10	\$150.19	\$300.38
40	10-Pay Premium	\$18.61	\$46.52	\$93.05	\$186.10	\$372.18
45	10-Pay Premium	\$23.86	\$59.65	\$119.29	\$238.60	\$477.18
50	10-Pay Premium	\$30.12	\$75.30	\$150.59	\$301.19	\$602.38
55	10-Pay Premium	\$38.94	\$97.34	\$194.69	\$389.39	\$778.76
60	10-Pay Premium	\$51.55	\$128.87	\$257.74	\$515.48	\$1,030.96

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

Getting started

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

Contact us

Online

ColonialLife.com

Log in and click on

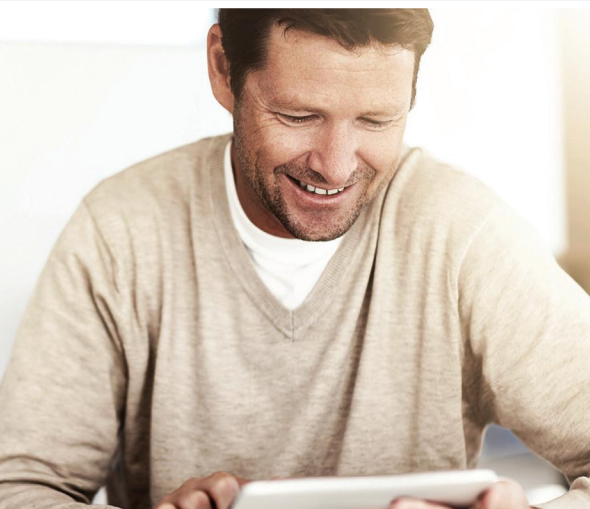
[Contact Us](#)

Telephone

1-800-325-4368

Hearing-impaired customers

Please contact the National Relay service at 711 for assistance.



Consider your options

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

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

eClaims are quick and easy

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

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

Paper claims

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

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



**PET
INSURANCE**



My Pet Protection[®] from Nationwide[®]

Now with options to meet every budget.

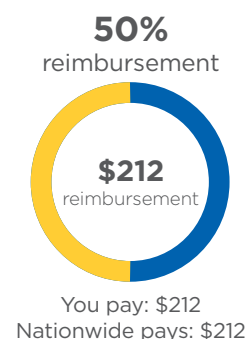
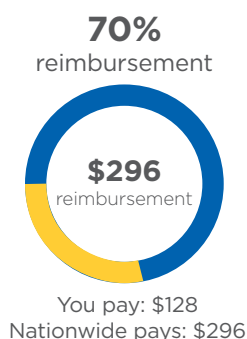
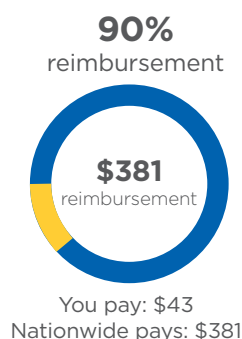


Our popular My Pet Protection pet insurance plans now feature more choices and more flexibility

- ✓ Get **cash back** on eligible vet bills
Choose from three levels of reimbursement:
90%, 70% or 50%*
- ✓ Available **exclusively for employees**
These plans aren't available to the general public
- ✓ **Same price for pets of all ages**
Your rate won't go up because your pet had a birthday
- ✓ Use **any vet**, anywhere
No networks, no pre-approvals
- ✓ Optional **wellness coverage** available
Includes spay/neuter, dental cleaning, exams, vaccinations and more

Choose the reimbursement level that fits your needs

Problems such as upset stomach are among the most common reasons dogs and cats go to the vet. The average cost for this kind of visit is **\$424**. Here's how My Pet Protection would cover the bill.*



Examples reflect reimbursement after \$250 annual deductible has been fulfilled.

Get more—enjoy these extras when you protect your pet with a Nationwide pet insurance policy

vethelpline[®]

Unlimited, 24/7 access to a veterinary professional (\$150 value).



Multiple-pet discounts available.[†]



Mobile claims submission with the free VitusVet app.



Fast, convenient electronic claim payments.



Access to our award-winning magazine, *The Companion*.



Discounts on hand-picked pet products and services.

Get a fast, no-obligation quote today at www.petinsurance.com/buncombe



Choose the level of coverage that fits your needs

Get 90%, 70% or 50% reimbursement on these vet bills and more.*



my pet protection[®]
with wellness



my pet protection[®]

Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Both plans feature a \$250 annual deductible and have a maximum annual benefit of \$7,500.

Pre-existing conditions are not covered. Any illness or injury a pet had prior to start of policy will be considered pre-existing.*

How to use your pet insurance plan

1



Visit any vet, anywhere.

2



Submit claim.

3



Get reimbursed.

Get a fast, no-obligation quote today at www.petinsurance.com/buncombe

To enroll your bird, rabbit, reptile or other exotic pet, call 877-738-7874.

*Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states. †Pet owners receive a 5% multiple-pet discount by insuring two to three pets or a 10% discount on each policy for four or more pets.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an AM Best A+ rated company (2018); National Casualty Company (all other states), Columbus, OH, an AM Best A+ rated company (2018). Agency of Record: DVM Insurance Agency. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2019 Nationwide. 19GRP5915



Nationwide
is on your side

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

Introduction

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

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

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

What is COBRA continuation coverage?

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

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

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

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

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

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

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

Second qualifying event extension of 18-month period of continuation coverage

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

Are there other coverage options besides COBRA Continuation Coverage?

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

If you have questions

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

Keep your Plan informed of address changes

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

COBRA Administrator for Dental Coverage**Interactive Medical Systems**

PO Box 1349
Wake Forest, NC 27588

Physical Address:

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

COBRA Administrator for Vision Coverage**Superior Vision**

Attn: COBRA
11090 White Rock Road
Rancho Cordova, CA 95670

COBRA Administrator for FSA Coverage**Ameriflex**

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

Authorization for Colonial Life & Accident Insurance Company

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

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

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

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

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

(Printed name of individual
subject to this disclosure)

(Social Security
Number)

(Signature)

(Date Signed)

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

(Printed name of legal representative)

(Signature of legal representative)

(Date Signed)



PRIVACY NOTICES

Non Public Information (NPI)

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

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

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

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

When other companies help us conduct business, we expect them to follow

applicable privacy laws.

We do not authorize them to use or share NPI except when necessary to conduct the work they are performing for us or to meet regulatory or other governmental requirements.

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

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

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

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

If we disagree with you, we will tell you we are not going to make the correction. We will give the reason(s) for our refusal. We will also tell you that you may submit a statement to us.

Your statement should include the NPI you believe is correct. It should also include the reasons(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI. We will include your statement any time we disclose the disputed NPI. We will also give the statement to any person designated by you if we may have disclosed the disputed NPI to that person in the past two years.

Disclosure Notice Concerning The Medical Information Bureau

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

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

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



CONTINUATION OF COVERAGE

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

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



**DENTAL
BENEFITS**



**VISION
BENEFITS**



**TELEMEDICINE
BENEFITS**

SUPPLEMENTAL/VOLUNTARY POLICIES



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

TRANSFERRING EMPLOYERS?

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

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



NORTH CAROLINA STATE HEALTH PLAN INSURANCE

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

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



ABOUT PIERCE GROUP BENEFITS

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



SCAN TO VIEW YOUR CUSTOM BENEFITS MICROSITE