



GRAVES

COUNTY SCHOOLS

BENEFITS GUIDE



Voluntary Benefit Policy Descriptions

Below are descriptions of some of the most popular voluntary policies available for payroll deduction at Graves County Board of Education. For more information be sure to check Employee Navigator for your actual costs based on age, coverage type, and salary. **A Table of Contents follows these descriptions with clickable links to the policy brochures containing additional information.**

Short Term Disability (STD) –

STD coverage is income replacement when you are unable to work due to an off the job accident, injury, surgery, or for maternity leave. The benefit amount is 60% of your gross income and is payable for up to 13 weeks after a 7-day waiting period. STD benefits are paid IN ADDITION TO an accumulated paid leave such as sick time or PTO (Paid Time Off). You can see your weekly benefit and monthly cost by logging into Employee Navigator (EN) and selecting Short Term Disability in your Enrollment menu. Coverage is Guaranteed Issue for new enrollees and a 6-month pre-existing condition applies. Any claim that occurs in the first six months of being covered, Lincoln Financial will request medical records to verify that you were not treated for that specific condition in the three months prior to your coverage effective date.

Short Term Disability Sample Rates

Monthly Salary	Monthly Benefit	Monthly Premium
\$500.00	\$300.00	\$4.36
\$1,000.00	\$600.00	\$8.72
\$1,500.00	\$900.00	\$13.08
\$2,000.00	\$1,200.00	\$17.45
\$2,500.00	\$1,500.00	\$21.81
\$3,000.00	\$1,800.00	\$26.17
\$3,500.00	\$2,100.00	\$30.53
\$4,000.00	\$2,400.00	\$34.89
\$4,500.00	\$2,700.00	\$39.25
\$5,000.00	\$3,000.00	\$43.62
\$5,500.00	\$3,300.00	\$47.98
\$6,000.00	\$3,600.00	\$52.34
\$6,500.00	\$3,900.00	\$56.70
\$7,000.00	\$4,200.00	\$61.06

Long Term Disability (LTD) –

Like STD but begins after a 90-day wait. This policy is designed to pick up here the STD benefits end. For disability claims of a more severe nature, LTD benefits may be paid to age 67 and beyond. Employees have the option of choosing a benefit amount of either 50% or 60% of gross monthly wages. You can see your monthly benefit and monthly cost by logging into Employee Navigator (EN) and selecting Long Term Disability in your Enrollment menu. Coverage is Guaranteed Issue for new enrollees and a 12-month pre-existing condition applies. Any claim that occurs in the first twelve months of being covered, Lincoln Financial will request medical records to verify that you were not treated for that specific condition in the three months prior to your coverage effective date. LTD benefits do reduce when your disability benefits, when added to your PTO or disability retirement exceed 100% of your pre-disability gross income.

Sample LTD Rates - 60% Benefit up to \$6,000 per month

Mo. Salary	Mo. Benefit	Age 30	Age 40	Age 50	Age 60
\$1,000.00	\$600.00	\$1.72	\$4.37	\$7.86	\$8.40
\$1,500.00	\$900.00	\$2.58	\$6.56	\$11.79	\$12.60
\$2,000.00	\$1,200.00	\$3.44	\$8.74	\$15.72	\$16.80
\$2,500.00	\$1,500.00	\$4.30	\$10.93	\$19.65	\$21.00
\$3,000.00	\$1,800.00	\$5.16	\$13.11	\$23.58	\$25.20
\$3,500.00	\$2,100.00	\$6.02	\$15.30	\$27.51	\$29.40
\$4,000.00	\$2,400.00	\$6.88	\$17.48	\$31.44	\$33.60
\$4,500.00	\$2,700.00	\$7.74	\$19.67	\$35.37	\$37.80
\$5,000.00	\$3,000.00	\$8.60	\$21.85	\$39.30	\$42.00
\$5,500.00	\$3,300.00	\$9.46	\$24.04	\$43.23	\$46.20
\$6,000.00	\$3,600.00	\$10.32	\$26.22	\$47.16	\$50.40
\$6,500.00	\$3,900.00	\$11.18	\$28.41	\$51.09	\$54.60

Sample LTD Rates - 50% Benefit up to \$5,000 per month

Mo. Salary	Mo. Benefit	Age 30	Age 40	Age 50	Age 60
\$1,000.00	\$600.00	\$1.10	\$2.80	\$5.05	\$5.39
\$1,500.00	\$900.00	\$1.65	\$4.20	\$7.58	\$8.09
\$2,000.00	\$1,200.00	\$2.20	\$5.60	\$10.10	\$10.78
\$2,500.00	\$1,500.00	\$2.75	\$7.00	\$12.63	\$13.48
\$3,000.00	\$1,800.00	\$3.30	\$8.40	\$15.15	\$16.17
\$3,500.00	\$2,100.00	\$3.85	\$9.80	\$17.68	\$18.87
\$4,000.00	\$2,400.00	\$4.40	\$11.20	\$20.20	\$21.56
\$4,500.00	\$2,700.00	\$4.95	\$12.60	\$22.73	\$24.26
\$5,000.00	\$3,000.00	\$5.50	\$14.00	\$25.25	\$26.95
\$5,500.00	\$3,300.00	\$6.05	\$15.40	\$27.78	\$29.65
\$6,000.00	\$3,600.00	\$6.60	\$16.80	\$30.30	\$32.34
\$6,500.00	\$3,900.00	\$7.15	\$18.20	\$32.83	\$35.04

Accident Insurance –

24 hour a day coverage for burns, broken bones, cuts, and dislocations due to accidents and treatment for those conditions. Great for active people including, but not limited to, single parents, those with self-employed spouses, children – especially those that play school sports or are teenage drivers. This policy pays in addition to any medical benefits you may receive including those that occur while a child is involved in a school activity. There are multiple levels of coverage and benefits. Spouses may also be covered for a Disability Rider for those needing additional coverage or when a farmer, contractor, or self-employed. Includes a \$50 per covered person per year wellness benefit.

Cancer Insurance –

Benefits for chemo, radiation, surgery, reconstructive surgery, travel benefits for both insureds and companions, lodging benefits for both insureds and companions, and an initial diagnosis benefit for all covered persons including children to age 26 when diagnosed with internal cancer.. There are 2 questions applying for the policy with no pre-existing conditions clauses – Have you ever been diagnosed with cancer? If not, you qualify. If yes, have you been cancer free for 5 years? If yes, you qualify for Cancer Insurance. This policy includes an annual Wellness Benefit of \$100 per covered person per year.

Critical Illness Insurance –

This policy pays a lump sum benefit ranging from \$10,000 to \$40,000, selected during enrollment, when diagnosed with one of the following conditions – Heart Attack, Stroke, Invasive Cancer, Kidney Failure, Major Organ Failure, Advanced COPD, AIDS, ALS, Alzheimer's, Parkinson's, and Advanced MS. The policy also pays for accidental benefits such as – Severe burns, permanent paralysis, and traumatic brain injuries (including coma). There are additional benefit categories for children. The policy has no lifetime benefit maximum. The CI policy does have a 12 month pre-existing condition clause, but is Guaranteed Issue for employees, spouses, and children.

Voluntary Group Term Life Insurance (Guaranteed Issue Option) –

Employee coverage – Employees are eligible to enroll in Guaranteed Issue Voluntary Life coverage up to 7 times your annual salary not to exceed \$300,000 in coverage. Higher amounts are available with underwriting.

Spouse Coverage - Employees may enroll their spouses in Voluntary Life up to \$50,000 in Guaranteed Issue coverage, not to exceed 50% of employee coverage.

Child Coverage - \$10,000 in children's voluntary life coverage may also be added as a new hire, but may not exceed 50% of the employee coverage amount.

Voluntary Group Term Life rates are in 5 year age intervals and will increase as you get older. Spouse rates are based on the employee's age and children are covered until age 26.

Voluntary Group AD&D Coverage (Guaranteed Issue Option) –

Employees, spouses, and dependent children may also enroll in Voluntary Group AD&D coverage. This coverage is separate from the Voluntary Group Life coverage and does not require enrollment in both policies. High face amounts are available for employees and spouses. Children, when enrolled, are eligible for \$10,000 in coverage.

Other Life Insurance Options –

There are additional life insurance options including 10 to 30 year term policies (depending on age at time of enrollment) and whole life (permanent) policies. Please contact a member of the McConnell team for more information and for assistance in finding the policies that best fit your family's needs and specific situation.

Group Medical Bridge Policy (Hospital Confinement) –

This policy pays specific benefit amounts when confined to a hospital for 20 hours or longer, when having an outpatient surgery, or when having a covered diagnostic procedure. Please review the policy brochure for all the details. This policy has a 12 month pre-existing condition clause and a 9 month birth exclusion.

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Graves County Board of Education
Benefits At-A-Glance
All Full-Time Employees

Voluntary Short-term
Disability Insurance

The Lincoln Short-term Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 13 weeks due to injury, illness, surgery, or recovery from childbirth
- Features group rates for employees
- Provides a partial cash benefit if you can only do part of your job or work part time
- Offers a fast, no-hassle claims process

Voluntary Short-term Disability

Weekly benefit amount	60% of your weekly salary, limited to \$1,200 per week
Sickness elimination period	8 days
Accident elimination period	8 days
Maximum coverage period	13 weeks

Sickness Elimination Period: You must be out of work for 7 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 8.

Accident Elimination Period: You must be out of work for 7 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 8.

Recurrent Disability Benefits

- If you become disabled for the same condition within X days following your prior disability, your benefits will continue under the same claim.

Additional Plan Benefits	
Benefits Integration	Included
Rehabilitation Assistance	Included
Family Income Benefit	Included
Portability	Included
Premium Waiver	Included

Evidence of Insurability

- When you are first offered this coverage (and during approved open enrollment periods), you may be able to take advantage of this important coverage with no evidence of insurability (proof of health).

Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 6 months.

Benefit Exclusions & Reductions

Like any insurance, this short-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot

Your benefits may be reduced if you are eligible to receive benefits from:

- Sick pay from your employer
- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



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Voluntary Short-term Disability Premium

Here's how little you pay with group rates.

Use the employee voluntary short-term disability premium rate table provided to below to calculate your cost and benefit. The following example calculates the monthly cost for an employee with annual earnings of \$35,400.

Note: The maximum weekly covered earnings are equal to the maximum weekly benefit divided by the benefit percentage.

Calculation Example		Example	You
Step 1	Enter the monthly premium rate for your age band per \$10 of weekly benefit.	\$0.630	
Step 2	Enter your weekly earnings. <i>Divide your annual earnings by 52.</i>	\$681	
Step 3	If your weekly earnings are greater than the maximum weekly covered earnings of \$2,000, indicate \$2,000. Otherwise, indicate the amount from Step 2.	\$681	
Step 4	Calculate your weekly benefit. Multiply Step 3 by 0.60.	\$408	
Step 5	Enter your weekly benefit in increments of \$10. <i>To calculate, divide the amount in Step 4 by 10.</i>	40.8	
Step 6	Calculate your cost. Multiply Step 1 by Step 5.	\$25.73	

Age Range	Premium Rate
0 - 99	\$0.630

This worksheet allows you to approximate your monthly contributions for voluntary short-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.

Lincoln Financial Group

Please see prior page for product information.

Voluntary Short-term Disability Insurance Premium Calculation



Graves County Board of Education Benefits At-A-Glance

All Full-Time Employees Electing Option 2

Voluntary LTD	
Monthly benefit amount	60% of Salary limited to \$6,000 (\$100 minimum)
Elimination period	90 days
Coverage Period for Your Occupation	24 Months
Maximum Coverage Period	Up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.
- The 90-day elimination period can be met through either total disability (out of work entirely) or partial disability (working with a reduced schedule or performing different types of duties).
-

Coverage Period for Your Occupation

- This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation).
- You may be eligible to continue receiving benefits if your disability prohibits you from any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits are extended through the end of your maximum coverage period.

Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness; 24 months for substance abuse. See contract for details on other specified illnesses.

Voluntary Long-term Disability Insurance

The Lincoln Long-term Disability Insurance Plan:

- Provides a cash benefit after you are out of work for 90 days or more due to injury, illness, or surgery
- Features group rates for eligible employees
- Includes *EmployeeConnect*SM services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

Additional Plan Information

Progressive Income Benefit	Included
Family Income Benefit	Included
Portability	Included

Evidence of Insurability

- When you are first offered this coverage (and during approved open enrollment periods), you may be able to take advantage of this important coverage with no evidence of insurability (proof of health).

Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months, unless you received no treatment of the condition for 6 consecutive months after your effective date.

Benefit Exclusions & Reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- You are not under the regular care of a doctor when you request disability benefits
- Your disability is the result of cosmetic surgery, unless related to a disabling condition
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot
- Your disability occurs while you are committing a felony or participating in a riot
- Your disability occurs while you are imprisoned for committing a felony
- Your disability occurs while you are residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation
- Salary continuance
- Sick leave

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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Voluntary Long-Term Disability Insurance

Calculate Your Premium

Use the employee voluntary long-term disability premium rate table provided below to calculate your cost and benefit. The following example calculates the monthly cost for an employee with annual earnings of \$35,400.

Note: The maximum monthly covered earnings are equal to the maximum monthly benefit divided by the benefit percentage.

Calculation Example		Example	You
Step 1	Enter the monthly premium rate per \$100 of monthly covered payroll.	\$0.286	
Step 2	Enter your monthly earnings. <i>Divide your annual earnings by 12.</i>	\$2,950	
Step 3	If your monthly earnings are greater than the maximum monthly covered earnings of \$10,000, indicate 10,000. Otherwise, indicate the amount from Step 2.	\$2,950	
Step 4	Enter your monthly earnings in increments of \$100 of monthly covered payroll. <i>To calculate, divide the amount in Step 3 by 100.</i>	29.5	
Step 5	Calculate your monthly cost. Multiply Step 1 by Step 4.	\$8.44	

Age Range	Premium Rate
0 - 29	\$0.104
30 - 34	\$0.172
35 - 39	\$0.286
40 - 44	\$0.437
45 - 49	\$0.608
50 - 54	\$0.786
55 - 59	\$1.002
60 - 64	\$0.840
65 - 69	\$0.659
70 +	\$0.572

This worksheet allows you to approximate your monthly contributions for voluntary long-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.



Voluntary Long-term Disability Insurance

The Lincoln Long-term Disability Insurance Plan:

- Provides a cash benefit after you are out of work for 90 days or more due to injury, illness, or surgery
- Features group rates for eligible employees
- Includes *EmployeeConnect*SM services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

Graves County Board of Education Benefits At-A-Glance

All Full-Time Employees Electing Option 1

Voluntary LTD

Monthly benefit amount	50% of Salary limited to \$5,000 (\$100 minimum)
Elimination period	90 days
Coverage Period for Your Occupation	24 Months
Maximum Coverage Period	Up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.
- The 90-day elimination period can be met through either total disability (out of work entirely) or partial disability (working with a reduced schedule or performing different types of duties).
-

Coverage Period for Your Occupation

- This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation).
- You may be eligible to continue receiving benefits if your disability prohibits you from any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits are extended through the end of your maximum coverage period.

Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness; 24 months for substance abuse. See contract for details on other specified illnesses.

Additional Plan Information	
Progressive Income Benefit	Included
Family Income Benefit	Included
Portability	Included

Evidence of Insurability

- When you are first offered this coverage (and during approved open enrollment periods), you may be able to take advantage of this important coverage with no evidence of insurability (proof of health).

Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months, unless you received no treatment of the condition for 6 consecutive months after your effective date.

Benefit Exclusions & Reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- You are not under the regular care of a doctor when you request disability benefits
- Your disability is the result of cosmetic surgery, unless related to a disabling condition
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot
- Your disability occurs while you are committing a felony or participating in a riot
- Your disability occurs while you are imprisoned for committing a felony
- Your disability occurs while you are residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation
- Salary continuance
- Sick leave

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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Voluntary Long-Term Disability Insurance

Calculate Your Premium

Use the employee voluntary long-term disability premium rate table provided below to calculate your cost and benefit. The following example calculates the monthly cost for an employee with annual earnings of \$35,400.

Note: The maximum monthly covered earnings are equal to the maximum monthly benefit divided by the benefit percentage.

Calculation Example		Example	You
Step 1	Enter the monthly premium rate per \$100 of monthly covered payroll.	\$0.184	
Step 2	Enter your monthly earnings. <i>Divide your annual earnings by 12.</i>	\$2,950	
Step 3	If your monthly earnings are greater than the maximum monthly covered earnings of \$10,000, indicate 10,000. Otherwise, indicate the amount from Step 2.	\$2,950	
Step 4	Enter your monthly earnings in increments of \$100 of monthly covered payroll. <i>To calculate, divide the amount in Step 3 by 100.</i>	29.5	
Step 5	Calculate your monthly cost. Multiply Step 1 by Step 4.	\$5.43	

Age Range	Premium Rate
0 - 29	\$0.067
30 - 34	\$0.110
35 - 39	\$0.184
40 - 44	\$0.280
45 - 49	\$0.391
50 - 54	\$0.505
55 - 59	\$0.644
60 - 64	\$0.539
65 - 69	\$0.424
70 +	\$0.367

This worksheet allows you to approximate your monthly contributions for voluntary long-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.

Lincoln Financial Group

Please see prior page for product information.

Voluntary Long-term Disability Insurance Premium Calculation

Accident Insurance



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

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

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

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

What additional features are included?

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

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

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

What if I change employers?

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

Can my premium change?

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

How do I file a claim?

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

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

Initial Care

- Accident Emergency Treatment.....\$75
- Ambulance\$120
- X-ray Benefit\$20
- Air Ambulance.....\$1,200

Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$1,800	\$3,600
Knee (except patella)	\$900	\$1,800
Ankle – Bone or Bones of the Foot (other than Toes)	\$720	\$1,440
Collarbone (Sternoclavicular)	\$450	\$900
Lower Jaw, Shoulder, Elbow, Wrist	\$270	\$540
Bone or Bones of the Hand	\$270	\$540
Collarbone (Acromioclavicular and Separation)	\$90	\$180
One Toe or Finger	\$90	\$180

Fractures	Non-Surgical	Surgical
Depressed Skull	\$2,250	\$4,500
Non-Depressed Skull	\$900	\$1,800
Hip, Thigh	\$1,350	\$2,700
Body of Vertebrae, Pelvis, Leg	\$675	\$1,350
Bones of Face or Nose (except mandible or maxilla)	\$315	\$630
Upper Jaw, Maxilla	\$315	\$630
Upper Arm between Elbow and Shoulder	\$315	\$630
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$270	\$540
Shoulder Blade, Collarbone, Vertebral Process	\$270	\$540
Forearm, Wrist, Hand	\$270	\$540
Rib	\$225	\$450
Coccyx	\$180	\$360
Finger, Toe	\$90	\$180

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

- Burn (based on size and degree)\$1,000 to \$12,000
- Coma.....\$7,500
- Concussion\$60
- Emergency Dental Work\$50 Extraction, \$200 Crown, Implant, or Denture
- Lacerations (based on size).....\$30 to \$500

Requires Surgery

- Eye Injury.....\$200
- Tendon/Ligament/Rotator Cuff.....\$500 - one, \$1,000 - two or more
- Ruptured Disc\$500
- Torn Knee Cartilage\$500

Surgical Care

- Surgery (cranial, open abdominal or thoracic).....\$1,000
- Surgery (hernia)\$100
- Surgery (arthroscopic or exploratory)\$150
- Blood/Plasma/Platelets\$300

Transportation/Lodging Assistance

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

- Transportation.....\$400 per round trip up to 3 round trips
- Lodging (family member or companion).....\$100 per night up to 30 days for a hotel/motel lodging costs

Accident Hospital Care

- Hospital Admission*\$750 per accident
- Hospital ICU Admission* \$1,500 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.*
- Hospital Confinement \$175 per day up to 365 days per accident
- Hospital ICU Confinement\$350 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit \$50 (up to 2 visits per accident)
- Medical Imaging Study\$100 per accident
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy \$25 per treatment up to 10 days
- Appliances\$75 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb \$500 - one, \$1,000 - more than 1
- Rehabilitation Unit.....\$100 per day up to 15 days per covered accident, and 30 days per calendar year.
Maximum of 30 days per calendar year

Accidental Dismemberment

- Loss of Finger/Toe\$600 – one, \$1,200 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye\$6,000 – one, \$12,000 – two or more

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
 - Loss of both hands or both feet
 - Loss or loss of use of one arm and one leg or
 - Loss or loss of use of both arms or both legs
- Loss of the sight of both eyes
 - Loss of the hearing of both ears
 - Loss of the ability to speak
- Named Insured \$10,000 Spouse\$10,000 Child(ren).....\$5,000

365-day elimination period. Amounts reduced for covered persons age 65 and over.
Payable once per lifetime for each covered person.

Accidental Death

	Accidental Death	Common Carrier
● Named Insured	\$40,000	\$80,000
● Spouse	\$40,000	\$80,000
● Child(ren)	\$8,000	\$16,000

Health Screening Benefit

- \$50 per covered person per calendar year

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

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

Tests include:

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

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

Who will be covered? (check one)

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

When are covered accident benefits available? (check one)

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

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

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

Accident Insurance



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

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

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the emergency room, urgent care or doctor's office

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

What additional features are included?

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

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

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

What if I change employers?

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

Can my premium change?

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

How do I file a claim?

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

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

Initial Care

- Accident Emergency Treatment..... \$125
- X-ray Benefit.....\$30
- Ambulance\$200
- Air Ambulance..... \$2,000

Common Accidental Injuries

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

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

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

- Burn (based on size and degree)\$1,000 to \$12,000
- Coma.....\$10,000
- Concussion \$60
- Emergency Dental Work\$75 Extraction, \$300 Crown, Implant, or Denture
- Lacerations (based on size)..... \$30 to \$500

Requires Surgery

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

Surgical Care

- Surgery (cranial, open abdominal or thoracic) \$1,500
- Surgery (hernia)\$150
- Surgery (arthroscopic or exploratory)\$200
- Blood/Plasma/Platelets\$300

Transportation/Lodging Assistance

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

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

Accident Hospital Care

- Hospital Admission*\$1,250 per accident
- Hospital ICU Admission*\$2,500 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.*
- Hospital Confinement \$250 per day up to 365 days per accident
- Hospital ICU Confinement\$500 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit \$50 (up to 3 visits per accident)
- Medical Imaging Study\$150 per accident
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy \$25 per treatment up to 10 days
- Appliances \$100 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb \$500 – one, \$1,000 – more than 1
- Rehabilitation Unit.....\$100 per day up to 15 days per covered accident, and 30 days per calendar year.
Maximum of 30 days per calendar year

Accidental Dismemberment

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

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
- Loss of both hands or both feet
- Loss or loss of use of one arm and one leg or
- Loss or loss of use of both arms or both legs

- Loss of the sight of both eyes
- Loss of the hearing of both ears
- Loss of the ability to speak

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

365-day elimination period. Amounts reduced for covered persons age 65 and over.
Payable once per lifetime for each covered person.

Accidental Death

	Accidental Death	Common Carrier
● Named Insured	\$50,000	\$100,000
● Spouse	\$50,000	\$100,000
● Child(ren)	\$10,000	\$20,000

Health Screening Benefit

- \$50 per covered person per calendar year

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

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

Tests include:

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

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

Who will be covered? (check one)

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

When are covered accident benefits available? (check one)

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

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

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

Colonial Life

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Accident Insurance



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

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

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

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

What additional features are included?

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

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

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

What if I change employers?

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

Can my premium change?

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

How do I file a claim?

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

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

Initial Care

- Accident Emergency Treatment..... \$125
- Ambulance\$200
- X-ray Benefit \$40
- Air Ambulance..... \$2,000

Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$2,400	\$4,800
Knee (except patella)	\$1,200	\$2,400
Ankle – Bone or Bones of the Foot (other than Toes)	\$960	\$1,920
Collarbone (Sternoclavicular)	\$600	\$1,200
Lower Jaw, Shoulder, Elbow, Wrist	\$360	\$720
Bone or Bones of the Hand	\$360	\$720
Collarbone (Acromioclavicular and Separation)	\$120	\$240
One Toe or Finger	\$120	\$240

Fractures	Non-Surgical	Surgical
Depressed Skull	\$3,000	\$6,000
Non-Depressed Skull	\$1,200	\$2,400
Hip, Thigh	\$1,800	\$3,600
Body of Vertebrae, Pelvis, Leg	\$900	\$1,800
Bones of Face or Nose (except mandible or maxilla)	\$420	\$840
Upper Jaw, Maxilla	\$420	\$840
Upper Arm between Elbow and Shoulder	\$420	\$840
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$360	\$720
Shoulder Blade, Collarbone, Vertebral Process	\$360	\$720
Forearm, Wrist, Hand	\$360	\$720
Rib	\$300	\$600
Coccyx	\$240	\$480
Finger, Toe	\$120	\$240

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

- Burn (based on size and degree) \$1,000 to \$12,000
- Coma\$12,500
- Concussion \$60
- Emergency Dental Work \$100 Extraction, \$400 Crown, Implant, or Denture
- Lacerations (based on size)..... \$30 to \$500

Requires Surgery

- Eye Injury.....\$300
- Tendon/Ligament/Rotator Cuff.....\$750 - one, \$1,500 - two or more
- Ruptured Disc\$750
- Torn Knee Cartilage\$750

Surgical Care

- Surgery (cranial, open abdominal or thoracic)..... \$1,500
- Surgery (hernia)\$150
- Surgery (arthroscopic or exploratory)\$200
- Blood/Plasma/Platelets\$300

Transportation/Lodging Assistance

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

- Transportation.....\$600 per round trip up to 3 round trips
- Lodging (family member or companion).....\$150 per night up to 30 days for a hotel/motel lodging costs

Accident Hospital Care

- Hospital Admission*\$1,500 per accident
- Hospital ICU Admission*\$3,000 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.*
- Hospital Confinement\$275 per day up to 365 days per accident
- Hospital ICU Confinement\$550 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit\$50 (up to 4 visits per accident)
- Medical Imaging Study\$200 per accident
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy\$35 per treatment up to 10 days
- Appliances\$100 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb\$750 - one, \$1,500 - more than 1
- Rehabilitation Unit.....\$150 per day up to 15 days per covered accident, and 30 days per calendar year.
Maximum of 30 days per calendar year

Accidental Dismemberment

- Loss of Finger/Toe\$1,250 – one, \$2,400 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye\$12,000 – one, \$24,000 – two or more

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

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

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

365-day elimination period. Amounts reduced for covered persons age 65 and over.
Payable once per lifetime for each covered person.

Accidental Death

	Accidental Death	Common Carrier
● Named Insured	\$75,000	\$200,000
● Spouse	\$75,000	\$200,000
● Child(ren)	\$15,000	\$40,000

Health Screening Benefit

- \$50 per covered person per calendar year

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

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

Tests include:

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

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

Who will be covered? (check one)

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

When are covered accident benefits available? (check one)

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

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

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

Cancer Insurance

Wellness Benefits

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



For more information,
talk with your
benefits counselor.

Part one: Cancer wellness/health screening

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

Cancer wellness tests

- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- 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.

THIS POLICY PROVIDES LIMITED BENEFITS.

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

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

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). 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 1 Benefits

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



For more information, talk with your benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air ambulance Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$2,000 per trip
Ambulance Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$250 per trip
Anesthesia Administered during a surgical procedure for cancer treatment	
■ General anesthesia	25% of surgical procedures benefit
■ Local anesthesia	\$25 per procedure
Anti-nausea medication Doctor-prescribed medication for radiation or chemotherapy <i>[\$100 monthly max.]</i>	\$25 per day administered or per prescription filled
Blood/plasma/platelets/immunoglobulins A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	\$150 per day
Bone marrow donor screening Testing in connection with being a potential donor <i>[once per lifetime]</i>	\$50
Bone marrow or peripheral stem cell donation Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	\$500
Bone marrow or peripheral stem cell transplant Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	\$3,500 per transplant
Cancer vaccine An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	\$50
Companion transportation Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,000 per round trip]</i>	\$0.50 per mile
Egg(s) extraction or harvesting/sperm collection and storage Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) extraction or harvesting/sperm collection	\$500
■ Egg(s) or sperm storage (cryopreservation)	\$175
Experimental treatment Hospital, medical or surgical care for cancer <i>[\$10,000 lifetime max.]</i>	\$200 per day
Family care Inpatient or outpatient treatment for a covered dependent child <i>[\$1,500 calendar year max.]</i>	\$30 per day
Hair/external breast/voice box prosthesis Prosthesis needed as a direct result of cancer	\$200 per calendar year
Home health care services Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	\$50 per day
Hospice (initial or daily care) An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i>	\$1,000
■ Daily hospice care	\$50 per day



BENEFIT DESCRIPTION

BENEFIT AMOUNT

Hospital confinement	
Hospital stay (including intensive care) required for cancer treatment	
■ 30 days or less	\$100 per day
■ 31 days or more	\$200 per day
Lodging	\$50 per day
Hotel/motel expenses when being treated for cancer more than 50 miles from home [70-day calendar year max.]	
Medical imaging studies	\$75 per study
Specific studies for cancer treatment [150 calendar year max.]	
Outpatient surgical center	\$100 per day
Surgery at an outpatient center for cancer treatment [300 calendar year max.]	
Private full-time nursing services	\$50 per day
Services while hospital confined other than those regularly furnished by the hospital	
Prosthetic device/artificial limb	\$1,000 per device or limb
A surgical implant needed because of cancer surgery [payable one per site, 2,000 lifetime max.]	
Radiation/chemotherapy	
Weekly benefit [max. once per week]	
■ Injected chemotherapy by medical personnel	\$250
■ Radiation delivered by medical personnel	\$250
Monthly chemotherapy benefit [max. once per month]	
■ Self-injected	\$150
■ Pump	\$150
■ Topical	\$150
■ Oral hormonal [1-24 months]	\$150
■ Oral hormonal [25+ months]	\$75
■ Oral non-hormonal	\$150
Reconstructive surgery	\$40 per surgical unit
A surgery to reconstruct anatomic defects that result from cancer treatment [up to \$2,500 per procedure, including 25% for general anesthesia]	
Second medical opinion	\$150
A second physician's opinion on cancer surgery or treatment [once per lifetime]	
Skilled nursing care facility	\$75 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	\$50 per day
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments [400 calendar year max.]	
Surgical procedures	\$40 per surgical unit
Inpatient or outpatient surgery for cancer treatment [2,500 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	

THIS POLICY PROVIDES LIMITED BENEFITS.

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

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

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Cancer Insurance

Level 2 Benefits

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



For more information, talk with your benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air ambulance Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$2,000 per trip
Ambulance Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$250 per trip
Anesthesia Administered during a surgical procedure for cancer treatment	
■ General anesthesia	25% of surgical procedures benefit
■ Local anesthesia	\$30 per procedure
Anti-nausea medication Doctor-prescribed medication for radiation or chemotherapy <i>[\$160 monthly max.]</i>	\$40 per day administered or per prescription filled
Blood/plasma/platelets/immunoglobulins A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	\$150 per day
Bone marrow donor screening Testing in connection with being a potential donor <i>[once per lifetime]</i>	\$50
Bone marrow or peripheral stem cell donation Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	\$500
Bone marrow or peripheral stem cell transplant Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	\$4,000 per transplant
Cancer vaccine An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	\$50
Companion transportation Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,000 per round trip]</i>	\$0.50 per mile
Egg(s) extraction or harvesting/sperm collection and storage Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) extraction or harvesting/sperm collection	\$700
■ Egg(s) or sperm storage (cryopreservation)	\$200
Experimental treatment Hospital, medical or surgical care for cancer <i>[\$12,500 lifetime max.]</i>	\$250 per day
Family care Inpatient or outpatient treatment for a covered dependent child <i>[\$2,000 calendar year max.]</i>	\$40 per day
Hair/external breast/voice box prosthesis Prosthesis needed as a direct result of cancer	\$200 per calendar year
Home health care services Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	\$75 per day
Hospice (initial or daily care) An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i>	\$1,000
■ Daily hospice care	\$50 per day



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BENEFIT DESCRIPTION	BENEFIT AMOUNT
Hospital confinement	
Hospital stay (including intensive care) required for cancer treatment	
■ 30 days or less	\$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 [5250 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
Reconstructive surgery	\$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	\$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	

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 101481. 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.



For more information,
talk with your
benefits counselor.

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

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

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

Reconstructive surgery \$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 \$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

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 101481. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.



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



For more information, talk with your benefits counselor.

Cancer Insurance

Level 4 Benefits

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



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BENEFIT DESCRIPTION

BENEFIT AMOUNT

Hospital confinement

Hospital stay (including intensive care) required for cancer treatment

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

Lodging

Hotel/motel expenses when being treated for cancer more than 50 miles from home

[70-day calendar year max.]

\$80 per day

Medical imaging studiesSpecific studies for cancer treatment *[\$450 calendar year max.]*

\$225 per study

Outpatient surgical centerSurgery at an outpatient center for cancer treatment *[\$1,200 calendar year max.]*

\$400 per day

Private full-time nursing services

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

\$150 per day

Prosthetic device/artificial limbA surgical implant needed because of cancer surgery *[payable one per site, \$6,000 lifetime max.]*

\$3,000 per device or limb

Radiation/chemotherapyWeekly benefit *[max. once per week]*

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

Monthly chemotherapy benefit *[max. once per month]*

■ Self-injected	\$400
■ Pump	\$400
■ Topical	\$400
■ Oral hormonal [1-24 months]	\$400
■ Oral hormonal [25+ months]	\$200
■ Oral non-hormonal	\$400

Reconstructive surgery

A surgery to reconstruct anatomic defects that result from cancer treatment

[up to \$3,000 per procedure, including 25% for general anesthesia]

\$60 per surgical unit

Second medical opinionA second physician's opinion on cancer surgery or treatment *[once per lifetime]*

\$300

Skilled nursing care facilityConfinement to a covered facility after hospital release *[up to the number of days paid for hospital confinement]*

\$150 per day

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

\$600

Supportive or protective care drugs and colony stimulating factors

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments

[\$1,600 calendar year max.]

\$200 per day

Surgical proceduresInpatient or outpatient surgery for cancer treatment *[\$6,000 max. per procedure]*

\$70 per surgical unit

Transportation

Travel expenses when being treated for cancer more than 50 miles from home

[up to \$1,500 per round trip]

\$0.50 per mile

Waiver of premium

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

Is available

THIS POLICY PROVIDES LIMITED BENEFITS.

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

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

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Graves County Board of Education

Benefits At-A-Glance

All Full-Time Employees

Voluntary Life Insurance

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death or if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee Life

Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of 7 times Annual Earnings (rounded to the next higher \$10,000) or \$500,000
Minimum coverage amount	\$20,000
Guaranteed Life coverage amount	\$300,000

Your coverage amount will reduce by 37% when you reach age 70; an additional 13% of the original amount when you reach age 75.

Spouse Life The amount of Dependent Life Insurance coverage cannot be greater than 50% of the Employee Benefit.

Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed \$250,000
Minimum coverage amount	\$5,000
Guaranteed Life coverage amount	\$50,000

Benefits end when you reach age 70 or retire, whichever occurs first.

Dependent Child(ren) Life

Live Birth but under 26 years, or under 26 years if a full-time student	\$10,000
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What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$300,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by 2 increments without providing evidence of insurability up to the Guaranteed Life coverage amount. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$500,000. Evidence of Insurability may be required for voluntary life coverage. See the Evidence of Insurability page for details.

Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$50,000 for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by 2 increments without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$250,000 for your spouse. Evidence of Insurability may be required.

Dependent Child(ren) Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options: \$10,000

Additional Plan Benefits Included with Life Coverage

Portability	Included
Accelerated Death Benefit	Included
Conversion	Included

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention Group ID: 1118426.

Monthly Voluntary Life Insurance Premium
Calculate Your Premium.

Group Life Rates for You

Employee Age Range	Life Premium Rate
0 - 24	\$0.026
25 - 34	\$0.052
35 - 39	\$0.078
40 - 44	\$0.130
45 - 49	\$0.156
50 - 54	\$0.312
55 - 59	\$0.598
60 - 64	\$0.884
65 - 69	\$1.508
70 +	\$2.678

Group Life Rates for Your Spouse

Employee Age Range	Life Premium Rate
0 - 24	\$0.026
25 - 34	\$0.052
35 - 39	\$0.078
40 - 44	\$0.130
45 - 49	\$0.156
50 - 54	\$0.312
55 - 59	\$0.598
60 - 64	\$0.884
65 - 69	\$1.508
70 +	\$2.678

Group Life Rates for your
Dependent Child(ren)

Child(ren) Life Premium Rate, per \$1,000
\$0.208

One affordable monthly premium covers all of your eligible dependent children.

Note: To be eligible for coverage, a spouse or dependent child cannot be confined on the date the increase or addition is to take effect, it will take effect when the confinement ends.

Calculate Your Cost

Use the appropriate rate provided in the tables above to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for a 36-year-old employee who would like to purchase \$100,000 in employee voluntary term life insurance coverage.

Calculation Example		Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.078	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. <i>To calculate, divide the coverage amount by \$1,000.</i>	100	
Step 4	Calculate the monthly cost. <i>Multiply Step 1 by Step 3.</i>	\$7.80	

Note: Rates are subject to change and can vary over time.



Voluntary accidental death and dismemberment (AD&D) insurance

The Lincoln voluntary AD&D insurance plan:

- Provides a cash benefit to your loved ones if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support
- Includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Graves County Board of Education

Benefits At-A-Glance

All Full-Time Employees

Employee	
Coverage options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of 7 times annual earnings or \$500,000

Your employee AD&D coverage amount will reduce by 37% when you reach age 70, and an additional 13% of the original amount when you reach 75. Benefits end when you retire.

Dependent spouse: The amount of dependent AD&D insurance coverage cannot be greater than 50% of the employee benefit.

Coverage options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed \$250,000

You can secure AD&D insurance for your spouse if you select coverage for yourself.

Benefits end when you reach age 70 or retire, whichever occurs first.

Dependent child(ren)	
Coverage options	\$10,000

You can secure AD&D insurance for your dependent children if you select coverage for yourself.

Benefit exclusions

Like any insurance, this AD&D insurance policy does have exclusions. Benefits will not be paid if death or dismemberment occurs as the result of:

- War, declared or undeclared, or any act of war
- Intentionally self-inflicted injuries, while sane or insane
- Suicide, or suicide attempt, while sane or insane
- Active participation in a riot
- Committing or attempting to commit a felony
- Disease, bodily or mental illness, or medical or surgical treatment thereof
- Infections
- Controlled substances voluntarily taken, ingested, or injected, unless prescribed or administered by a physician
- Serving on full-time active duty in the Armed Forces of any country or international authority
- The presence of alcohol in the covered person's blood which raises the presumption that the covered person was under the influence of alcohol and contributed to the cause of the accident

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

REMINDER: Please review your beneficiary(ies) to ensure they are up to date. It's good practice to review, and if necessary update, your beneficiary(ies) annually.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

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State limitations apply. Beneficiary Grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.

TravelConnect® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group® company and Lincoln Financial Group does not administer these services. Each independent company is solely responsible for its own obligations. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access Only program exclude payment for paid services. Not for use in New York or Washington.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



Voluntary AD&D insurance

Calculate your premium.

Calculate your cost

Use the table below to determine your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$100,000 in employee optional AD&D insurance coverage.

Calculation example		Example	You
Step 1	Monthly rate	\$0.019	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	100	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$1.90	

Calculate your dependent cost

Use the table below to determine your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$50,000 in optional dependent spouse AD&D insurance coverage.

Calculation example		Example	You
Step 1	Monthly rate	\$0.022	
Step 2	Enter the desired coverage amount in dollars.	\$50,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	50	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$1.10	

Monthly premium calculation for your dependent child(ren)

Use the table below to determine your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$10,000 in optional dependent child(ren) AD&D insurance coverage.

Calculation example		Example	You
Step 1	Monthly rate	\$0.026	
Step 2	Enter the desired coverage amount in dollars.	\$10,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	5	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$.26	

Note: Rates are subject to change and can vary over time.

Please see prior page for product information.

Voluntary AD&D insurance at a glance



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 illness¹
- 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 coverage do you need?

☐ **YOU** \$ _____

Select the term period:

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

☐ **SPOUSE** \$ _____

Select the term period:

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

Select any optional riders:

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

Optional riders

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

Spouse term life rider

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

Children's term life rider

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

Accidental death benefit rider

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

Chronic care accelerated death benefit rider

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

Critical illness accelerated death benefit rider

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

Waiver of premium benefit rider

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

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

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

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

EXCLUSIONS AND LIMITATIONS

If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid, without interest. 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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To learn more,
talk with your Colonial Life
benefits counselor.

ColonialLife.com



Whole Life Plus Insurance

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

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

BENEFITS AND FEATURES

- ✓ Choose the age when your premium payments end — Paid-Up at Age 70 or Paid-Up at Age 100
- ✓ Stand-alone spouse policy available even without buying a policy for yourself
- ✓ Ability to keep the policy if you change jobs or retire
- ✓ Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness²
- ✓ Immediate \$3,000 claim payment that can help your designated beneficiary pay for funeral costs or other expenses
- ✓ Provides cash surrender value at age 100 (when the policy ends)

ADDITIONAL COVERAGE OPTIONS

Spouse term rider

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

Juvenile Whole Life Plus policy

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

Children's term rider

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

ADVANTAGES OF WHOLE LIFE PLUS INSURANCE

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



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

Benefits worksheet

For use with your benefits counselor

How much coverage do you need?

☐ YOU \$ _____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

☐ SPOUSE \$ _____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

☐ DEPENDENT STUDENT
\$ _____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

Select any optional riders:

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

☐ Children's term rider
\$ _____ face amount

☐ Accidental death benefit rider

☐ Chronic care accelerated
death benefit rider

☐ Critical illness accelerated
death benefit rider

☐ Guaranteed purchase
option rider

☐ Waiver of premium
benefit rider



To learn more, talk with
your benefits counselor.

Colonial Life

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ADDITIONAL COVERAGE OPTIONS (CONTINUED)

Accidental death benefit rider

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

Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.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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FOR EMPLOYEES 6-21 | 642298

Deductions per year: [12](#)These rates were prepared on [4/25/2023](#) and are valid for 90 days.

Whole Life Plus (IWL5000) for KY

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

- Adult Base Plan Paid-Up at Age 100, Chronic Care Accelerated Death Benefit

Non-Tobacco Rates

ISSUE AGE	\$10,000	\$20,000	\$25,000	\$50,000	\$100,000
25	\$9.36	\$18.72	\$23.40	\$46.79	\$93.58
35	\$12.77	\$25.53	\$31.91	\$63.83	\$127.66
45	\$20.32	\$40.65	\$50.81	\$101.62	\$203.25
55	\$33.33	\$66.67	\$83.33	\$166.66	\$333.32
65	\$60.14	\$120.28	\$150.35	\$300.70	\$601.40

Whole Life Plus (IWL5000) for KY

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

- Dependent Child Base Plan Paid-Up at Age 70

ISSUE AGE	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
0	\$6.11	\$12.22	\$18.32	\$24.43	\$30.54
1	\$6.12	\$12.25	\$18.37	\$24.50	\$30.62
2	\$6.15	\$12.30	\$18.45	\$24.60	\$30.75
3	\$6.18	\$12.37	\$18.55	\$24.73	\$30.92
4	\$6.22	\$12.45	\$18.67	\$24.90	\$31.12
5	\$6.28	\$12.57	\$18.85	\$25.13	\$31.42
6	\$6.38	\$12.77	\$19.15	\$25.53	\$31.92
7	\$6.53	\$13.07	\$19.60	\$26.13	\$32.67
8	\$6.73	\$13.47	\$20.20	\$26.93	\$33.67
9	\$6.98	\$13.97	\$20.95	\$27.93	\$34.92
10	\$7.27	\$14.53	\$21.80	\$29.07	\$36.33
11	\$7.57	\$15.13	\$22.70	\$30.27	\$37.83
12	\$7.88	\$15.77	\$23.65	\$31.53	\$39.42
13	\$8.21	\$16.42	\$24.62	\$32.83	\$41.04
14	\$8.54	\$17.08	\$25.62	\$34.17	\$42.71
15	\$8.87	\$17.73	\$26.60	\$35.47	\$44.33
16	\$9.17	\$18.35	\$27.52	\$36.70	\$45.87
17	\$9.47	\$18.95	\$28.42	\$37.90	\$47.37

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an

(Continued...)

outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices. Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

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Steven Skaggs | steve@mcconnellinsurance.com | (270) 753-4199

Guaranteed Issue Offer

Guaranteed Issue will be available to all employees with the below face amounts:

Age	Face Amount
18-50	\$200,000
51-79	\$75,000

Spouse and juvenile base plans are also available. Plans are subject to standard underwriting guidelines

Chronic Care Accelerated Death Benefit Rider

Allows all or a portion of the death benefit to be advanced in monthly payments or a one-time lump sum payment if the proposed insured has been certified with a chronic illness while the rider is in force; no benefits are payable during the 90-day elimination period.

- Claim payments are:
 - Monthly, 6% of the death benefit; or
 - A one-time lump sum of 50% of the death benefit
- Chronic illness means the insured requires substantial supervision due to a severe cognitive impairment or the inability to perform at least two of the Activities of Daily Living (bathing, continence, dressing, eating, toileting, and transferring) for a period of at least 90 days
- Premiums are waived during the benefit period
- May be purchased on an employee or spouse policy
- Included in Adult Base Plan Rates



Group Hospital Confinement Indemnity Insurance

Plan 3

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

Hospital confinement benefit \$ 1,000 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 \$ 1,000 per day
Maximum of one day per covered person per calendar year

Outpatient surgical procedure benefit

■ **Tier 1** \$ 750 per day

■ **Tier 2** \$ 1,500 per day

Maximum of \$ 2,500 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.

- | | |
|---|---|
| <ul style="list-style-type: none"> ■ Breast <ul style="list-style-type: none"> – Biopsy (incisional, needle, stereotactic) ■ Cardiac <ul style="list-style-type: none"> – Angiogram – Arteriogram – Thallium stress test – Transesophageal echocardiogram (TEE) ■ Diagnostic radiology <ul style="list-style-type: none"> – Computerized tomography scan (CT scan) – Electroencephalogram (EEG) – Magnetic resonance imaging (MRI) – Myelogram – Nuclear medicine test – Positron emission tomography scan (PET scan) ■ Digestive <ul style="list-style-type: none"> – Barium enema/lower GI series – Barium swallow/upper GI series – Esophagogastroduodenoscopy (EGD) ■ Ear, nose, throat, mouth <ul style="list-style-type: none"> – Laryngoscopy ■ Gynecological <ul style="list-style-type: none"> – Amniocentesis – Cervical biopsy – Cone biopsy – Endometrial biopsy – Hysteroscopy – Loop electrosurgical excisional procedure (LEEP) | <ul style="list-style-type: none"> ■ Liver <ul style="list-style-type: none"> – Biopsy ■ Lymphatic <ul style="list-style-type: none"> – Biopsy ■ Miscellaneous <ul style="list-style-type: none"> – Bone marrow aspiration/biopsy ■ Renal <ul style="list-style-type: none"> – Biopsy ■ Respiratory <ul style="list-style-type: none"> – Biopsy – Bronchoscopy – Pulmonary function test (PFT) ■ Skin <ul style="list-style-type: none"> – Biopsy – Excision of lesion ■ Thyroid <ul style="list-style-type: none"> – Biopsy ■ Urinary <ul style="list-style-type: none"> – Cystoscopy |
|---|---|

For more information,
talk with your
benefits counselor.

Monthly Rates

Age 17 - 49

Employee Only	\$32.35
Employee & Spouse	\$58.99
Emp. & Child(ren)	\$49.22
Family	\$75.87

Age 50 - 59

Employee Only	\$44.04
Employee & Spouse	\$84.75
Emp. & Child(ren)	\$60.90
Family	\$101.62

Age 60 - 64

Employee Only	\$52.07
Employee & Spouse	\$103.74
Emp. & Child(ren)	\$68.95
Family	\$120.62

Age 65 - 99

Employee Only	\$60.33
Employee & Spouse	\$122.02
Emp. & Child(ren)	\$77.21
Family	\$138.90



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Return to TOC

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

Tier 1 outpatient surgical procedures

■ Breast

- Axillary node dissection
- Breast capsulotomy
- Breast reconstruction
- Lumpectomy

■ Cardiac

- Pacemaker insertion

■ Digestive

- Colonoscopy
- Fistulotomy
- Hemorrhoidectomy (external)
- Lysis of adhesions

■ Skin

- Laparoscopic hernia repair
- Skin grafting

■ Ear, nose, throat, mouth

- Adenoidectomy
- Removal of oral lesions
- Myringotomy
- Tonsillectomy
- Tracheostomy

■ Gynecological

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

■ Liver

- Paracentesis

■ Musculoskeletal system

- Carpal/cubital repair or release
- Dislocation (closed reduction treatment) other than a finger or toe
- Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
- Fracture (closed reduction treatment) other than a rib, finger or toe
- Removal of orthopedic hardware
- Removal of tendon lesion

Tier 2 outpatient surgical procedures

■ Breast

- Breast reduction

■ Cardiac

- Angioplasty
- Cardiac catheterization

■ Digestive

- Exploratory laparoscopy
- Laparoscopic appendectomy
- Laparoscopic cholecystectomy

■ Ear, nose, throat, mouth

- Ethmoidectomy
- Mastoidectomy
- Septoplasty
- Stapedectomy
- Tympanoplasty
- Tympanotomy

■ Eye

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

■ Gynecological

- Myomectomy

■ Musculoskeletal system

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

■ Thyroid

- Excision of a mass

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

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

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



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

Group Name: Graves County Board of Education - Low

Group Number: 715220

Benefit Year: January 1, 2024 – December 31, 2024

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	50%	50%	50%
Other Endodontic Services – treatment other than root canals	50%	50%	50%
Simple Extractions – non-surgical removal of teeth	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
Relines and Repairs – to bridges, implants and dentures	50%	50%	50%

* 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 your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year. Limited oral evaluations for a specific problem or complaint are also payable twice in the same calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in a lifetime.
- Fluoride treatments are payable once per calendar year for people up to age 19.
- 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 the occlusal surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on bridges are Covered Services on posterior teeth.
- Implants are not covered.

Customer Service Toll-Free Number: (800) 955-2030
www.DeltaDentalKY.com

Deductible – None

Maximum Payment – \$1,000 per person total per Benefit Year on all services.

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. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that 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 of Kentucky Delta Dental PPO plus Premier Summary of Dental Plan Benefits

Group Name: Graves County Board of Education – High

Group Number: 715220

Benefit Year: January 1, 2024 – December 31, 2024

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%
Other Endodontic Services – treatment other than root canals	80%	80%	80%
Simple Extractions – non-surgical removal of teeth	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Relines and Repairs – to bridges, implants and dentures	80%	80%	80%
Major Services			
Root Canals – to treat teeth with diseased or damaged nerves	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%
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 your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year. Limited oral evaluations for a specific problem or complaint are also payable twice in the same calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in a lifetime.

Customer Service Toll-Free Number: (800) 955-2030
www.DeltaDentalKY.com

- Fluoride treatments are payable once per calendar year for people up to age 19.
- 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 the occlusal surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on bridges are Covered Services on posterior teeth.
- Implant related services are payable once per tooth in any five-year period.

Deductible – None

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

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

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. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that 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.*

[Return to TOC](#)

DeltaVision 150 Plus 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 & adults		Included in Prescription Glasses Copay
Covered Lens Enhancements	Standard Progressive Lenses Standard Scratch Resistant Coating UV Screening Solid or Gradient Tint Standard Anti-Reflective Coating		Covered in full
Optional Lens Enhancements	Premium Progressive Lenses Custom Progressive Lenses Average savings of 30% on other lens enhancements		\$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	

MEMBER SERVICES

Delta Dental of Kentucky

Customer Service
800-955-2030

Please contact DDKY for eligibility before contacting VSP Member Services

VSP Vision

Member Services
800-877-7195

Hearing impaired customers may call 800-428-4833