EMPLOYEE BENEFIT BOOKLET



2026

BENEFITS RESOURCE GROUP
EST. 2001

WARREN COUNTY PUBLIC SCHOOLS
WCPS
ESTABLISHED 1908

Welcome to Warren County Schools 2024 Open Enrollment for voluntary benefits. The Board of Education in partnership with Benefits Resource Group (BRG) provides a comprehensive employee benefit package to all benefit eligible employees. As a benefit eligible employee, you are required to meet with a BRG counselor to review the benefit options available under the Section 125 benefits program. Because of certain benefits being offered to you on a tax-free (Section 125 Tax Law), your signature is required for documentation to WCBOE that you have been offered and understand your employee benefit options.

Section 125 Employee BENEFITS PLAN: At-A-Glance

Qualified Pre-Tax Benefits: *(Most employees may save approximately 25-28% on all qualified pre-tax benefits)*

- Vision
- Dental
- Accident insurance
- Cancer insurance
- Medical Bridge (Gap) insurance

Qualified Post-Tax Benefits:

- Short Term Disability
- Long Term Disability
- Group Term Life insurance
- Critical Care Insurance
- Term life insurance
- Whole life insurance
- Legal Shield / Identity Theft Protection

Disclaimer: The following information highlights the benefits of the current policies available through your benefits package. You should refer to your personal policy for your exact benefits and features. Please meet with a representative from Benefits Resource Group (BRG). Your Benefit Representative can provide you with information on all available plans and assist with any questions. For further assistance, call the Benefits Resource Group Service Center at 270-842-8110.

Legal Plan – covers you, your spouse or domestic partner, never-married children under age 26 living at home, dependent children under age 18 for whom the member is the legal guardian, never married dependent children who are full-time college students up to age 26, and physically or mentally disabled children living at home.

Advice & Consultation

Toll-free phone consultations with your Provider Law Firm for any personal legal Matter, even on pre-existing conditions.

Letters and Phone Calls on Your Behalf

24/7 Emergency Assistance-
After-hours legal consultation for covered Legal emergencies. Specific coverage depends On plan. Emergencies include: arrest, seriously Injured or served a warrant.

Family Matters (family plan only)

IRS

Document Preparation

Will preparation and annual reviews and updates for covered members;
Other documents available: Living Will, Heath Care Power of Attorney.

Contract and Document Reviews

Residential Loan Document Assistance
Mortgage documents (as required of the borrower by the lending institution) prepared for the purchase of your primary residence.

Auto

Additional Benefits - -Preferred Member Discounts

Everyone deserves legal protection. LegalShield is creating a world where everyone can access legal protection - - - and everyone can afford it. You will have access to a quality law firm 24/7, for covered personal situations.

Identity Theft Plan – covers you, your spouse or domestic partner, and up to 8 dependents under the age of 18. Your identity is personal. Keep it that way. Identity theft affects millions of Americans each year. And while it can take just minutes to happen, recovering from the financial damage and emotional toll it inflicts often takes years. Identity Shield equips you with the information and expertise you need to help prevent theft and resolve issues related to identity theft.

Credit Report and Personal Credit Score

Identity Consultation and Restoration Services

Continuous Monitoring with Safety Alerts

Safeguard for Minors

Per Pay Rates: Legal Only: Single Unmarried = 8.48 Family = 9.48	Per Pay Rates: ID Shield Only: Single Unmarried = 4.48 Family = 9.48
Single Bundle Rate = 12.95	Family Bundle Rate = 16.95 **Save money when you bundle

LEGAL SHIELD - LAW FIRM CONTACT INFO

O'KOON HINTERMEISTER PLLC
ATTORNEYS AT LAW

1-800-322-2647
PNC PLAZA, SUITE 1100
500 WEST JEFFERSON
LOUISVILLE, KY 40202

WWW.OKOONLAW.COM

CUSTOMER SERVICE EMAIL - MEMBERSERVICES@LEGALSHIELD.COM

GradFin



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

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

Expert loan analysis with financial education

- GradFin conducts one-on-one consultations with borrowers to educate them on their student loan options free of charge.
- With our knowledge of repayment and refinancing options in the industry today, GradFin simplifies the complex issues of student loans by focusing on education.
- GradFin consult experts will analyze your student loans and provide repayment options for your federal and/or private loans.

Savings

- With GradFin services, borrowers have been able to save thousands of dollars over the life of their loans.[1]
- With our bank partners, borrowers can choose from a variety of fixed and variable loan terms between 5 and 20 years.
- Learn about your payment options and see if there are opportunities to reduce your monthly payments.

Public Service Loan Forgiveness (PSLF) Membership

- GradFin's PSLF Membership provides borrowers with guidance on how to stay on track with program requirements. [2]
- The PSLF application process can be complicated and stressful. Gradfin's main goal is to provide clear action items to remain aligned with the complex PSLF laws. This gives our members peace of mind that their federal loans are on track for forgiveness.
- Personalized plan including onboarding, annual review, and assisting with appeals to the DoE to get past payments counted towards forgiveness.
- GradFin's PSLF Membership has gotten **over $90 million student loans forgiven.**[3]

Income-Driven Repayment (IDR) Membership

- GradFin's IDR Membership provides borrowers with guidance on how to stay on track with program requirements and maximize their forgiveness event.
- GradFin will review your student loan history including any deferments, late payments, wrong repayment plans, and forbearances, to help maximize the number of qualifying payments counted toward IDR forgiveness.

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

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

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

3 This is the total dollar value of loans forgiven for GradFin customers as of 01/22/2024. This dollar value is based on the customer-reported forgiveness amount and can be substantiated by the Department of Education's Forgiveness letters.

Gradfin is a brand on KeyBank N.A.

Scan here to schedule a complimentary consultation with GradFin

013024CREQ-9640

GradFin
11 Stanwix St
Floor 15
Pittsburgh, PA 15222

DELTA DENTAL®

vsp vision care

DeltaVision® by Delta Dental of Kentucky
Administered by VSP®

DeltaVision 150 Plan

Benefit	Description	Copay
WellVision Exam®		**$10**
Exams 1 exam every 12 months	Comprehensive eye exam to ensure overall visual wellness	
Prescription Glasses		**$10**
Frames 1 pair every 24 months	$150 Frame Allowance (including Walmart/Sam's Club locations) 20% savings on amount over allowance $80 Costco frame allowance	Included in Prescription Glasses Copay
Lenses 1 pair every 12 months	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for children	Included in Prescription Glasses Copay
Covered Lens Enhancements	Standard Progressive Lenses	$0
Optional Lens Enhancements	Standard Anti-Reflective Coating Premium Progressive Lenses Custom Progressive Lenses Average savings of 30% on other lens enhancements	$41 $95 - $105 $150 - $175
Contact Lenses - instead of glasses		
Contacts every 12 months	$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	up to $60
Extra Savings		
Featured Frames	$170 allowance on featured frame brands. Check vsp.com for current offers.	
Glasses and Sunglasses	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam	
Retinal Screening	No more than a $39 copay on routine retinal screening as an enhancement to WellVision Exam	
Laser Vision Correction	Average 15%-20% discount	
Additional Programs		
Included	Primary Eyecare, Eye Health Management (including Diabetic Exam Reminder Letters)	

Coverage with Out-of-Network Providers		
Exam - up to $45 Frame - up to $70 Single Vision Lenses - up to $30	Lined Bifocal Lenses - up to $50 Lined Trifocal Lenses - up to $65 Lenticular Lenses - up to $100	Progressive Lenses - up to $50 Contacts - up to $105 Necessary Contact Lenses - up to $210

Warren County Rates

	Voluntary
Employee Only:	$5.72
Employee + Spouse:	$10.86
Employee + Child(ren):	$11.24
Family:	$15.40

MEMBER SERVICES

Delta Dental of Kentucky 800-955-2030 | **VSP** 800-877-7195

Please contact DDKY for eligibility before contacting VSP Member Services

VSP Choice Network | 109,000 Access Points | In-network with Costco, Walmart/Sam's Club

DeltaVision is registered mark of Delta Dental Plans Association. VSP and WellVision Exam are registered trademarks of Vision Service Plan.

Most Popular Lens Enhancements for the VSP Choice Plan®

Most lens enhancements are covered after a copay, saving DeltaVision® members an average of 30%.

VSP Choice Plan Lens Enhancements	Single Vision[1]	Multifocal[1]
Solid Tints and Dyes (Pink I and II)	Covered	Covered
Solid Tints and Dyes (except Pink I and II)	$15	$15
Plastic Gradient Dye	$17	$17
UV Protection	$16	$16
Scratch-resistant Coating	$17	$17
Polycarbonate Lenses - Adult	$31	$35
Polycarbonate Lenses - Children	Covered	Covered
Anti-reflective Coating	$41	$41
Photochromic Lenses	$70	$82
Standard Progressive	N/A	$55
Premium Progressive	N/A	$95-$105
Custom Progressive	N/A	$150-$175

1. Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary. Prices are valid only through VSP Choice Network Providers and are subject to change without notice. Prices effective July 1, 2013.

Solid Tints and Dyes: Fashionable and reduces the amount of light coming through the lenses.

Plastic Gradient Dyes: Usually dark at the top and gradually lighten toward the bottom of the lenses.

UV Protection: Can block 98-100% of transmitted and reflected UVA and UVB rays.

Scratch-resistant Coating: Applied to plastic lenses to increase their resistance to normal scratching and pitting.

Polycarbonate Lenses: One of the thinnest, lightest, and most impact-resistant materials available; plus, they provide UV protection and scratch resistance.

Anti-reflective Coating: Can reduce eyestrain caused by glare, reflections, blue light exposure from digital devices, and the "halos" you see around lights at night; plus, it helps protect lenses from scratches, smudges, dust and water.

Photochromic Lenses: Automatically darken when exposed to sunlight and lighten when out of sunlight.

Progressive Lenses: Line-free lenses that gradually change power with distance.

Delta Dental of Kentucky | deltadentalky.com | 800-955-2030

Delta Dental of Kentucky has provided more than $20 million to non-profits across Kentucky since 2003.

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Rev. 8/2022

VSP® Laser VisionCare Program

The VSP Laser VisionCare Program is complimentary with most DeltaVision® plans, so your members can save hundreds of dollars at no additional cost to you. The program provides members a safe and successful path to improved vision through laser vision correction.

Benefits through a VSP Laser VisionCare Doctor

Complimentary Screening	• Determines if the member is a good candidate for laser vision correction • Initial discussion about the benefits and risks
Pre-operative Exam	• Measures the member's degree of vision correction needed and includes medical history review
Post-operative Exam	• Follow-up exams to ensure the eyes heal properly during recovery

Benefits through a VSP-Contracted Laser Vision Center

Complimentary Consultation	• Used to confirm candidacy and design an individualized treatment plan • Surgeon determines which procedure will provide the best possible outcome • In-depth review of benefits, risks, and potential side effects of treatment
Laser Vision Correction	• Procedure performed by a participating surgeon at a VSP-contracted laser vision center • Discounts averaging 10-20% off or 5% off a promotional offer on PRK, LASIK, Custom LASIK, Custom PRK, and Bladeless LASIK • The member pays either the discounted rate or the not-to-exceed amount, whichever is less. The member will never pay more than the following not-to-exceed amounts: • $1500 per eye for PRK • $1800 per eye for LASIK • $2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK *Not-to-exceed amounts honored at most, but not all, locations.*
Enhancement Policy	• Although rare, the procedure does not always correct vision to the doctor's and member's satisfaction. If the member and the doctor agree that it's necessary, an enhancement procedure and follow-up care may be performed at no additional cost to the member. *Each VSP-contracted laser vision center's enhancement policy can vary. No-cost enhancements are typically performed within the first year, but some centers offer commitments as long as the member's lifetime.*
VSP Laser VisionCare Preferred Program	• The VSP Laser VisionCare Preferred Program is an optional program upgrade that provides allowance-based coverage for laser vision correction. *The allowance minimum is $250 per eye.*

SAVE UP TO $2,500

With Exclusive Member Extras, members can save more than $2,500 with special offers and rebates through VSP and other leading industry brands.

GET UP TO $200 BACK

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands from Bausch + Lomb and CooperVision.

$500 SAVINGS ON LASIK

Members can save up to $500 on LASIK at TLC Laser Eye Centers and The LASIK Vision Institute. To learn more, visit vsp.com/offers.

Delta Dental of Kentucky | deltadentalky.com | 800-955-2030

Delta Dental of Kentucky has provided more than $20 million to non-profits across Kentucky since 2003.

Disclaimers: Promotions like rebates are continually evaluated and subject to change without notice. The screening is complimentary; however, if the member has a pre-operative exam and does not proceed with the procedure, the VSP Laser VisionCare Doctor may charge the member a discounted exam fee up to $100.

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Big Value. More Saving with DeltaVision®.

With Exclusive Member Extras, savings never looked so good. DeltaVision has partnered with VSP® Vision Care to put members first by providing you with exclusive special offers from leading industry brands, totaling more than $2,500 in savings. Discover great deals on glasses, sunglasses, contact lenses, and more.

Special Deal on Glasses: Extra $20 on Featured Frame Brands	Save 25-40% on popular lens enhancements	Save Up to $50 on Non-prescription Sunglasses

Delta Dental of Kentucky | deltadentalky.com | 800-955-2030

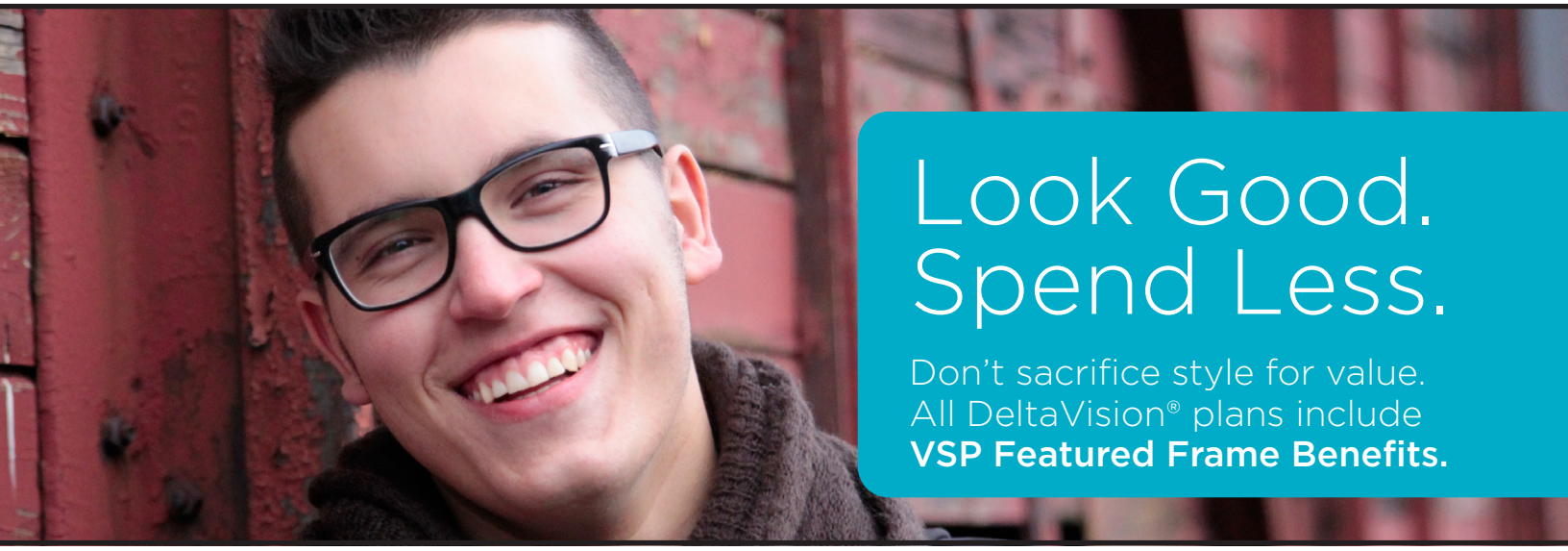
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DELTA DENTAL®

vsp vision care



Look Good. Spend Less.

Don't sacrifice style for value. All DeltaVision® plans include **VSP Featured Frame Benefits.**

Featured Frames give members an additional $20 on their frame allowance when purchasing a VSP® Featured Frame. Members receive this extra value on a huge selection of designer glasses that are sure to impress.

FEATURED FRAME EXAMPLES:

Calvin Klein Jeans	NAUTICA		COLE HAAN	ALTAIR SUNLITES
MARCHON			ALTAIR GENESIS	ALTAIR EVOLUTION
LONGCHAMP PARIS	DRAGON	Salvatore Ferragamo EYEWEAR	ALTAIR	ANNE KLEIN
AIRLOCK	Chloé	ETRO		bebe
skaga sweden 1948	DIANE VON FURSTENBERG	LACOSTE	JOSEPH ABBOUD	JOE JOSEPH ABBOUD
CALVIN KLEIN	MARCHON NYC	Columbia eyewear	Otis & Piper	ALTAIR KILTER
LIU·JO	FLEXON EYEWEAR	NINE WEST	REVLON®	MCM

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Rev. 8/2022

DELTA DENTAL®

Delta Dental of Kentucky
Delta Dental PPO plus Premier™
Summary of Dental Plan Benefits

Per Pay Rates:

EE Only:	12.50
EE + Spouse:	33.74
EE + Dep(s):	39.82
Family:	51.94

Group Name: Warren County Schools

Group Number: 711180-4001

Benefit Year: April 1 through March 31

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

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

- Oral exams (including evaluations by a specialist) are payable twice per calendar year. Limited oral evaluations for a specific problem or complaint are also payable twice in the same calendar year.

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

- Prophylaxes (cleanings) are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in a lifetime.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per calendar year for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 13 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per two-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Payment for crowns, inlays, and onlays are payable once per tooth in any five-year period. Stainless steel crowns are payable once per tooth in any two-year period on primary teeth only.
- Composite resin (white) restorations are payable on posterior teeth.
- Root canal treatment is inclusive of periapical X-rays, cultures, follow-up care, treatments, pulpotomy or pulpectomy, and routine post-operative procedures. Separate charges are not Covered Services for these procedures. Retreatment is payable two years after the initial treatment.
- Denture and/or bridge replacement is payable five-years post initial place. Replacement is not a Covered Service for lost or stolen dentures and/or bridges. Interim dentures are payable only for people under age 17 to replace extracted anterior permanent teeth.
- Fixed bridges or removable cast partials are payable only for Eligible Dependents over age 16. Services and appliances that replace missing natural teeth (such as bridges, endosteal implants, implant crowns, partial dentures, and complete dentures) may be subject to an Alternate Benefit.
- Porcelain and resin facings on bridges are payable on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

Deductible – None.

Maximum Payment – $1,500 per person total per Benefit Year on all services, except cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth). $1,500 per person total per lifetime on cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth).

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

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

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

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

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

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflict with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages above are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

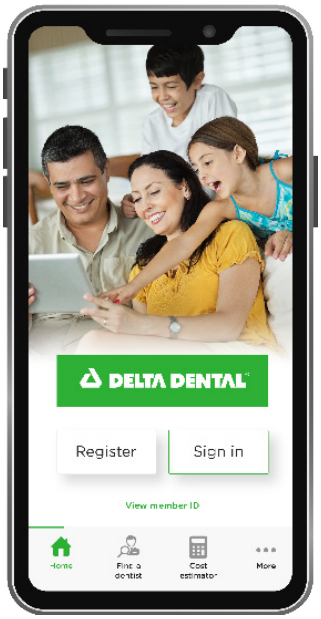
DELTA DENTAL



Delta Dental Mobile App

Helping members manage their oral health

Oral health is important to Delta Dental — and to overall health! We've designed our mobile app to make it easy for your employees to make the most of their dental benefits. Members can search for a dentist near them, access ID cards and more, right on their mobile device.



Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code at right. You will need an internet connection in order to download and use most features of our free app.

Delta Dental Mobile App features

- Quick and easy access to your membership ID card — no more looking for ID cards!
- A dentist search tool that helps members quickly find an in-network provider nearby.
- Save your preferred dentist for quick access.
- Our easy-to-use Dental Care Cost Estimator tool provides estimated cost ranges for common dental care needs. (Not available in all geographic areas.)

SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.

ky.deltadental.com

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Short Term Disability Insurance



How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can continue to receive benefits. You may have a choice of coverage amounts and benefit durations.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Short Term Disability Insurance pays you a weekly benefit if you have a covered disability that keeps you from working.

Since our founding in 1848, Unum has been a leader in the employee benefits business.

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.

Consider your expenses

Utilities	$
Housing	$
Groceries	$
Transportation	$
Child care/Elder care	$
Medical/Personal care	$
Education	$
Insurance	$

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week. Cover 60% of your weekly income, up to a maximum benefit of $1,000 per week. The weekly benefit may be reduced or offset by other sources of income. *See the Legal Disclosures for more information.

If you didn't get coverage when you were first eligible, you'll have to answer health questions now. If you're newly eligible, you may not have to answer health questions. If you already have coverage, you can increase it up to the maximum available. You may have to answer health questions. New coverage may be subject to pre-existing condition limitations.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

You can choose the elimination period you want: 0/7, 0/14 or 30/30. The first number is the number of days for accidents. The second number is for illnesses.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a choice of 13, 12 or 9 weeks.

Calculate your cost

- Follow the instructions on the worksheet at right to determine your cost per paycheck.
- For step 2:

Enter your rate amount from the Rate Chart, based on your age and elimination period choice you want.

(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date.)

Disability worksheet

1 Calculate your weekly disability benefit.

$_____	÷ 52 = $_____	x	60% =	$_____
Your annual earnings	Your weekly earnings		(Max % of income covered)	Max weekly benefit available (if the amount exceeds the plan max of $1,000, enter $1,000.

2 Calculate your cost per paycheck.

$_____	÷ 10 = $_____	x	$_____ =	$_____	x	12 = $_____	÷	24 =	$_____
Your weekly benefit amount			Your rate	Your monthly cost		Your annual cost		Number of paychecks per year	Your cost per paycheck

Rates			
Age	Options		
	EP: 0/7 BD: 13 weeks	EP: 7/14 BD: 12 weeks	EP: 30/30 BD: 9 weeks
15-24	$0.650	$0.519	$0.467
25-29	$0.650	$0.519	$0.467
30-34	$0.600	$0.485	$0.437
35-39	$0.550	$0.442	$0.398
40-44	$0.500	$0.400	$0.360
45-49	$0.500	$0.400	$0.360
50-54	$0.540	$0.434	$0.391
55-59	$0.620	$0.502	$0.452
60-64	$0.740	$0.595	$0.536
65+	$0.840	$0.672	$0.605

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.

Exclusions and Limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

You must be under the regular care of a physician in order to be considered disabled.
The loss of a professional or occupational license or certification does not, in itself, constitute disability.
'Substantial and material acts' means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.
- Maximum Duration of Benefits is 4 weeks if Pre-existing Condition Limitation applies.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

Continuity of Coverage

If the employee was not insured under the plan continuity of coverage will not apply. If the employee was insured under the prior plan but is not in active employment on the Unum plan effective date (due to illness or injury), the person will be covered under the Unum plan, but payment will be limited to what would have been paid under the prior plan. Unum will reduce the payment by the prior carrier's liability. If the employee was insured under the prior plan and is in active employment on the Unum plan effective date, the person must satisfy the pre-ex provision under the Unum plan or the prior carrier's plan. If satisfied under the Unum plan, payment will be made according to the Unum plan. If satisfied under the prior plan (but not the Unum plan), payment will be administered under the Unum plan, but the payment will be the lesser of the Unum weekly benefit or the prior plan's weekly benefit.

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law);
- Excluded pre-existing conditions (see definition).

The loss of a professional or occupational license does not, in itself, constitute disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan. 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. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.
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Long Term Disability Insurance



How does it work?

This coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Long Term Disability Insurance can replace part of your income if a disability keeps you out of work for a long period of time

What else is included?

Survivor Benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

Consider your expenses

Utilities	$
Housing	$
Groceries	$
Transportation	$
Child care/Elder care	$
Medical/Personal care	$
Education	$
Insurance	$

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week. Cover 60% of your monthly income, up to a maximum payment of $6,000. The monthly benefit may be reduced or offset by other sources of income. *See the Legal Disclosures for more information.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

If you didn't get coverage when you were first eligible, you'll have to answer health questions now. If you're newly eligible, you may not have to answer health questions. If you already have coverage, you can increase it up to the maximum available. You may have to answer health questions. New coverage may be subject to pre-existing condition limitations.

Elimination period (EP)

Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age. If you become disabled after your normal retirement age, check with your employer for the maximum length of time applicable to you.

Calculate your cost

- Use $120,000 if your annual earnings exceed this amount. This is the maximum coverage amount offered in this plan.
- Multiply by your rate.

Use the rate table to find the rate based on your age.
(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date.)

Disability worksheet

1 Enter your annual earnings and calculate your maximum monthly benefit available.

$_____	÷ 12 =	$_____	x	60% =	$_____
Your annual earnings		Your monthly earnings		(Max % of income covered)	Max monthly benefit available

2 Calculate your cost per paycheck

$_____	÷ 100 =	$_____	x	$____ =	$_____	÷ 24 =	$_____
Your annual earnings				Rate		Number of paychecks per year	Total cost per paycheck

Age	Rates
15-24	$0.180
25-29	$0.180
30-34	$0.256
35-39	$0.369
40-44	$0.528
45-49	$0.945
50-54	$1.247
55-59	$1.739
60-64	$1.541
65-69	$0.945
70+	$0.945

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.
You must be under the regular care of a physician in order to be considered disabled.
The loss of a professional or occupational license or certification does not, in itself, constitute disability.
"Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.
Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Continuity of Coverage

If the employee was not insured under the plan continuity of coverage will not apply. If the employee was insured under the prior plan but is not in active employment on the Unum plan effective date (due to illness or injury), the person will be covered under the Unum plan, but payment will be limited to what would have been paid under the prior plan. Unum will reduce the payment by the prior carrier's liability. If the employee was insured under the prior plan and is in active employment on the Unum plan effective date, the person must satisfy the pre-ex provision under the Unum plan or the prior carrier's plan. If satisfied under the Unum plan, payment will be made according to the Unum plan. If satisfied under the prior plan (but not the Unum plan), payment will be administered under the Unum plan, but the payment will be the lesser of the Unum monthly benefit or the prior plan's monthly benefit.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation law
- State compulsory benefit laws
- Automobile liability insurance policy
- No fault motor vehicle plan
- Third-party settlements
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans, if applicable
- Retirement payments
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability.
Unum will not pay a benefit for any period of disability during which you are incarcerated.
The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Disabilities based primarily on self-reported symptoms are limited to 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.
Unum's LTD contracts standardly include a provision called the Social Security Claimant Advocacy Program. With this feature, claimants can receive expert advice and assistance from us regarding their Social Security Disability claim during the application and appeal process. Social Security advocacy services are provided by GENEX Services, LLC or Brown & Brown Absence Services Group. Referral to one of our advocacy partners is determined by Unum.
Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

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. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.
Underwritten by:
Unum Life Insurance Company of America, Portland, Maine
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Voluntary Term Life Insurance and Accidental Death & Dismemberment (AD&D)



How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to $300,000 to meet your growing needs — with no medical underwriting.

What else is included?

A 'Living' Benefit — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to $500,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Waiver of premium — Your cost may be waived if you are totally disabled for a period of time.

Portability — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 20 hours per week, you may apply for coverage for:

You:	Choose from $10,000 to $300,000 in $10,000 increments, up to 5 times your earnings. If you previously purchased coverage, you can increase it up to $300,000 with no medical underwriting. If you previously declined coverage, you may have to answer some health questions.
Your spouse:	Get up to $50,000 of coverage in $5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to $50,000 with no medical underwriting, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your children:	Get up to $10,000 of coverage in $10,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is $10,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	Get up to $300,000 of AD&D coverage for yourself in $10,000 increments to a maximum of 5 times your earnings.
Your spouse:	Get up to $50,000 of AD&D coverage for your spouse in $5,000 increments, if eligible (see delayed effective date).
Your children:	Get up to $10,000 of coverage for your children in $10,000 increments if eligible (see delayed effective date).

No medical underwriting is required for AD&D coverage.

How much coverage can I get?

Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.
   (Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date. To determine your spouse rate, choose the age the employee will be when coverage becomes effective. See your plan administrator for your plan effective date.)
4. Enter your cost.

	1	2	3	4
Employee	$_____,000	÷ $10,000 = $_____	X $_____	= $_____
Spouse	$_____,000	÷ $5,000 = $_____	X $_____	= $_____
Child	$_____,000	÷ $10,000 = $_____	X $_____	= $_____
			Total cost	

Employee semi-monthly rate		Spouse semi-monthly rate	Child semi-monthly rate
Age	Per $10,000 of coverage	Per $5,000 of coverage	$1.050 per $10,000 of coverage
	Cost	Cost	
15-24	$0.160	$0.080	
25-29	$0.160	$0.080	
30-34	$0.245	$0.122	
35-39	$0.320	$0.160	
40-44	$0.057	$0.282	
45-49	$1.090	$0.545	
50-54	$1.810	$0.905	
55-59	$2.970	$1.485	
60-64	$4.860	$2.430	
65-69	$8.435	$4.218	
70-74	$13.895	$6.947	
75+	$35.065	$17.532	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D				
	1	2	3	4
Employee	$_____,000	÷ $10,000 = $_____	X $0.09	= $_____
Spouse	$_____,000	÷ $5,000 = $_____	X $0.045	= $_____
Child	$_____,000	÷ $10,000 = $_____	X $0.09	= $_____
			Total cost	

AD&D semi-monthly rates		
	Coverage amount	Rate
Employee	per $10,000 of coverage	$0.09
Spouse	per $5,000 of coverage	$0.045
Child	per $10,000 of coverage	$0.09

Billed amount may vary slightly.
If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.
An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.
Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – 'Being intoxicated' means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.
Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age Reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.
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. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.
Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.
Unum complies with state civil union and domestic partner laws when applicable.
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Help, when you need it most

With your Employee Assistance Program and work-life balance services, confidential assistance is as close as your phone or computer.



Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief, loss
- Job stress, work conflicts
- Family, parenting problems
- And more

Work-life balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our work-life Specialists can answer your questions and help you find resources in your community.

Ask our work-life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions**
- Even reducing your medical/dental bills
- And more

Who is covered?

EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver® — helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: unum.com/lifebalance

In-person: You can get up to three visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

Better benefits at work.™

unum.com

* The counselors 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.
**State mandated restrictions for legal services in WA apply.
Work-life balance employee assistance programs may not be available in New York.
Other state-specific restrictions may apply based on the product offering.

The Unum Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.
Insurance products are underwritten by the subsidiaries of Unum Group.

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EN-2058-3 FOR EMPLOYEES (9-24)



unum®

Turn to us when you don't know where to turn

Confidential solutions are at your fingertips with the Employee Assistance Program

EMPLOYEE ASSISTANCE PROGRAM
Work/Life Balance

Toll-free 24/7 access:

1-800-854-1446 (multilingual)

unum.com/lifebalance

Confidential*

unum®

Help, when you need it most

- Stress
- Depression
- Addiction
- Child care
- Elder care
- Grief and loss
- Legal questions
- Family relationships and parenting
- Even reducing your medical/dental bills

Help is easy to access

- Online and phone support: Unlimited, confidential, 24/7
- 3 visits with a Licensed Professional Counselor are available at no additional cost to you. Your counselor may refer you to resources in your community for ongoing support.

Who is covered?

The program is available to you, your spouse, dependent children, parents and parents-in-law. It's included in the cost as part of your insurance plan.

FOR MORE INFORMATION:

visit unum.com/lifebalance or call us at 1-800-854-1446 (multilingual).

*The counselors 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.

Services may not be available in New York.

Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate℠, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

State mandated limitations for legal services in WA apply.

This is not a medical insurance card.
Keep this card with you at all times. It gives you immediate access to a full range of confidential Work-life Balance services for you and your family. If you need additional cards, contact your workplace plan administrator.

Insurance products are underwritten by the subsidiaries of Unum Group.

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Better benefits at work.™

Filing

a Short Term Disability Claim by Telephone or on the Unum Website



Warren County Public Schools

Short Term Disability
Policy #: 925042

www.unum.com

Telephone: 888-673-9940
Fax: 800-447-2498

Monday-Friday

8:00 a.m.
to
8:00 p.m.

Eastern

WHEN TO CALL UNUM

- If you are injured at work notify your manager or supervisor immediately. Do not use this toll-free number for work-related injuries.
- When you are unable to work due to illness, injury or pregnancy.
- Thirty days before a disability based on the expected delivery date of a child or prescheduled medical treatment.

WHAT TO DO NEXT

- Notify your your manager or supervisor of your absence from work.
- To submit your claim via telephone, call the toll-free number listed to the left. Please be prepared with the information requested on page 2 of this brochure.
- To submit your claim via the Unum website, go to http://www.unum.com/claimant and follow the claim submission instructions.
- To submit your claim via your Apple or Android device, download the Unum Customer App and follow the claim submission instructions.
- Provide your health care provider with a signed and dated copy of the disability authorization form (last page of brochure). This form authorizes the release of medical information needed to evaluate your disability claim.
- Fax a copy of the signed and dated disability authorization to the Unum Benefits Center at the following toll-free fax number, 800-447-2498. If you prefer, you may mail a copy to the address at the top of the authorization, or you may sign and submit your authorization electronically at http://www.unum.com/claimant.

OUR COMMITMENT TO YOU

We understand that a disabling illness or injury creates emotional, physical and financial challenges and we want to do whatever we can to help you. You have our commitment to provide you with responsive service and to be understanding and sensitive to your circumstances during the claim process.

Colonial Life





Accident Insurance

Preferred Plan

Nobody expects an accident to happen. But if it does, your main focus should be on recovery, not how you're going to pay your bills. Colonial Life accident insurance provides benefits directly to use however you like – from medical costs to everyday expenses. Whether it's a fall or a car accident, your benefits offer support when you need it.

OUR COVERAGE INCLUDES:

- Benefits payable directly to you
- No medical questions to qualify for coverage
- Coverage for simple and complex injuries
- Benefits payable, regardless of other insurance
- Worldwide coverage
- Keep coverage no matter where you go
- Works alongside your health savings account (HSA)

All of this can help you get back on your feet.



Milo was running on the playground when he tripped and injured his hand.

URGENT CARE CENTER VISIT
Milo went to an urgent care center and received immediate care.

DIAGNOSTIC PROCEDURE
The doctor ordered an X-ray and discovered Milo had fractured his hand.

LACERATION
The doctor also found that Milo had a cut on his hand.

MEDICAL EQUIPMENT
Milo was discharged with a splint.

DOCTOR'S OFFICE VISIT
Over the next several weeks, he had three follow-up appointments with his doctor.

MILO'S BENEFITS	
With Colonial Life accident benefits, Milo's parents were able to pay the annual deductible and co-payments.	
Accident emergency treatment	$175
X-ray	$60
Laceration (no stitches)	$30
Fracture (hand)	$575
Medical equipment (splint)	$40
Accident follow-up treatment (3 visits)	$225
Total: $1,105	

For illustrative purposes only.
Benefit amounts may vary and may not cover all expenses. The policy has exclusions and limitations.

Olivia was driving to the store when she got into a car accident.

AMBULANCE AND EMERGENCY ROOM VISIT

Olivia arrived by ambulance to the nearest emergency room and received immediate care.

DIAGNOSTIC PROCEDURES

The doctor ordered an X-ray and discovered Olivia had fractured her thigh (femur). He also ordered a CT scan of her head to check for brain injury.

HOSPITAL ADMISSION, CONFINEMENT AND SURGERY

Olivia was admitted to the hospital for surgery on her leg. She was confined for three days.

PHYSICAL THERAPY

Olivia had eight sessions of physical therapy to help regain the strength in her leg.

DOCTOR'S OFFICE VISITS

Over the next several weeks, she had six follow-up appointments with her doctor.

OLIVIA'S BENEFITS	
Olivia's accident benefits helped cover her annual deductible and co-payments.	
Ambulance	$300
Accidental injury due to an automobile accident	$250
Accident emergency treatment	$175
X-ray	$60
Medical imaging study (CT)	$300
Hospital admission	$1,250
Hospital confinement (3 days)	$750
Thigh fracture – femur (surgical)	$6,800
Surgery (exploratory/arthroscopic)	$400
Medical equipment (crutches)	$150
Accident follow-up treatment (6 visits)	$450
Physical therapy (8 days)	$400
	Total: $11,285

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The policy has exclusions and limitations.

Benefits are per covered person per covered accident unless stated otherwise.

INITIAL CARE

Accident emergency treatment **$175**
Hospital emergency room, urgent care facility or physician's office

Accidental injury due to an automobile accident **$250**

Air ambulance **$2,800**

Ambulance – ground or water **$300**

Observation room (up to two days per calendar year) ..... **$225 per day**

X-ray **$60**

COMMON ACCIDENTAL INJURIES

Burn (based on size and degree) ..... **$1,500 – $18,000**

Burn – skin graft ..... **50% of applicable burn benefit**

Coma (lasting for seven or more consecutive days) **$17,500**

Concussion **$250**

Dislocation – separated joint

- **Non-surgical** – repair ..... **$150 – $3,500**
  Incomplete dislocation – or dislocation without anesthesia ..... **25% of benefit**
  Examples: elbow: $750 | ankle: $1,500 | knee: $1,750 | hip: $3,500
- **Surgical** – repair ..... **$300 – $7,000**
  Examples: elbow: $1,500 | ankle: $3,000 | knee: $3,500 | hip: $7,000

Emergency dental work ..... **$150 – $400**
Dental extraction or dental crown, denture or implant

Eye injury – with surgical repair or removal of a foreign object **$450**

Fracture – complete

- **Non-surgical** – repair ..... **$375 – $4,500**
  Chip fracture ..... **25% of benefit**
  Examples: hand: $575 | foot: $575 | collarbone: $925 | leg: $1,500
- **Surgical** – repair ..... **$750 – $9,000**
  Examples: hand: $1,150 | foot: $1,150 | collarbone: $1,850 | leg: $3,000

Hearing-loss injuries[1] **$180**

Knee cartilage – torn (with surgical repair) **$900**

Laceration (based on repair and length) ..... **$30 – $700**

Ruptured disc (with surgical repair) **$1,150**

Tendon/ligament/rotator cuff (with surgical repair)

- **One** **$950**
- **Two or more** **$1,900**

HOSPITAL CARE

Hospital admission **$1,250**

Hospital confinement (up to 365 days) ..... **$250 per day**

Hospital sub-acute intensive care unit confinement (up to 30 days) ..... **$400 per day**

Intensive care unit admission **$2,250**

Intensive care unit confinement (up to 15 days) ..... **$500 per day**

SURGICAL CARE

Blood/plasma/platelets – transfusion **$500**

Surgery (based on type of repair and surgery) ..... **$300 – $2,100**

TRANSPORTATION & LODGING

Transportation for hospital confinement ..... **$900 per round trip**
(up to three round trips, 50+ miles from home)

Lodging – companion (up to 30 days) ..... **$175 per day**

FOLLOW-UP CARE

Accident follow-up treatment – including transportation/telemedicine **$75**
(up to six benefits per covered person per covered accident and
up to 12 benefits per covered person per calendar year)

Medical equipment

- **Tier 1** **$40**
  Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint
- **Tier 2** **$150**
  Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair, walker or walking boot
- **Tier 3** **$300**
  Back brace, body jacket, continuous passive movement (CPM), halo, electric scooter, hospital bed (including rental), knee scooter, stair lift chair, wheelchair

Medical imaging study – CT, CAT scan, EEG, EMG, MR or MRI **$300**
(one per calendar year)

Pain management for epidural anesthesia – non-surgical **$150**

Post-traumatic stress disorder (PTSD) **$300**

Prosthetic device/artificial limb

- **One** **$1,150**
- **More than one** **$2,300**
- **Repair/replacement**[3] ..... **$575/$1,150**

Rehabilitation unit confinement ..... **$225 per day**
(up to 15 days, not to exceed 30 days per calendar year)

Therapy – occupational, physical or speech (up to 10 days) ..... **$50 per day**

ACCIDENTAL DISMEMBERMENT

Accidental dismemberment ..... **$750 – $30,000**

- Loss, loss of use or paralysis – hand, arm, foot, leg, sight of eye
- Loss, loss of use – finger, toe, partial dismemberment of finger or toe

Accidental dismemberment due to a catastrophic accident

Named insured, spouse or child ..... **$30,000**[3]

- Total and irrecoverable loss, loss of use or paralysis – 180-day elimination period
- Both hands, arms, feet, legs or the sight of both eyes; or any combination; or
- Loss of hearing in both ears, or loss of ability to speak

ACCIDENTAL DEATH

Accidental death

- **Named insured, spouse** **$20,000**
- **Child** **$10,000**

Accidental death common carrier
Examples of common carriers are mass transit trains, buses and planes

- **Named insured, spouse** **$80,000**
- **Child** **$30,000**



For more information, talk with your benefits counselor.

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1 One benefit for each injured ear per covered person per lifetime.

2 One repair or replacement per prosthetic device/artificial limb per covered person per lifetime.

3 Payable once per lifetime per covered person.

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of a covered person's felonies or illegal occupations, hazardous avocations, racing, semi-professional or professional sports, sickness, suicide or injuries which any covered person intentionally does to himself, war or armed conflict. In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics.

STATE VARIATIONS FOR EXCLUSIONS AND LIMITATIONS

KY: Replace "intoxication or use of narcotics" with "intoxication or use of narcotics or hallucinogenics"

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 policy has exclusions and limitations which may affect any benefits payable. Applicable to policy forms IAC4000-CO-R-1, IAC4000-KY-R and IAC4000-NB-OH. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Group Hospital Confinement Indemnity Insurance

Plan 3



For more information, talk with your benefits counselor.

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

Hospital confinement benefit ..... $ $1000 per day
Maximum of one day per covered person per calendar year

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

Diagnostic procedure benefit ..... $ $500 per day
Maximum of one day per covered person per calendar year

Outpatient surgical procedure benefit

- **Tier 1** ..... $ $500 per day
- **Tier 2** ..... $ $1000 per day

Maximum of $ $1500 per covered person per calendar year for Tier 1 and 2 combined
Maximum of one day per outpatient surgical procedure

Diagnostic procedures

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

- **Breast**
  - Biopsy (incisional, needle, stereotactic)
- **Cardiac**
  - Angiogram
  - Arteriogram
  - Thallium stress test
  - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
  - Computerized tomography scan (CT scan)
  - Electroencephalogram (EEG)
  - Magnetic resonance imaging (MRI)
  - Myelogram
  - Nuclear medicine test
  - Positron emission tomography scan (PET scan)
- **Digestive**
  - Barium enema/lower GI series
  - Barium swallow/upper GI series
  - Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth**
  - Laryngoscopy
- **Gynecological**
  - Amniocentesis
  - Cervical biopsy
  - Cone biopsy
  - Endometrial biopsy
  - Hysteroscopy
  - Loop electrosurgical excisional procedure (LEEP)
- **Liver**
  - Biopsy
- **Lymphatic**
  - Biopsy
- **Miscellaneous**
  - Bone marrow aspiration/biopsy
- **Renal**
  - Biopsy
- **Respiratory**
  - Biopsy
  - Bronchoscopy
  - Pulmonary function test (PFT)
- **Skin**
  - Biopsy
  - Excision of lesion
- **Thyroid**
  - Biopsy
- **Urinary**
  - Cystoscopy

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

Tier 1 outpatient surgical procedures

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

Tier 2 outpatient surgical procedures

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

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THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses which are caused by: intoxicants, narcotics and hallucinogenics, dental procedures, elective procedures, cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide, intentional injuries, war, armed forces service or giving birth within the first nine months after the certificate effective date. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition, which means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the certificate effective date.

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

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Group Critical Illness Insurance

Plan 1

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

Coverage amount: _____

An unexpected moment changes life forever

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

HOW CHRIS'S COVERAGE HELPED

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

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

For illustrative purposes only.

Critical illness benefit

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

KEY BENEFITS

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

For more information, talk with your benefits counselor.

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Subsequent diagnosis of a different critical illness[2]

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

Subsequent diagnosis of the same critical illness[2]

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

Additional covered conditions for dependent children

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

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

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

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

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

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

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

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Group Critical Illness Insurance

Wellbeing Assistance Benefit



For more information, talk with your benefits counselor.

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The wellbeing assistance benefit can help reduce the risk of serious illness through early detection of disease or risk factors.

Wellbeing assistance benefit ..... $ 100

Maximum of one test per covered person per calendar year; subject to a 30-day waiting period before the benefit is payable. The test must be performed after the waiting period.

- Blood test for triglycerides
- Bone marrow testing
- BRCA1 or BRCA2 testing (genetic test for breast cancer)
- Breast ultrasound
- CA 15-3 (blood test for ovarian cancer)
- CA 125 (blood test for breast cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

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). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Group Critical Illness Insurance

Infectious Diseases Rider



For more information, talk with your benefits counselor.

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

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

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

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

THIS INSURANCE PROVIDES LIMITED BENEFITS.

EXCLUSIONS AND LIMITATIONS FOR INFECTIOUS DISEASES RIDER

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

PRE-EXISTING CONDITION LIMITATION

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

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

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Group Critical Illness Insurance

Exclusions and Limitations

STATE-SPECIFIC EXCLUSIONS

AK: Alcoholism or Drug Addiction Exclusion does not apply

CA: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics replaced with Intoxicants or Controlled Substances. Insureds must be covered by comprehensive health insurance before applying for insurance.

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

DC: Alcoholism or Drug Addiction Exclusion does not apply. Insureds must be covered by comprehensive health insurance before applying for insurance.

DE: Alcoholism or Drug Addiction Exclusion does not apply

GA: Insureds must be covered by comprehensive health insurance before applying for insurance.

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. Insureds must be covered by comprehensive health insurance before applying for insurance.

MD: Alcoholism or Drug Addiction Exclusion does not apply; Felonies or Illegal Occupations Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Prohibited Practitioner Referral added as an additional exclusion for 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. Insureds must be covered by comprehensive health insurance before applying for insurance.

MO: Alcoholism or Drug Addiction Exclusion replaced with Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Illegal Activities

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. Insureds must be covered by comprehensive health insurance before applying for insurance.

WA: Intoxicants and Narcotics Exclusion does not apply

WY: Exclusions and Limitations header for Cancer renamed to Limitations for Specified Disease

STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

CA: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date shown on the Certificate Schedule.

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.

MD: 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 shown on the Certificate Schedule. Pre-existing condition does not include a condition revealed on the application unless excluded by a signed waiver rider.

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

WY: Pre-existing is 6 months/12 months

CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS.

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.

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Colonial Life





Cancer Insurance

How would cancer impact your way of life?

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

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

Help when you need it most

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

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

One family's journey

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

DOCTOR'S SCREENING

Wellness benefit

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

SECOND OPINION

Travel expenses

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

SURGERY

Out-of-pocket costs

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

For illustrative purposes only



With cancer insurance:

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

ONLY 5-10% of ALL **CANCERS** are **hereditary.**

American Cancer Society, Family Cancer Syndromes, 2017.

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

TREATMENT

Experimental care

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

RECOVERY

Follow-up evaluations

Paul has been cancer-free for more than four years. His cancer policy provides a benefit for periodic scans.



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

Treatment benefits (inpatient or outpatient)

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

Surgery benefits

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

Travel benefits

- Transportation
- Companion transportation
- Lodging

Inpatient benefits

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

Additional benefits

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

LIFETIME RISK OF DEVELOPING CANCER



American Cancer Society, Cancer Facts & Figures, 2017.

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Optional riders

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

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

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

THIS POLICY PROVIDES LIMITED BENEFITS.

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.

EXCLUSIONS

We will not pay benefits for cancer or skin cancer:

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

The policy and its riders may have additional exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form CanAssist and rider forms R-CanAssistIndx, R-CanAssistProg and R-CanAssistSpDis (including state abbreviations where applicable, for example: CanAssist-TX).

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Cancer Insurance

Wellness Benefits

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



For more information, talk with your benefits counselor.

Part one: Cancer wellness/health screening

$100 per person per year

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

Cancer wellness tests

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

Health screening tests

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

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

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

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

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

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Cancer Insurance

Level 2 benefits



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

BENEFIT DESCRIPTION	BENEFIT AMOUNT

Air ambulance ..... **$2,000 per trip**
Transportation to or from a hospital or medical facility [max. of two trips per confinement]

Ambulance ..... **$250 per trip**
Transportation to or from a hospital or medical facility [max. of two trips per confinement]

Anesthesia
Administered during a surgical procedure for cancer treatment
- General anesthesia .... **25% of surgical procedures benefit**
- Local anesthesia ..... **$30 per procedure**

Anti-nausea medication ..... **$40 per day administered or per prescription filled**
Doctor-prescribed medication for radiation or chemotherapy [$160 monthly max.]

Blood/plasma/platelets/immunoglobulins.....**$150 per day**
A transfusion required during cancer treatment [$10,000 calendar year max.]

Bone marrow donor screening.....**$50**
Testing in connection with being a potential donor [once per lifetime]

Bone marrow or peripheral stem cell donation **$500**
Receiving another person's bone marrow or stem cells for a transplant [once per lifetime]

Bone marrow or peripheral stem cell transplant ..... **$4,000 per transplant**
Transplant you receive in connection with cancer treatment [max. of two bone marrow transplant benefits per lifetime]

Cancer vaccine **$50**
An FDA-approved vaccine for the prevention of cancer [once per lifetime]

BENEFIT DESCRIPTION	BENEFIT AMOUNT

Companion transportation .....**$0.50 per mile**
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment [up to $1,000 per round trip]

Egg(s) extraction or harvesting/sperm collection and storage
Extracted/harvested or collected before chemotherapy or radiation [once per lifetime]
- Egg(s) extraction or harvesting/sperm collection **$700**
- Egg(s) or sperm storage (cryopreservation).....**$200**

Experimental treatment ..... **$250 per day**
Hospital, medical or surgical care for cancer [$12,500 lifetime max.]

Family care ..... **$40 per day**
Inpatient or outpatient treatment for a covered dependent child [$2,000 calendar year max.]

Hair/external breast/ voice box prosthesis .....**$200 per calendar year**
Prosthesis needed as a direct result of cancer

Home health care services[1]..... **$75 per day**
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment [up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]

Hospice (initial or daily care)[2]
An initial, one-time benefit and a daily benefit for treatment [$15,000 lifetime max. for both]
- Initial hospice care [once per lifetime] **$1,000**
- Daily hospice care .....**$50 per day**

BENEFIT DESCRIPTION	BENEFIT AMOUNT

Hospital confinement
Hospital stay (including intensive care) required for cancer treatment

- 30 days or less . . . . . **$150 per day**
- 31 days or more . . . . . **$300 per day**

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

Medical imaging studies . . . . . **$125 per study**
Specific studies for cancer treatment [$250 calendar year max.]

Outpatient surgical center . . . . . **$200 per day**
Surgery at an outpatient center for cancer treatment [$600 calendar year max.]

Private full-time nursing services . . . . . **$75 per day**
Services while hospital confined other than those regularly furnished by the hospital

Prosthetic device/artificial limb . . . . **$1,500 per device or limb**
A surgical implant needed because of cancer surgery [payable one per site, $3,000 lifetime max.]

Radiation/chemotherapy
Weekly benefit [max. once per week]

- Injected chemotherapy by medical personnel **$500**
- Radiation delivered by medical personnel **$500**

Monthly chemotherapy benefit [max. once per month]

- Self-injected **$200**
- Pump **$200**
- Topical **$200**
- Oral hormonal [1–24 months] **$200**
- Oral hormonal [25+ months] **$100**
- Oral non-hormonal **$200**

BENEFIT DESCRIPTION	BENEFIT AMOUNT

Reconstructive surgery[3] . . . . . **$40 per surgical unit**
A surgery to reconstruct anatomic defects that result from cancer treatment [up to $2,500 per procedure, including 25% for general anesthesia]

Second medical opinion[4] **$200**
A second physician's opinion on cancer surgery or treatment [once per lifetime]

Skilled nursing care facility . . . . . **$100 per day**
Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

Skin cancer initial diagnosis **$300**
A skin cancer diagnosis while the policy is in force [once per lifetime]

Supportive or protective care drugs and colony stimulating factors . . . . . **$100 per day**
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments [$800 calendar year max.]

Surgical procedures . . . . . **$50 per surgical unit**
Inpatient or outpatient surgery for cancer treatment [$3,000 max. per procedure]

Transportation . . . . . **$0.50 per mile**
Travel expenses when being treated for cancer more than 50 miles from home [up to $1,000 per round trip]

Waiver of premium . . . . . **Is available**
No premiums due if the named insured is disabled longer than 90 consecutive days



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

In MD, Tobacco cessation benefit available. $20 per prescription filled, maximum of two 90-day prescriptions per covered person.

In MT, Mammography benefit available. $70 for one baseline mammogram for ages 35–39; one mammogram every two years for ages 40–49; one mammogram each year for ages 50+.

1. In CO, Home health care services maximum is up to 60 days per calendar year or twice the number of days hospital confined, whichever is greater. In WI, Home health care services maximum is up to 40 days per calendar year or twice the number of days hospital confined, whichever is greater.
2. In CO, no hospice benefit available.
3. In OK, Reconstructive surgery is $20 per surgical unit.
4. In MD, Second medical opinion is $50 maximum of one per covered person per hospital confinement.

THIS POLICY PROVIDES LIMITED BENEFITS.

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 CanAssist (including state abbreviations where used, for example: CanAssist-TX). This chart is not complete without form number 1170702 (Exclusions & Limitations) in states CO, ID, MD, MN, MO, NC, OK, SC, SD, VT and WA. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Cancer Insurance

Level 3 benefits



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

BENEFIT DESCRIPTION	BENEFIT AMOUNT

Air ambulance ..... **$2,000 per trip**
Transportation to or from a hospital or medical facility [max. of two trips per confinement]

Ambulance ..... **$250 per trip**
Transportation to or from a hospital or medical facility [max. of two trips per confinement]

Anesthesia
Administered during a surgical procedure for cancer treatment
- General anesthesia .... **25% of surgical procedures benefit**
- Local anesthesia ..... **$40 per procedure**

Anti-nausea medication ..... **$50 per day administered or per prescription filled**
Doctor-prescribed medication for radiation or chemotherapy [$200 monthly max.]

Blood/plasma/platelets/immunoglobulins..... **$175 per day**
A transfusion required during cancer treatment [$10,000 calendar year max.]

Bone marrow donor screening..... **$50**
Testing in connection with being a potential donor [once per lifetime]

Bone marrow or peripheral stem cell donation **$750**
Receiving another person's bone marrow or stem cells for a transplant [once per lifetime]

Bone marrow or peripheral stem cell transplant ..... **$7,000 per transplant**
Transplant you receive in connection with cancer treatment [max. of two bone marrow transplant benefits per lifetime]

Cancer vaccine **$50**
An FDA-approved vaccine for the prevention of cancer [once per lifetime]

BENEFIT DESCRIPTION	BENEFIT AMOUNT

Companion transportation ..... **$0.50 per mile**
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment [up to $1,200 per round trip]

Egg(s) extraction or harvesting/sperm collection and storage
Extracted/harvested or collected before chemotherapy or radiation [once per lifetime]
- Egg(s) extraction or harvesting/sperm collection **$1,000**
- Egg(s) or sperm storage (cryopreservation) **$350**

Experimental treatment ..... **$300 per day**
Hospital, medical or surgical care for cancer [$15,000 lifetime max.]

Family care ..... **$50 per day**
Inpatient or outpatient treatment for a covered dependent child [$2,500 calendar year max.]

Hair/external breast/ voice box prosthesis ..... **$350 per calendar year**
Prosthesis needed as a direct result of cancer

Home health care services[1]..... **$100 per day**
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment [up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]

Hospice (initial or daily care)[2]
An initial, one-time benefit and a daily benefit for treatment [$15,000 lifetime max. for both]
- Initial hospice care [once per lifetime] **$1,000**
- Daily hospice care ..... **$50 per day**

BENEFIT DESCRIPTION	BENEFIT AMOUNT

Hospital confinement
Hospital stay (including intensive care) required for cancer treatment
- 30 days or less ..... **$250 per day**
- 31 days or more ..... **$500 per day**

Lodging ..... **$75 per day**
Hotel/motel expenses when being treated for cancer more than 50 miles from home [70-day calendar year max.]

Medical imaging studies ..... **$175 per study**
Specific studies for cancer treatment [$350 calendar year max.]

Outpatient surgical center ..... **$300 per day**
Surgery at an outpatient center for cancer treatment [$900 calendar year max.]

Private full-time nursing services ..... **$125 per day**
Services while hospital confined other than those regularly furnished by the hospital

Prosthetic device/artificial limb .... **$2,000 per device or limb**
A surgical implant needed because of cancer surgery [payable one per site, $4,000 lifetime max.]

Radiation/chemotherapy
Weekly benefit [max. once per week]
- Injected chemotherapy by medical personnel **$750**
- Radiation delivered by medical personnel **$750**

Monthly chemotherapy benefit [max. once per month]
- Self-injected **$300**
- Pump **$300**
- Topical **$300**
- Oral hormonal [1–24 months] **$300**
- Oral hormonal [25+ months] **$150**
- Oral non-hormonal **$300**

BENEFIT DESCRIPTION	BENEFIT AMOUNT

Reconstructive surgery[3] ..... **$60 per surgical unit**
A surgery to reconstruct anatomic defects that result from cancer treatment [up to $3,000 per procedure, including 25% for general anesthesia]

Second medical opinion[4] **$300**
A second physician's opinion on cancer surgery or treatment [once per lifetime]

Skilled nursing care facility ..... **$100 per day**
Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

Skin cancer initial diagnosis **$400**
A skin cancer diagnosis while the policy is in force [once per lifetime]

Supportive or protective care drugs and colony stimulating factors ..... **$150 per day**
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments [$1,200 calendar year max.]

Surgical procedures ..... **$60 per surgical unit**
Inpatient or outpatient surgery for cancer treatment [$5,000 max. per procedure]

Transportation ..... **$0.50 per mile**
Travel expenses when being treated for cancer more than 50 miles from home [up to $1,200 per round trip]

Waiver of premium ..... **Is available**
No premiums due if the named insured is disabled longer than 90 consecutive days

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

In MD, Tobacco cessation benefit available. $20 per prescription filled, maximum of two 90-day prescriptions per covered person.

In MT, Mammography benefit available. $70 for one baseline mammogram for ages 35–39; one mammogram every two years for ages 40–49; one mammogram each year for ages 50+.

1. In CO, Home health care services maximum is up to 60 days per calendar year or twice the number of days hospital confined, whichever is greater. In WI, Home health care services maximum is up to 40 days per calendar year or twice the number of days hospital confined, whichever is greater.
2. In CO, no hospice benefit available.
3. In OK, Reconstructive surgery is $30 per surgical unit.
4. In MD, Second medical opinion is $75 maximum of one per covered person per hospital confinement.

THIS POLICY PROVIDES LIMITED BENEFITS.

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The benefits of good hard work.®





Term Life Insurance

Peace of mind for you and your loved ones

You want what's best for your family, and that includes making sure they're prepared for the future. With term life insurance from Colonial Life & Accident Insurance Company, you can provide financial security to help them cover their ongoing living expenses.

Advantages of term life insurance

- Lower cost when compared to cash value life insurance
- Same benefit payout throughout the duration of the policy
- Several term period options for flexibility during high-need years
- Benefit for the beneficiary that is typically tax-free

Benefits and features

- Stand-alone spouse policy available whether or not you buy a policy for yourself
- Guaranteed premiums that do not increase during the selected term
- Ability to convert all or a portion of the benefit amount into cash value life insurance
- Flexibility to keep the policy if you change jobs or retire
- Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to $150,000) if you're diagnosed with a terminal illness[1]
- Premium savings for face amounts over $250,000 based on your health

[1-in-3]

married/partnered consumers wish their spouse or partner would purchase more life insurance.

LIMRA, 2018 Insurance Barometer Study.

54% of Americans would have trouble paying living expenses immediately or within several months if the primary wage-earner died.

LIMRA, 2017 Insurance Barometer Study.

How much term life insurance do you need?

Funeral expenses The median cost of a funeral is $7,360.*		_____
Outstanding debts (including mortgage)	+	_____
Replacement income	+	_____
Education fund	+	_____
Available assets (savings, investments, present amount of life insurance)	–	_____
Estimated amount of life insurance needed	=	_____

*Includes viewing and burial.
National Funeral Directors Association, Statistics, 2018.

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. Product may vary by state. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This brochure is 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 and applicable state variations.

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Colonial Life

Whole Life Plus Insurance



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

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

BENEFITS AND FEATURES

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

ADDITIONAL COVERAGE OPTIONS

Spouse term rider

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

Juvenile Whole Life Plus policy

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

Children's term rider

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

ADVANTAGES OF WHOLE LIFE PLUS INSURANCE

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



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

Benefits worksheet

For use with your benefits counselor

How much coverage do you need?

☐ YOU $ _____

Select the option:

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

☐ SPOUSE $ _____

Select the option:

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

☐ DEPENDENT STUDENT $_____

Select the option:

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

Select any optional riders:

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



To learn more, talk with your benefits counselor.

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ADDITIONAL COVERAGE OPTIONS (CONTINUED)

Accidental death benefit rider

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

Chronic care accelerated death benefit rider

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

Critical illness accelerated death benefit rider

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

Guaranteed purchase option rider

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

Waiver of premium benefit rider

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

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

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

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

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Colonial Life



Juvenile Whole Life Plus Insurance

A lower rate for life

By purchasing Juvenile Whole Life Plus insurance for a child or grandchild, you can begin a lifetime of protection at affordable rates. The younger the child is when you purchase coverage, the lower the rate will be for the life of the policy.

Also, if an unexpected accident or illness makes life insurance more expensive — or even unavailable — for them later on, they'll have this whole life coverage to help protect their loved ones.

ADVANTAGES OF JUVENILE WHOLE LIFE PLUS

- Available for your children or grandchildren through age 17 (dependent students ages 18–26 may be eligible for an adult plan)
- Accumulates cash value based on a non-forfeiture interest rate of 3.75%[1]
- Paid-Up at Age 70 and stays in force as long as you continue making payments
- Coverage can be purchased without purchasing employee coverage
- Ability to pass ownership or enhance coverage with optional riders after your child's or grandchild's 18th birthday

ADDITIONAL FEATURES

$3,000 immediate claim payment

This payment can help meet immediate needs, such as funeral costs, by providing an initial death benefit payment of $3,000 to the designated beneficiary.

Terminal illness accelerated death benefit

If the insured child is diagnosed with a terminal illness, you can request up to 75% of the policy's death benefit, up to $150,000.[2]

Guaranteed purchase option

Additional whole life coverage may be purchased on the child — without health questions — at ages 18, 21 and 24. Coverage up to the initial face amount may be purchased, not to exceed a total combined maximum of $100,000 for all options.

40%

of people who own life insurance wish they had purchased policies at a younger age

Scanlon, James T., Leyes, Maggie and Wood, Steve. LIMRA 2020 Insurance Barometer Study, May 2020

HOW MUCH COVERAGE DO YOU NEED?

FACE AMOUNT

$ _____



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

Give a gift that lasts a lifetime



Childhood
They grow up so fast. Get them off to a great start.



18th Birthday
Give them ownership of their policy as they take more control of their future.



First Job
Provide a base to build on as they establish themselves.



Wedding
They can purchase coverage on a new spouse.



Children
They can extend coverage as their family grows.



Retirement
As years go by, know they're protected by the coverage you purchased.



To learn more, talk with your benefits counselor.

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ColonialLife.com

ADDITIONAL COVERAGE OPTION

Accidental death benefit rider

May be added at any time. When you purchase this rider, it pays an additional benefit if the insured child or grandchild 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% of the accidental death benefit will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seat belt.

ADDITIONAL OPTIONS AVAILABLE AT AGE 18

(and after policy ownership has been passed to the insured child)

Chronic care accelerated death benefit rider (living benefit)

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

Critical illness accelerated death benefit rider

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

Spouse term life rider

The policy owner can purchase term life coverage for a spouse, with a maximum death benefit of up to $50,000. 10-year and 20-year coverage periods are available. Coverage may be converted to a cash value policy within certain time periods later on — without having to answer health questions.

Children's term life rider

The policy owner may purchase up to $20,000 in term life coverage for all eligible dependent children and pay one premium. Each eligible child can later convert this coverage to a cash value life insurance policy — without having to answer health questions — upon the parent's or grandparent's 70th birthday or the child's 25th birthday, whichever comes first.

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

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

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Colonial Life

Colonial Life for Policyholders Portal

A faster, simpler way to manage your benefits

THE PORTAL OFFERS YOU:

- Faster service than calling/emailing
- Confirmation when a claim has been submitted
- Simplified bill payment and management
- Answers to frequently asked questions and live chat assistance if you don't see what you are looking for.

LEARN MORE

Find out how simple your claims and benefits experience can be by learning more about the Colonial Life for Policyholders portal. Just visit ColonialLife.com to see what this online account administration platform can do for you.

Colonial Life for Policyholders is an online portal created with you in mind. It's the most convenient and efficient way to file a claim and manage your benefits.

Here's what you can do on Colonial Life for Policyholders:



File claims with a simple, guided form



Set up direct deposit for approved payments



View claim status or policy details anytime



Opt for instant alerts by email or text



Update your personal info & preferences

BECOME A MEMBER TODAY:

1. Go to **ColonialLife.com/access** to register.
2. Click "create an account", fill out the required information and click **Submit**.
3. Enjoy faster service and improved benefits awareness.

NEED TO FILE A CLAIM?

Filing online means never waiting for mail or dealing with fax machines and complex paper forms . Our guided question wizard walks you through the process and checks for missing information that could cause delays. Opting for direct deposit can also get approved payments to you up to a week faster than paper check.

AFTER YOU FILE:

Check your claim status by logging into your account at **ColonialLife.com/access**. You can also sign up for text or email alerts so you know instantly if status changes or more information is needed. For your convenience, you can login anytime with a mobile device to photograph and upload documents with your camera.

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Colonial Life
for Policyholders

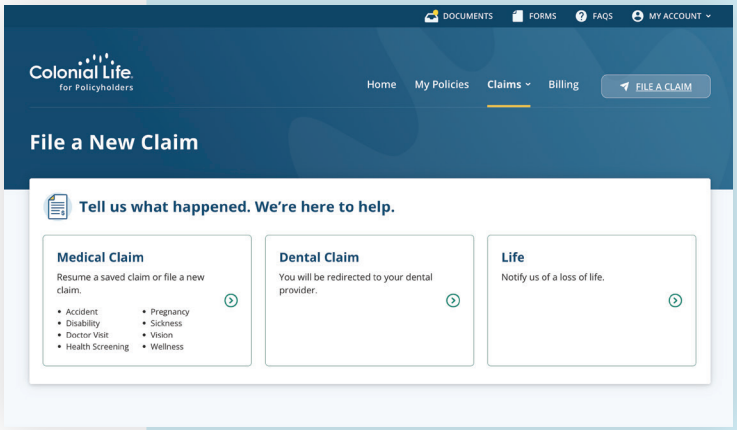
How to file a Wellness claim

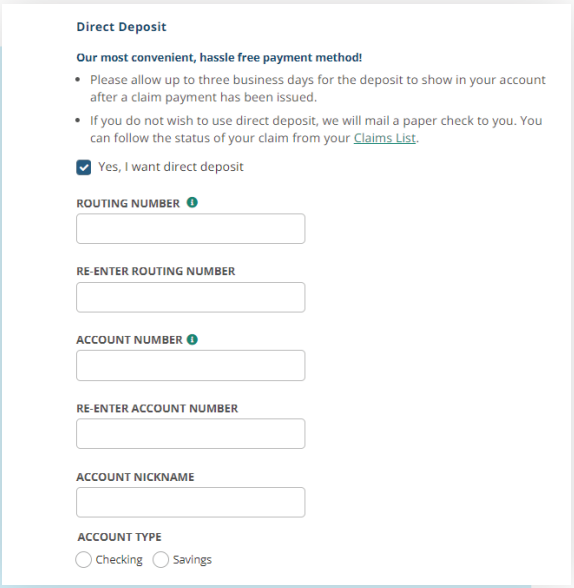
1 Log in to file a new claim

Log onto the **coloniallife.com** portal

Click on the **File a Claim** button in the upper right-hand corner.

Choose Medical claim.

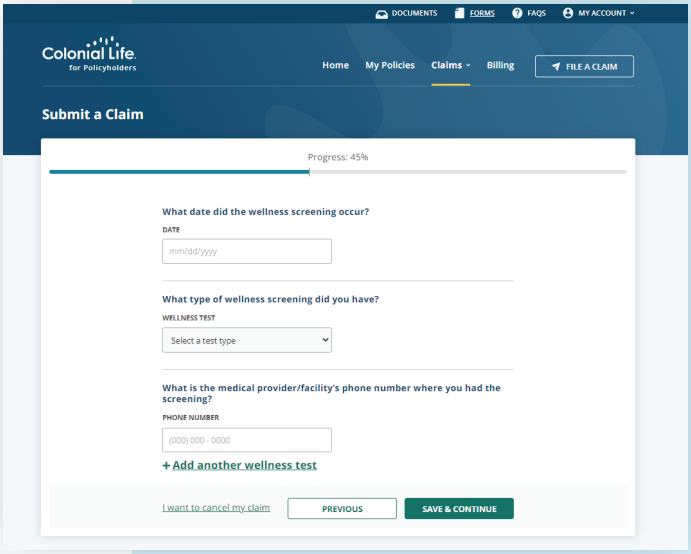




2 Verify your personal information

Choose who the claim is for and verify personal information. (For new profiles, you will need to provide name, birthdate, and contact information.)

If you haven't already, sign up for direct deposit. Once approved, payments post as soon as 48 hours after submission.



3 Submit wellness visit details

Select Wellness or Doctor's Office Visit.

Enter the date of your test/visit, the type of test, and the phone number of your provider.

Once completed, you will receive a confirmation screen validating your claim is complete.

CONTACT US

270-842-8110

awood@brgky.com

www.brgky.com

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Bowling Green, KY 42104

MONDAY THROUGH FRIDAY
from 8:00 am to 4:30 pm CST