PIERCE GROUP BENEFITS

EMPLOYEE BENEFITS GUIDE 2026

PLAN YEAR:
OCTOBER 1, 2026 - SEPTEMBER 30, 2027

POQUOSON CITY PUBLIC SCHOOLS

EMPLOYEE BENEFITS GUIDE

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

ENROLLMENT DATES:

August 10, 2026 - August 19, 2026

PLAN YEAR & EFFECTIVE DATES:

September 1, 2026 - August 31, 2027
(Flexible Spending Accounts)

October 1, 2026 - September 30, 2027
(Colonial Life Insurance Products)

Click on the video below to help you prepare for annual enrollment and learn about the benefits available to you!

POQUOSON CITY PUBLIC SCHOOLS

POQUOSON CITY PUBLIC SCHOOLS
2026-2027 Benefits Plan
October 1, 2026 - September 30, 2027

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IMPORTANT NOTE & DISCLAIMER

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

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

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

Rev: 7/31/2026

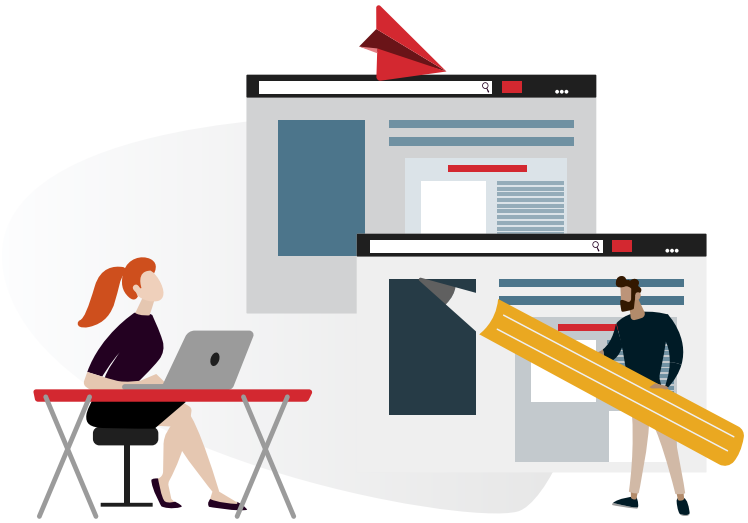
IMPORTANT CONTACT INFORMATION

	CARRIER	PHONE/FAX	EMAIL	WEBSITE
Flexible Spending Accounts	Ameriflex	P: 888-868-3539	service@myameriflex.com	www.myameriflex.com
Employee Navigator Enrollment	EENavigator	--	-	www.employeenavigator.com/benefits/account/login
Custom Benefits Website	Pierce Group Benefits	P: 1-800-387-5955 F: 984-225-2605	service@piercegroupbenefits.com	www.PierceGroupBenefits.com/PoquosonCityPublicSchools
Supplemental Benefits	Colonial Life	Customer Service & Wellness Screenings 1-800-325-4368 F:1-800-880-9325 TDD For Hearing Impaired Customers 1-800-798-4040	-	www.coloniallife.com

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

ELIGIBILITY REQUIREMENTS

CURRENT EMPLOYEE?



ANNUAL ENROLLMENT DATES:

August 10, 2026 - August 19, 2026

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ELIGIBILITY

- **Employees working 30 hours or more per week are eligible for benefits.**

NEW HIRE?

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

All Benefits - Please call PGB's Employee Services within 30 days of your date of hire and a PGB Benefits Representative will help you enroll in benefits. The Employee Services number is located in the contact section of this guide.

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

www.PierceGroupBenefits.com/PoquosonCityPublicSchools

OVERVIEW OF BENEFITS

PRE – TAX BENEFITS

Flexible Spending Accounts
Ameriflex

- Medical Reimbursement: $3,400/year Max
- Dependent Care Reimbursement: $7,500/year Max-
- Limited Medical Reimbursement: $3,400/year Max

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

If you do not re-enroll, your contribution will stop effective August 31, 2026.

Cancer Benefits
Colonial Life

Accident Benefits
Colonial Life

Medical Bridge Benefits
Colonial Life

POST – TAX BENEFITS

Disability Benefits
Colonial Life

Critical Illness Benefits
Colonial Life

Life Insurance
Colonial Life

- Term Life Insurance
- Whole Life Insurance

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

IMPORTANT NOTICES

When do my benefits start? The plan year for Ameriflex Flexible Spending Accounts runs from September 1, 2026 through August 31, 2027. The plan year for Colonial Life Insurance Products runs from October 1, 2026 through September 30, 2027.

When do my deductions start? Deductions for Ameriflex Flexible Spending Accounts start September 2026 for all enrolled employees. Deductions for Colonial Life Insurance Products start October 2026 for all enrolled employees.

Why have my Medical Bridge benefits not started yet? The Health Screening Rider on the Colonial Medical Bridge plan has a 30-day waiting period for new enrollees. Coverage, therefore, will not begin until October 31, 2026.

How do Flexible Spending Account (FSA) funds work, and do my FSA funds have to be used by a specific deadline? Flexible Spending Account expenses must be incurred during the plan year to be eligible for reimbursement. After the plan year ends, an employee has 75 days to submit claims for incurred qualified spending account expenses (or 75 days after employment termination date). If employment is terminated before the plan year ends, the spending account also ends. Failure to use all allotted funds in the FSA account will result in a "Use It or Lose It" scenario. Your plan also includes a rollover provision! This means that if you have money left in your FSA at the end of the plan year, you can carryover up to $680 into the next plan year. Any remaining funds beyond $680 is forfeited under the "Use It or Lose It" rule.

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

How do Dependent Care Account (DCA) funds work and when do they need to be used? Dependent Care Accounts are like FSA accounts and allow you to request reimbursement up to your current balance. However, you cannot receive more reimbursement than what has been deducted from your pay. After the plan year ends, an employee has 90 days to submit claims for incurred qualified dependent care expenses (or 90 days after employment termination date).Any remaining funds in your DCA account must be utilized before the deadline. Failure to use all allotted funds in the DCA account will result in a "Use It or Lose It" scenario. Your plan includes a grace period which is an additional 2.5 months (running September 1, 2027, through November 15, 2027), during which you can incur eligible expenses that can be reimbursed. Therefore, you have from September 1, 2026, through November 15, 2027, to incur qualified expenses eligible for reimbursement. If you do not incur qualified expenses by November 15, 2027, and/or file by November 30, 2027, any contributions are forfeited under the "Use It or Lose It" rule.

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

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

What does Pre-Tax vs. Post-Tax Change? Pre-Tax benefits take funds directly from your paycheck to cover benefits before going through State and Federal taxing process. Post-Tax collects funds for benefits after taxes have been taken out. Please be aware there are certain coverages that may be subject to federal and state tax when premium is paid by pretax deduction or employee contribution.

Can I change my benefit elections outside of the enrollment period? Elections made during this enrollment period CANNOT BE CHANGED AFTER THE ENROLLMENT PERIOD unless there is a family status change, otherwise known as a qualifying life event (Mid-Year Events), as defined by the Internal Revenue Code. Examples of Mid-Year Events can be found in the chart on the next page. Once a Mid-Year Event has occurred, an employee has 30 days to notify PGB's Employee Services at 1-800-387-5955 to request a change in elections.

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

MID-YEAR EVENTS

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

MID-YEAR EVENT	ACTION REQUIRED	RESULT IF ACTION IS NOT TAKEN
New Hire	Make elections within 30 days of hire date. Documentation is required.	You and your dependents are not eligible until the next Annual Enrollment period.
Marriage	Add your new spouse to your elections within 30 days of the marriage date. A copy of the marriage certificate must be presented.	Your spouse is not eligible until the next Annual Enrollment period.
Divorce	Remove the former spouse within 30 days of the divorce. Proof of the divorce will be required. A copy of the divorce decree must be presented.	Benefits are not available for the divorced spouse and will be recouped if paid erroneously.
Birth or Adoption of a Child	Enroll the new dependent in your elections within 30 days of the birth or adoption date, even if you already have family coverage. A copy of the birth certificate, mother's copy of birth certificate, or hospital discharge papers must be presented. Once you receive the child's Social Security Number, don't forget to update your child's insurance information record.	The new dependent will not be covered until the next Annual Enrollment period.
Dependent Aging Out	Remove or update dependent elections within 30 days of the dependent aging out. For more information and assistance, please call PGB Employee Services at 800-387-5955.	Coverage for the dependent will end at the time of the dependent aging out and the policyholder must remove/update the dependent elections in order for the change to be reflected in the employee's deductions.
Death of a Spouse or Dependent	Remove the dependent from your elections within 30 days from the date of death. Death certificate must be presented.	You could pay a higher premium than required and you may be overpaying for coverage required.
Change in Spouse's Employment or Coverage	Add or drop benefits from your elections within 30 days of the event date. A letter from the employer or insurance company must be presented.	You will not be able to make changes until the next Annual Enrollment period.

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

MID-YEAR EVENTS

MID-YEAR EVENT	ACTION REQUIRED	RESULT IF ACTION IS NOT TAKEN
Part-Time to Full-Time or Vice Versa	Change your elections within 30 days from the employment status change to receive COBRA information or to enroll in benefits as a full-time employee. Documentation from the employer must be provided.	Benefits may not be available to you or your dependents if you wait to enroll in COBRA. Full-time employees will have to wait until the next Annual Enrollment period.
Transferring Employers	If you are transferring from one PGB client to another, some benefits may be eligible for transfer. Please call PGB Employee Services at 800-387-5955 for more information and assistance.	You may lose the opportunity to transfer benefits.
Loss of Government or Education Sponsored Health Coverage	If you, your spouse, or a dependent loses coverage under any group health coverage sponsored by a governmental or educational institution, you may be eligible to add additional coverage for eligible benefits.	You and your dependents are not eligible until the next Annual Enrollment period.
Entitlement to Medicare or Medicaid	If you, your spouse, or dependent becomes entitled to or loses coverage under Medicare or Medicaid, you may be able to change coverage under the accident or health plan.	You and your dependents are not eligible until the next Annual Enrollment period.
Non-FMLA Leave	An employee taking a leave of absence, other than under the Family & Medical Leave Act, may not be eligible to re-enter the Flexible Benefits program until next plan year. Please contact your Benefit Administrator for more information.	You and your dependents are not eligible until the next Annual Enrollment period.
Retiring	**Your individual supplemental/voluntary policies through Colonial Life are portable!** To move them from payroll deduction to direct billing, please complete and submit the Payment Method Change Form to Colonial Life within 30 days of retiring. You are also eligible for post-employment Dental, Vision, and Telemedicine benefits through PGB. Please visit: **www.piercegroupbenefits.com/individualcoverage** or call our Employee Services at 800-387-5955 for more information and assistance.	If you do not transfer your policies from payroll deduction to direct billing, Colonial Life will terminate your policies resulting in a loss of coverage.

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

ENROLLMENT INFORMATION

IN-PERSON, VIRTUAL & SELF-ENROLL

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

ANNUAL ENROLLMENT PERIOD:

AUGUST 10, 2026 - AUGUST 19, 2026

BENEFIT ELECTION OPTIONS

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

- Enroll/Re-Enroll in Flexible Spending Accounts.[+]
- Enroll in, change, or cancel Colonial coverage.

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

ACCESS YOUR BENEFIT OPTIONS WHENEVER, WHEREVER

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

www.PierceGroupBenefits.com/PoquosonCityPublicSchools

EE NAVIGATOR ENROLLMENT INSTRUCTIONS

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

- Username and password. If you have forgotten your password, please visit the enrollment website and select "Reset a forgotten password".
- Social security numbers of the spouse or any dependents you wish to enroll
- Dates of birth for the spouse and any dependents you wish to enroll
- Beneficiary names and social security numbers

HELPFUL TIPS :

- If you are a new employee, please refer to the New Hire information on the Eligibility Requirements page of this guide or contact PGB Employee Services at 800-387-5955 between 8:30am and 5:00pm for assistance.
- If you are an existing employee and unable to log into the online system, please contact the PGB Employee Services at 800-387-5955, or speak with the Benefits Representative assigned to your location.

1. LOGGING IN

First time users: Click on your Registration Link in the email sent to you by your admin or **Register as a new user.** Create an account, and create your own username and password.

Returning users: Visit the enrollment website below and click Login. Log in with the username and password you previously selected.

To login, visit: **www.employeenavigator.com/benefits/account/login**

2. WELCOME

After you login click **Let's Begin** to complete your required tasks.

3. ONBOARDING

Complete any assigned onboarding tasks before enrolling in your benefits.

4. START ENROLLMENT

Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP: If you hit "Dismiss, complete later" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "Start Enrollments"

Enrollment instructions continued on next page

EE NAVIGATOR ENROLLMENT INSTRUCTIONS

5. PERSONAL INFORMATION

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

6. DEPENDENT SELECTIONS

To enroll dependents in a benefit, click the checkbox next to the dependent's name under: **Who am I enrolling?**

7. BENEFIT ELECTIONS

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

8. SAVE & CONTINUE

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

9. FORMS

If you have elected benefits that require a **beneficiary designation**, **Primary Care Physician**, or **completion of an Evidence of Insurability form**, you will be prompted to add in those details.

10. SIGN & AGREE

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment.

11. PRINT & REVIEW

You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

12. HR TASKS (IF APPLICABLE)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!

TIP: If you miss a step, you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

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

Flexible Spending Account

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

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

How It Works

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

Can I have an FSA and an HSA?

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

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

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

The Value & Perks

- **Election Accessibility:** You will have access to your entire election on the first day of the plan year.

- **Save On Eligible Expenses:** You can save up to 40% on thousands of eligible everyday expenses such as prescriptions, doctor's visits, dental services, glasses, over-the-counter medicines, and copays.

- **Keep More Money:** The funds are taken out of your paycheck "pre-tax" (meaning they are subtracted from your gross earnings before taxes) throughout the course of the year. Let's say you earn $40,000 a year and contribute $1,500 to an FSA; so, only $38,500 of your income gets taxed. That means you are increasing your take-home pay simply by participating!

- **Easy Spending and Account Management:** You will receive an Ameriflex Debit Mastercard linked to your FSA. You can use your card for eligible purchases everywhere Mastercard is accepted. Account information can be securely accessed 24/7 online and through the mobile app.

Eligible FSA Expenses

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

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

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

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

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

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

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

The "Use-or-Lose" Rule

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

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

Modification to the Health FSA "Use-or-Lose" Rule:

- FSA plan participants should note that up to $680 of any unused funds from the current plan year will be rolled over into your FSA balance for the new plan year.

- The rollover modification applies to Health FSA plans only (and not to other types of FSA plans such as dependent care).

- The rollover does not affect the maximum contribution amount for the new plan year. In other words, even if you roll over the entire $680 from the previous plan year, you may still elect up to the maximum contribution limit allowed under your employer's plan.

Limited Purpose FSA

Set aside tax-free money for dental and vision expenses

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

How It Works

A Limited Purpose Flexible Spending Account (LPFSA) is a special type of FSA that allows you to set aside tax-free money to pay for eligible dental and vision expenses. What makes an LPFSA unique is that it can be used in conjunction with a Health Savings Account (HSA), allowing you to grow your HSA funds while using the LPFSA to pay for immediate dental and vision needs.

Other than the restriction of eligible expenses to vision, dental, and orthodontia, the rules governing the LPFSA are the same as those that apply to an FSA.

The Value & Perks

- **Save On Eligible Expenses:** You can save up to 40% on qualifying expenses such as vision appointments, LASIK, contact lenses and solution, glasses, teeth cleaning, dentures, and dental and vision copays. You can contribute to an LPFSA and HSA in the same plan year, allowing you to save and grow your HSA balance, while using the LPFSA to pay for everyday expenses.

- **Keep More Money:** The funds are taken out of your paycheck "pre-tax" (meaning they are subtracted from your gross earnings before taxes) throughout the course of the year. Let's say you earn $40,000 a year and contribute $1,500 to an LPFSA; so, only $38,500 of your income gets taxed. That means you are increasing your take-home pay simply by participating!

- **Easy Spending and Account Management:** You will receive an Ameriflex Debit Mastercard linked to your LPFSA. You can use your card for eligible purchases everywhere Mastercard is accepted. Account information can be securely accessed 24/7 online and through the mobile app.

Eligible LPFSA Expenses

You can use your LPFSA to pay for expenses related to dental and vision. Below are some examples of common eligible expenses:

Vision exams, co-payments, and deductibles

LASIK, eyeglasses, contact lenses, and lens solution

Dental cleanings, dentures, and orthodontia work

Dental x-ray, co-payments, and deductibles

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

THE FSA STORE

Resources Available Through The FSA Store

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

Eligibility List
Search comprehensive list of eligible products and services.

FSA Calculator
Estimate how much you can save with an FSA.

Learning Center
Easy tips and resources for living with an FSA.

Savings Center
Your funds go further with the FSA Store rewards program.

Your Health, Your Funds, Your Choice

Take control of your health and wellness with guaranteed FSA-eligible essentials. Pierce Group Benefits partners with the FSA store to provide one convenient location for Flexible Spending Account holders.

Click or Scan to Shop Now

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

Dependent Care Account

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

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

How It Works

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

The Value & Perks

- **Save On Eligible Expenses:** You can use a DCA to pay for qualifying expenses such as daycare, summer day care, elder care, before and after school programs, and pre-school.

- **Keep More Money:** The funds are taken out of your paycheck "pre-tax" (meaning they are subtracted from your gross earnings before taxes) throughout the course of the year. Let's say you earn $40,000 a year and contribute $1,500 to an DCA; so, only $38,500 of your income gets taxed. That means you are increasing your take-home pay simply by participating!

- **Easy Spending and Account Management:** You will receive an Ameriflex Debit Mastercard linked to your DCA. You can use your card for eligible purchases everywhere Mastercard is accepted. Account information can be securely accessed 24/7 online and through the mobile app.

Eligible DCA Expenses

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

Private sitter

Daycare and elder care

Summer day camp

Before- and after-school care

Nanny service

Nursery school & Pre-school

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

Online Account Instructions

How to Access Your Ameriflex Account:

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

How to Register Online For Your Ameriflex Spending Account:

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

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

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

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

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

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

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

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

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

Step 4: Verify and submit setup information,

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

Want to Manage Your Account on the go?

Download the MyAmeriflex mobile app, available through the App Store or Google Play.

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

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

Colonial Life®
The benefits of good hard work.®

Cancer Insurance

How would cancer impact your way of life?

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

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

Help when you need it most

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

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

One family's journey

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

SECOND OPINION

Travel expenses

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

SURGERY

Out-of-pocket costs

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

For illustrative purposes only

With cancer insurance:

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

ONLY 5% of ALL CANCERS are hereditary.

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

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

TREATMENT

Experimental care

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

RECOVERY

Follow-up evaluations

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

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

Treatment benefits (inpatient or outpatient)

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

Surgery benefits

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

Travel benefits

- Transportation
- Companion transportation
- Lodging

Inpatient benefits

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

Additional benefits

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

LIFETIME RISK OF DEVELOPING CANCER

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

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Optional riders

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

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

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

PRE-EXISTING CONDITION LIMITATION

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

EXCLUSIONS

We will not pay benefits for cancer or skin cancer:

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

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

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Cancer Insurance

Level 4 Benefits

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

For more information, talk with your benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air ambulance Transportation to or from a hospital or medical facility *[max. of two trips per confinement]*	**$2,000 per trip**
Ambulance Transportation to or from a hospital or medical facility *[max. of two trips per confinement]*	**$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 *[$240 monthly max.]*	**$60 per day administered or per prescription filled**
Blood/plasma/platelets/immunoglobulins A transfusion required during cancer treatment *[$10,000 calendar year max.]*	**$250 per day**
Bone marrow donor screening Testing in connection with being a potential donor *[once per lifetime]*	**$50**
Bone marrow or peripheral stem cell donation Receiving another person's bone marrow or stem cells for a transplant *[once per lifetime]*	**$1,000**
Bone marrow or peripheral stem cell transplant Transplant you receive in connection with cancer treatment *[max. of two bone marrow transplant benefits per lifetime]*	**$10,000 per transplant**
Cancer vaccine An FDA-approved vaccine for the prevention of cancer *[once per lifetime]*	**$50**
Companion transportation Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment *[up to $1,500 per round trip]*	**$0.50 per mile**
Egg(s) extraction or harvesting/sperm collection and storage Extracted/harvested or collected before chemotherapy or radiation *[once per lifetime]*	
■ Egg(s) extraction or harvesting/sperm collection	**$1,500**
■ Egg(s) or sperm storage (cryopreservation)	**$500**
Experimental treatment Hospital, medical or surgical care for cancer *[$15,000 lifetime max.]*	**$300 per day**
Family care Inpatient or outpatient treatment for a covered dependent child *[$3,000 calendar year max.]*	**$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 *[up to 100 days per covered person per lifetime]*	**$175 per day**
Hospice (initial or daily care) An initial, one-time benefit and a daily benefit for treatment *[$15,000 lifetime max. for both]*	
■ Initial hospice care *[once per lifetime]*	**$1,000**
■ Daily hospice care	**$50 per day**

BENEFIT DESCRIPTION	BENEFIT AMOUNT

Hospital confinement
Hospital stay (including intensive care) required for cancer treatment
- 30 days or less ..... **$350 per day**
- 31 days or more ..... **$700 per day**

Lodging ..... **$80 per day**
Hotel/motel expenses when being treated for cancer more than 50 miles from home
[70-day calendar year max.]

Medical imaging studies ..... **$225 per study**
Specific studies for cancer treatment *[$450 calendar year max.]*

Outpatient surgical center ..... **$400 per day**
Surgery at an outpatient center for cancer treatment *[$1,200 calendar year max.]*

Private full-time nursing services ..... **$150 per day**
Services while hospital confined other than those regularly furnished by the hospital

Prosthetic device/artificial limb ..... **$3,000 per device or limb**
A surgical implant needed because of cancer surgery *[payable one per site, $6,000 lifetime max.]*

Radiation/chemotherapy
[per day with a max. of one per calendar week]
- Injected chemotherapy by medical personnel **$1,000**
- Radiation delivered by medical personnel **$1,000**

[per day with a max. of one per calendar month]
- Self-injected **$400**
- Pump **$400**
- Topical **$400**
- Oral hormonal [1-24 months] **$400**
- Oral hormonal [25+ months] **$350**
- Oral non-hormonal **$400**

Reconstructive surgery ..... **$60 per surgical unit**
A surgery to reconstruct anatomic defects that result from cancer treatment
[min. $350 per procedure, up to $3,000, 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 ..... **$175 per day**
Confinement to a covered facility after hospital release *[up to 100 days per covered person per lifetime]*

Skin cancer diagnosis **$600**
A skin cancer diagnosis while the policy is in force *[once per lifetime]*

Supportive or protective care drugs and colony stimulating factors ..... **$200 per day**
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments
[$1,600 calendar year max.]

Surgical procedures ..... **$70 per surgical unit**
Inpatient or outpatient surgery for cancer treatment *[min. $350 per procedure, up to $6,000]*

Transportation ..... **$0.50 per mile**
Travel expenses when being treated for cancer more than 50 miles from home
[up to $1,500 per round trip]

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

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

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

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Individual Cancer Insurance Description of Benefits

THE POLICY PROVIDES LIMITED BENEFITS. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Coverage is dependent on answers to health questions. Applicable to policy forms CanAssist-VA and rider forms R-CanAssistIndx-VA, R-CanAssistProg-VA and R-CanAssistSpDis-VA.

Cancer Insurance Benefits	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Air Ambulance, per trip	$2,000	$2,000	$2,000	$2,000
Maximum trips per confinement	*2*	*2*	*2*	*2*
Ambulance, per trip	$250	$250	$250	$250
Maximum trips per confinement	*2*	*2*	*2*	*2*
Anesthesia, General	25% of Surgical Procedures Benefit			
Anesthesia, Local, per procedure	$25	$30	$40	$50
Anti-Nausea Medication, per day	$25	$40	$50	$60
Maximum per month	*$100*	*$160*	*$200*	*$240*
Blood/Plasma/Platelets/Immunoglobulins, per day	$150	$150	$175	$250
Maximum per year	*$10,000*	*$10,000*	*$10,000*	*$10,000*
Bone Marrow or Peripheral Stem Cell Donation, per lifetime	$500	$500	$750	$1,000
Bone Marrow or Peripheral Stem Cell Transplant, per transplant	$3,500	$4,000	$7,000	$10,000
Maximum transplants per lifetime	*2*	*2*	*2*	*2*
Companion Transportation, per mile	$0.50	$0.50	$0.50	$0.50
Maximum per round trip	*$1,000*	*$1,000*	*$1,200*	*$1,500*
Egg(s) Extraction or Harvesting or Sperm Collection, per lifetime	$500	$700	$1,000	$1,500
Egg(s) or Sperm Storage, per lifetime	$175	$200	$350	$500
Experimental Treatment, per day	$200	$250	$300	$300
Maximum per lifetime	*$10,000*	*$12,500*	*$15,000*	*$15,000*
Family Care, per day	$30	$40	$50	$60
Maximum per year	*$1,500*	*$2,000*	*$2,500*	*$3,000*
Hair/External Breast/Voice Box Prosthesis, per year	$200	$200	$350	$500
Home Health Care Services, per day	$50	$75	$125	$175
Benefit payable for at least and not more than 100 days per covered person per lifetime				
Hospice, Initial, per lifetime	$1,000	$1,000	$1,000	$1,000
Hospice, Daily	$50	$50	$50	$50
Maximum combined Initial and Daily per lifetime	*$15,000*	*$15,000*	*$15,000*	*$15,000*
Hospital Confinement, 30 days or less, per day	$100	$150	$250	$350
Hospital Confinement, 31 days or more, per day	$200	$300	$500	$700
Benefit payable for up to 365 days per covered person per calendar year.				
Lodging, per day	$50	$50	$75	$80
Maximum days per year	*70*	*70*	*70*	*70*
Medical Imaging Studies, per study	$75	$125	$175	$225
Maximum per year	*$150*	*$250*	*$350*	*$450*
Outpatient Surgical Center, per day	$100	$200	$300	$400
Maximum per year	*$300*	*$600*	*$900*	*$1,200*
Private Full-time Nursing Services, per day	$50	$75	$125	$150
Prosthetic Device/Artificial Limb, per device or limb	$1,000	$1,500	$2,000	$3,000
Maximum per lifetime	*$2,000*	*$3,000*	*$4,000*	*$6,000*

Cancer Insurance Benefits	Level 1	Level 2	Level 3	Level 4
Radiation/Chemotherapy				
Benefit payable period can exceed but will not be less than 365 days per covered person per lifetime				
Injected chemotherapy by medical personnel, *per day with a maximum of one per calendar week*	$250	$500	$750	$1,000
Radiation delivered by medical personnel, *per day with a maximum of one per calendar week*	$250	$500	$750	$1,000
Self-Injected Chemotherapy, *per day with a maximum of one per calendar month*	$150	$200	$300	$400
Pump Chemotherapy, *per day with a maximum of one per calendar month*	$150	$200	$300	$400
Topical Chemotherapy, *per day with a maximum of one per calendar month*	$150	$200	$300	$400
Oral Hormonal Chemotherapy (1-24 months), *per day with a maximum of one per calendar month*	$150	$200	$300	$400
Oral Hormonal Chemotherapy (25+ months), *per day with a maximum of one per calendar month*	$100	$150	$250	$350
Oral Non-Hormonal Chemotherapy, *per day with a maximum of one per calendar month*	$150	$200	$300	$400
Reconstructive Surgery, per surgical unit	$40	$40	$60	$60
Minimum per procedure	$100	$150	$250	$350
Maximum per procedure, including 25% for general anesthesia	*$2,500*	*$2,500*	*$3,000*	*$3,000*
Second Medical Opinion, per lifetime	$150	$200	$300	$300
Skilled Nursing Care Facility, per day, up to days confined	$50	$75	$125	$175
Benefit payable for at least and not more than 100 days per covered person per lifetime				
Skin Cancer Initial Diagnosis	$300	$300	$400	$600
Supportive/Protective Care Drugs/Colony Stimulating Factors, per day	$50	$100	$150	$200
Maximum per year	*$400*	*$800*	*$1,200*	*$1,600*
Surgical Procedures	$40	$50	$60	$70
Minimum per procedure	$100	$150	$250	$350
Maximum per procedure	*$2,500*	*$3,000*	*$5,000*	*$6,000*
Transportation	$0.50	$0.50	$0.50	$0.50
Maximum per round trip	*$1,000*	*$1,000*	*$1,200*	*$1,500*
Waiver of Premium	Yes	Yes	Yes	Yes
Additional Riders may be available at an additional cost				

What is not covered by the policy

Pre-Existing Condition Limitation

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

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

We will not pay benefits for cancer or skin cancer:

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

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CANCER BENEFIT PREMIUMS

LEVEL 1 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
12-Pay Premium	$11.45	$18.25	$11.60	$18.40
LEVEL 2 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
12-Pay Premium	$15.00	$23.50	$15.30	$23.80
LEVEL 3 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
12-Pay Premium	$20.00	$34.05	$20.45	$34.50
LEVEL 4 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
12-Pay Premium	$28.95	$49.05	$29.55	$49.65
OPTIONAL RIDERS				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Specified Disease Hospital Confinement Rider				
12-Pay Premium	$1.25	$1.75	$1.25	$1.75
Initial Diagnosis of Cancer Rider (per $1,000)				
12-Pay Premium	$1.50	$2.50	$1.60	$2.60
Initial Diagnosis of Cancer Progressive Payment Rider				
12-Pay Premium	$7.80	$17.05	$7.80	$17.05

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

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

Colonial Life

Critical Illness Insurance*

When life takes an unexpected turn due to a critical illness diagnosis, your focus should be on recovery — not finances. Our critical illness insurance helps provide financial support with a lump-sum benefit that you can use where you need it the most.

Coverage amount: _____

COVERED CRITICAL ILLNESS CONDITIONS[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Major organ failure requiring transplant	100%
Occupational human immunodeficiency virus (HIV) or hepatitis	100%
Permanent paralysis	100%
Stroke[2]	100%
Sudden cardiac arrest	100%
Coronary artery disease (major)	50%
Coronary artery disease (minor)	10%
Transient ischemic attack (TIA)	25%

BENEFITS STORY

Sudden health crisis

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

How Chris' coverage helped

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

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

For illustrative purposes only.

Key benefits

- Available coverage for spouse[4] and eligible dependents at 50% of your coverage amount
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Reoccurrence of the same covered critical illness condition

If you receive a benefit for the diagnosis of a critical illness and are later diagnosed with the same condition,[3] 25% of the coverage amount may be payable for that reoccurrence. Dates of diagnoses must be separated by more than 180 days.

Diagnosis of a different covered critical illness condition

If you receive a benefit for the diagnosis of a critical illness and are later diagnosed with a different condition, 100% of the coverage amount may be payable for the subsequent condition. Dates of diagnoses must be separated by more than 180 days.

For more information about critical illness coverage, talk with your benefits counselor.

Covered conditions for dependent children

COVERED CONDITIONS[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Cerebral palsy	100%
Cleft lip or palate	100%
Congenital heart disease	100%
Cystic fibrosis	100%
Down syndrome	100%
Sickle cell anemia	100%
Spina bifida	100%
Type 1 diabetes	100%

Behavioral health therapy benefit

When recovering from a critical illness diagnosis, mental wellbeing can be as important as physical wellbeing. A benefit may be payable each day you receive behavioral health therapy for a covered loss.

- $50 payable up to a maximum of 15 days per insured per covered loss (up to two times per insured per calendar year).
- Therapy must begin within 90 days after the covered loss, and all sessions must be received within 365 days of the covered loss.

* Critical Illness Insurance (ICI6000) is the marketing name of the insurance policy filed as "Individual Critical Illness Insurance Policy."

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

2 In NH, the covered condition is called Severe Stroke.

3 Covered conditions that do not qualify include permanent paralysis, occupational human immunodeficiency virus (HIV) or hepatitis.

4 In LA and VA, includes domestic partner.

THIS POLICY PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for any covered loss that is caused by, contributed to by, or occurs as a result of felonies; intoxicants and narcotics; or war or combat.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for a claim when the covered condition occurs in the first 12 months following an insured's coverage effective date if the covered condition is caused by, contributed to by, or occurs as a result of any of the following:

- a pre-existing condition; or
- complications arising from treatment or surgery for, or medications taken for, a pre-existing condition.

An insured has a pre-existing condition if, within the 12 months just prior to the insured's coverage effective date, they have an injury or sickness, whether diagnosed or not, for which:

- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period; or
- drugs or medications were taken, or prescribed to be taken during that period; or
- symptoms existed.

Pre-existing condition requirements are not applicable to children who are born or adopted while you are covered under this policy, and who are continuously covered from the date of birth or adoption.

The pre-existing condition provision applies to any insured's initial coverage and any increases in coverage. Coverage effective date refers to the date initial coverage becomes effective.

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 ICI6000 (including state abbreviations where used, for example: ICI6000-AL). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Colonial Life

Critical Illness and Cancer Insurance*

When life takes an unexpected turn due to a critical illness or cancer diagnosis, your focus should be on recovery — not finances. Our critical illness and cancer insurance helps provide financial support with a lump-sum benefit that you can use where you need it the most.

Coverage amount: _____

COVERED CRITICAL ILLNESS CONDITIONS[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Major organ failure requiring transplant	100%
Occupational human immunodeficiency virus (HIV) or hepatitis	100%
Permanent paralysis	100%
Stroke[2]	100%
Sudden cardiac arrest	100%
Coronary artery disease (major)	50%
Coronary artery disease (minor)	10%
Transient ischemic attack (TIA)	25%

COVERED CANCER CONDITIONS[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis ..... $500 per lifetime	

BENEFITS STORY

Support for care

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

How their coverage helped

- A hospital stay and treatment for corrective heart surgery
- Physical therapy to build muscle strength
- Daycare program

For illustrative purposes only.

Key benefits

- Available coverage for spouse[5] and eligible dependents at 50% of your coverage amount
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Reoccurrence of the same covered critical illness condition

If you receive a benefit for the diagnosis of a critical illness and are later diagnosed with the same condition,[3] 25% of the coverage amount may be payable for that reoccurrence. Dates of diagnoses must be separated by more than 180 days.

Diagnosis of a different covered condition

If you receive a benefit for the diagnosis of a covered condition and are later diagnosed with a different condition, 100% of the coverage amount may be payable for the subsequent condition. Dates of diagnoses must be separated by more than 180 days.[4]

Reoccurrence of invasive cancer (including all breast cancer)

If you receive a benefit for the diagnosis of an invasive cancer, an additional benefit of 25% may be payable upon reoccurrence if:

- the new date of diagnosis is more than 180 days after the first diagnosis, and
- there is no evidence of disease or treatment for at least 180 days immediately prior to the subsequent diagnosis.

Reoccurrence of non-invasive cancer

If you receive a benefit for the diagnosis of a non-invasive cancer, an additional benefit of 25% may be payable upon reoccurrence if:

- the new date of diagnosis is more than 180 days after the first diagnosis, and
- there is no evidence of disease or treatment for at least 180 days immediately prior to the subsequent diagnosis.

Covered conditions for dependent children

COVERED CONDITIONS[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Cerebral palsy	100%
Cleft lip or palate	100%
Congenital heart disease	100%
Cystic fibrosis	100%
Down syndrome	100%
Sickle cell anemia	100%
Spina bifida	100%
Type 1 diabetes	100%

Behavioral health therapy benefit

When recovering from a critical illness or cancer diagnosis, mental wellbeing can be as important as physical wellbeing. A benefit may be payable each day you receive behavioral health therapy for a covered loss.

- $50 payable up to a maximum of 15 days per insured per covered loss (up to two times per insured per calendar year).
- Therapy must begin within 90 days after the covered loss, and all sessions must be received within 365 days of the covered loss.

For more information, talk with your benefits counselor.

*Critical Illness Insurance (ICI6000) is the marketing name of the insurance policy filed as "Individual Critical Illness Insurance Policy."

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

2 In NH, the covered condition is called Severe Stroke.

3 Covered conditions that do not qualify include permanent paralysis, occupational human immunodeficiency virus (HIV) or hepatitis. In addition, in GA, end stage renal (kidney) failure does not qualify.

4 There is no required separation period between the date of diagnosis of invasive cancer (including all breast cancer), non-invasive cancer or skin cancer and any of the critical illnesses.

5 In LA and VA, includes domestic partner.

THIS POLICY PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for any covered loss that is caused by, contributed to by, or occurs as a result of felonies; intoxicants and narcotics; or war or combat.

GEOGRAPHICAL LIMITATION FOR CANCER

We will not pay the invasive cancer (including all breast cancer) benefit, non-invasive cancer benefit, or skin cancer benefit if the cancer is diagnosed or treated outside of the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for a claim when the covered condition occurs in the first 12 months following an insured's coverage effective date if the covered condition is caused by, contributed to by, or occurs as a result of any of the following:

- a pre-existing condition; or
- complications arising from treatment or surgery for, or medications taken for, a pre-existing condition.

An insured has a pre-existing condition if, within the 12 months just prior to the insured's coverage effective date, they have an injury or sickness, whether diagnosed or not, for which:

- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period; or
- drugs or medications were taken, or prescribed to be taken during that period; or
- symptoms existed.

Pre-existing condition requirements are not applicable to children who are born or adopted while you are covered under this policy, and who are continuously covered from the date of birth or adoption.

The pre-existing condition provision applies to any insured's initial coverage and any increases in coverage. Coverage effective date refers to the date initial coverage becomes effective.

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 ICI6000 (including state abbreviations where used, for example: ICI6000-AL). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Critical Illness Insurance*

Infectious Diseases Rider

The sudden onset of an infectious or contagious disease can create unexpected circumstances for you or your family. The infectious diseases rider provides a lump sum that can be used toward health care expenses or meeting day-to-day needs.

Payable for each covered infectious disease, once per covered person per lifetime, if hospital confined for seven or more consecutive days for treatment of the infectious disease. These benefits are for you as well as your covered family members.

COVERED INFECTIOUS DISEASES**	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Antibiotic-resistant bacteria (including MRSA)	50%
Cerebrospinal meningitis (bacterial)	50%
Diphtheria	50%
Encephalitis	50%
Legionnaires' disease	50%
Lyme disease	50%
Malaria	50%
Necrotizing fasciitis	50%
Osteomyelitis	50%
Poliomyelitis	50%
Rabies	50%
Sepsis	50%
Tetanus	50%
Tuberculosis	50%
Coronavirus disease 2019 (COVID-19)	50%

Colonial Life®

Critical Illness Insurance*

Progressive Diseases Rider

The debilitating effects of a progressive disease not only impact you physically, but financially as well. Changes in lifestyle may require home modification, additional medical treatment and other expenses.

Payable for each covered progressive disease if the covered person is unable to perform two or more activities of daily living[1] or totally disabled[2] for 90 or more continuous days. This benefit is for you as well as your covered family members.

COVERED PROGRESSIVE DISEASES[3]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Amyotrophic lateral sclerosis (ALS)	50%
Addison's disease	50%
Dementia (including Alzheimer's disease)	50%
Functional loss[4]	50%
Huntington's disease	50%
Lupus	50%
Multiple sclerosis (MS)	50%
Muscular dystrophy	50%
Myasthenia gravis (MG)	50%
Parkinson's disease	50%
Systemic sclerosis (scleroderma)	50%

Colonial Life®

Critical Illness Insurance*

Supplemental Conditions Rider

A critical illness can have life-altering effects that not only impact you physically, but financially as well. This rider provides a lump-sum benefit if you are diagnosed with a covered supplemental condition, so you can focus on your treatment, care and recovery.

We will pay a benefit for each condition only once per covered person per lifetime. This benefit is for you as well as your covered family members.

COVERED SUPPLEMENTAL CONDITIONS**	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Aggressive Crohn's disease or severe ulcerative colitis	25%
Benign brain tumor	100%
Loss of hearing	100%
Loss of sight	100%
Loss of speech	100%
Pulmonary embolism	25%
Severe endometriosis	25%

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

Colonial Life®

Critical Illness Insurance*

Wellbeing Assistance Benefit

This benefit can help reduce the risk of serious illness through early detection of disease or other risk factors, giving you more protection from the unexpected.

The wellbeing assistance benefit is available to you with critical illness coverage, as well as all your covered family members.

Wellbeing assistance benefit . . . . . .$ _____

Payable once per covered person per calendar year

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

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

CRITICAL ILLNESS BENEFIT PREMIUMS

Plan 1- Critical Illness Benefits Rates illustrated per unit. Named Insured unit value = $1000					
Issue Age	**Deduction**	**Named Insured**	**Employee & Spouse**	**One-Parent Family**	**Two Parent Family**
Non-Tobacco					
17-24	**12-Pay Premium**	$0.21	$0.33	$0.22	$0.34
25-29	**12-Pay Premium**	$0.28	$0.43	$0.29	$0.45
30-34	**12-Pay Premium**	$0.37	$0.56	$0.39	$0.59
35-39	**12-Pay Premium**	$0.59	$0.89	$0.61	$0.93
40-44	**12-Pay Premium**	$0.79	$1.20	$0.83	$1.26
45-49	**12-Pay Premium**	$1.10	$1.66	$1.16	$1.75
50-54	**12-Pay Premium**	$1.42	$2.12	$1.49	$2.23
55-59	**12-Pay Premium**	$1.81	$2.79	$1.90	$2.93
60-64	**12-Pay Premium**	$2.32	$3.60	$2.44	$3.78
65-69	**12-Pay Premium**	$2.46	$4.03	$2.58	$4.23
70-74	**12-Pay Premium**	$2.53	$4.09	$2.66	$4.30
Wellbeing Assistance Benefit **Rates by wellbeing amount = 1 unit**					
Welbeing Amount		**Named Insured**	**Employee & Spouse**	**One-Parent Family**	**Two Parent Family**
$100	12-Pay Premium	$4.73	$7.26	$7.57	$11.62

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

CRITICAL ILLNESS BENEFIT PREMIUMS

Plan 2- Critical Illness & Cancer Benefits Rates illustrated per unit. Named Insured unit value = $1000					
Issue Age	**Deduction**	**Named Insured**	**Employee & Spouse**	**One-Parent Family**	**Two Parent Family**
Non-Tobacco					
17-24	**12-Pay Premium**	$0.26	$0.40	$0.28	$0.43
25-29	**12-Pay Premium**	$0.37	$0.57	$0.39	$0.60
30-34	**12-Pay Premium**	$0.60	$0.93	$0.63	$0.98
35-39	**12-Pay Premium**	$1.02	$1.56	$1.07	$1.64
40-44	**12-Pay Premium**	$1.39	$2.13	$1.46	$2.24
45-49	**12-Pay Premium**	$1.76	$2.68	$1.84	$2.81
50-54	**12-Pay Premium**	$2.14	$3.23	$2.25	$3.39
55-59	**12-Pay Premium**	$2.60	$4.00	$2.73	$4.20
60-64	**12-Pay Premium**	$3.64	$5.62	$3.86	$5.90
65-69	**12-Pay Premium**	$3.88	$6.22	$4.10	$6.52
70-74	**12-Pay Premium**	$3.95	$6.28	$4.18	$6.59
Wellbeing Assistance Benefit **Rates by wellbeing amount = 1 unit**					
Welbeing Amount		**Named Insured**	**Employee & Spouse**	**One-Parent Family**	**Two Parent Family**
$100	12-Pay Premium	$4.73	$7.26	$7.57	$11.62

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

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

Educator Disability Income Insurance

Colonial Life
Making benefits count.

How long could you afford to go without a paycheck?

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

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

Monthly Expenses: $_____ $_____ $_____

$_____ $_____ $_____

Total $_____

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

Who's being covered?

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

How much coverage do I need?

On-Job Accident/On-Job Sickness $_____ Off-Job Accident/Off-Job Sickness $_____

Select **One** Benefit Period Option:		**On-Job**	**Off-Job**
● **Total Disability**			
O Option A	First 3 months	$_____/month	$_____/month
	Next 9 months	$_____/month	$_____/month
O Option B	First 6 months	$_____/month	$_____/month
	Next 6 months	$_____/month	$_____/month
● **Partial Disability**			
Up to 3 months		$_____/month	$_____/month

When will my benefits start?

After an Accident: _____ days After a Sickness: _____ days

How much will it cost?

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

Employee Coverage

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

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

Medical Fees for Accidents Only

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

Hospital Confinement Benefit for Accident or Sickness

Pays in addition to disability benefit.

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

Accidental Death and Dismemberment Benefits

Benefits payable for death or dismemberment.

- Accidental Death $25,000
- Loss of a Finger or Toe
  - Single Dismemberment $750
  - Double Dismemberment $1,500
- Loss of a Hand, Foot or Sight of an Eye
  - Single Dismemberment $7,500
  - Double Dismemberment $15,000
- Accidental Death Common Carrier $50,000

Complete Fractures

Complete Fractures requiring closed reduction

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

Complete Dislocations

Complete Dislocations requiring closed reduction with anesthesia

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

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

Additional Features

- Waiver of Premium
- Worldwide Coverage

Optional Spouse and Dependent Coverage

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

Medical Fees for Accidents Only

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

Hospital Confinement Benefit for Accident or Sickness

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

Accidental Death and Dismemberment Benefits

- Accidental Death ..... Spouse $10,000
  Child(ren) $5,000
- Loss of a Finger or Toe
  - Single Dismemberment $75
  - Double Dismemberment $150
- Loss of a Hand, Foot or Sight of an Eye
  - Single Dismemberment $750
  - Double Dismemberment $1,500
- Accidental Death Common Carrier ..... Spouse $20,000
  Child(ren) $10,000

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

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

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

When am I considered totally disabled?

Totally disabled means you are:

- Unable to perform the material and substantial duties of your job;
- Not, in fact, engaged in any employment or occupation for wage or profit for which you are qualified by reason of education, training or experience; and
- Under the regular and appropriate care of a doctor.

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

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

- You are unable to perform the material and substantial duties of your job for more than 20 hours per week,
- You are able to work at your job or your place of employment for 20 hours or less per week,
- Your employer will allow you to return to your job or place of employment for 20 hours or less per week; and
- You are under the regular and appropriate care of a doctor.

The total disability benefit must have been paid for at least one full month immediately prior to your being partially disabled.

When do disability benefits end?

The Total Disability Benefit will end on the policy anniversary date on or after your 70th birthday. The Hospital Confinement benefit increases when the Total Disability Benefit ends.

What is a pre-existing condition?

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

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

What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable for life as long as you continue to pay your premiums when they are due.

Can my premium change?

You may choose the amount of coverage to meet your needs (subject to your income). You can elect more or less coverage which will change your premium. Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

What is a covered accident or a covered sickness?

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

A covered accident or covered sickness:

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

EXCLUSIONS

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

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form ED DIS 1.0-VA. Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

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Colonial Life®

Pregnancy and having a baby

Disability insurance in Virginia

For more information, talk with your benefits counselor.

ColonialLife.com

A baby changes everything – even your financial situation.

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

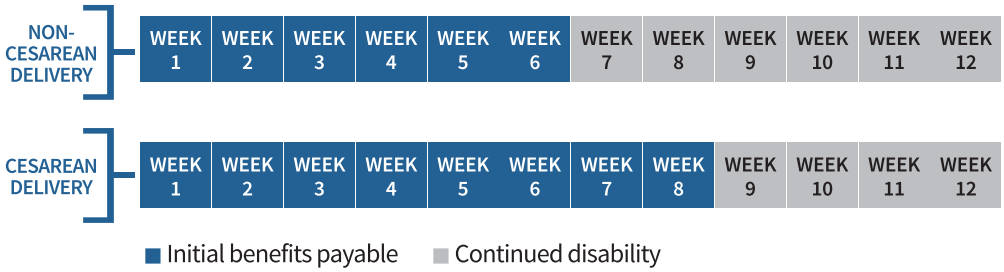
How disability insurance can help

- The usual recovery period is six weeks (non-cesarean delivery) or eight weeks (cesarean delivery). Disability benefits of up to 12 weeks may be available, if you continue to be disabled from childbirth.
- Benefits are paid directly to you to use as you see fit.
- Your disability benefits are not affected by your employer's leave of absence program, the Family Medical Leave Act (FMLA), your sick leave or paid time off/vacation time.
- If you were not pregnant before your coverage effective date, pregnancy complications, such as pre-term labor, gestational diabetes and pre-eclampsia, are treated just like any other covered sickness.

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

Understanding your claim payment

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



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

Filing your disability claim

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

This information is not intended to be a complete description of the insurance coverage available. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form ISTD3000-VA and rider form ISTD3000-ADIB-VA, policy form DIS1000-VA, policy form DIS1000-3M-VA, policy form EDDIS1.0-VA, policy form GDIS-P-VA and certificate form GDIS-C-VA. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
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7-21 | 100103-VA

SHORT-TERM DISABILITY PREMIUMS

Benefit Period Option A: 3 Month/9 Month Plan
Plan 1: On- & Off-Job Coverage

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

Spouse and Dependent Premiums	
Rider	**Monthly Premium**
Spouse Accident & Sickness Benefit Coverage	$5.50
Child(ren) Accident & Sickness Benefit Coverage	$7.50

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

SHORT-TERM DISABILITY PREMIUMS

Benefit Period Option A: 3 Month/9 Month Plan
Plan 1: On- & Off-Job Coverage

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

Spouse and Dependent Premiums	
Rider	**Monthly Premium**
Spouse Accident & Sickness Benefit Coverage	$5.50
Child(ren) Accident & Sickness Benefit Coverage	$7.50

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

SHORT-TERM DISABILITY PREMIUMS

Benefit Period Option A: 3 Month/9 Month Plan
Plan 1: On- & Off-Job Coverage

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

Spouse and Dependent Premiums	
Rider	**Monthly Premium**
Spouse Accident & Sickness Benefit Coverage	$5.50
Child(ren) Accident & Sickness Benefit Coverage	$7.50

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

SHORT-TERM DISABILITY PREMIUMS

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

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

Spouse and Dependent Premiums	
Rider	**Monthly Premium**
Spouse Accident & Sickness Benefit Coverage	$5.50
Child(ren) Accident & Sickness Benefit Coverage	$7.50

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

SHORT-TERM DISABILITY PREMIUMS

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

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

Spouse and Dependent Premiums	
Rider	**Monthly Premium**
Spouse Accident & Sickness Benefit Coverage	$5.50
Child(ren) Accident & Sickness Benefit Coverage	$7.50

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

SHORT-TERM DISABILITY PREMIUMS

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

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

Spouse and Dependent Premiums	
Rider	**Monthly Premium**
Spouse Accident & Sickness Benefit Coverage	$5.50
Child(ren) Accident & Sickness Benefit Coverage	$7.50

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

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

Colonial Life

Accident Insurance

Preferred Plan

If you are in an accident, your focus should be on recovery, not how you're going to pay your bills. Colonial Life Accident Insurance can pay benefits directly to you to use however you like — from medical costs to everyday expenses — offering financial support when you need it.

Our coverage includes:

- Benefits payable directly to you
- No medical questions to qualify for coverage
- Coverage for simple and complex injuries
- Benefits payable regardless of other insurance
- Worldwide coverage
- Works alongside your Health Savings Account (HSA)

BENEFITS STORY

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

With Colonial Life accident benefits, Jacob's parents were able to pay the annual deductible and co-payments.

	JACOB'S ACCIDENT BENEFITS	
Jacob went to an urgent care facility and received immediate care.	Accident emergency treatment	$125
The doctor ordered an X-ray and discovered Jacob had fractured his hand.	• X-ray • Fracture (hand)	$40 $475
The doctor also found that Jacob had a cut on his hand.	Laceration (no stitches)	$30
Jacob was discharged with a splint.	Medical equipment (splint)	$40
Over the next several weeks, Jacob had three follow-up appointments with his doctor.	Accident follow-up treatment (3 visits)	$165
	Total	**$875**

For illustrative purposes only for covered accidents. Benefit amounts may vary and may not cover all expenses.

BENEFITS STORY

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

Olivia's accident benefits helped cover her annual deductible and co-payments.

	OLIVIA'S ACCIDENT BENEFITS	
Olivia arrived by ambulance at the nearest emergency room and received immediate care.	• Ambulance • Accident emergency treatment • Injury due to auto accident	**$250** **$125** **$250**
The doctor ordered an X-ray and discovered Olivia had fractured her thigh (femur). He also ordered a CT scan of her head to check for a brain injury.	• X-ray • Medical imaging (CT) • Thigh fracture — femur (surgical)	**$40** **$250** **$5,600**
Olivia was admitted to the hospital for surgery on her leg. She was confined for three days.	• Hospital admission • Surgery (exploratory/arthroscopic) • Hospital confinement (3 days)	**$1,250** **$350** **$900**
Olivia had eight sessions of physical therapy to help regain the strength in her leg.	• Physical therapy (8 days) • Medical equipment (crutches)	**$360** **$125**
Over the next several weeks, she had six follow-up appointments with her doctor.	Accident follow-up treatment (6 visits)	**$330**
	Total	**$9,830**

For illustrative purposes only for covered accidents. Benefit amounts may vary and may not cover all expenses.

Summary of Benefits

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

Initial care

Accident emergency treatment **$125**
Hospital emergency room, urgent care facility or physician's office

Accidental injury due to an automobile accident[1] **$250**

Air ambulance **$2,400**

Ambulance — ground or water **$250**

Observation room ..... **$175 per day**
(up to two days per calendar year)

X-ray **$40**

Common accidental injuries

Burn ..... **$1,000–$15,000**
(based on size and degree)

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

Coma **$15,000**
(lasting for seven or more consecutive days)

Concussion **$200**

Dislocation — separated joint

- **Non-surgical — repair** ..... **$125–$2,750**
  Examples: elbow: $600 | ankle: $1,250 | hip: $2,750
- **Incomplete dislocation — or dislocation without anesthesia** **25%**
  (payable as a % of the applicable dislocation benefit)
- **Surgical — repair** ..... **$250–$5,500**
  Examples: elbow: $1,200 | ankle: $2,500 | hip: $5,500

Emergency dental work ..... **$125–$350**
Dental extraction or dental crown, denture or implant

Eye injury — with surgical repair or removal of a foreign object **$350**

Fracture — complete

- **Non-surgical — repair** ..... **$300–$3,750**
  Examples: hand/foot: $475 | collarbone: $775 | leg: $1,250
- **Chip fracture** **25%**
  (payable as a % of the applicable fracture benefit)
- **Surgical — repair** ..... **$600–$7,500**
  Examples: hand/foot: $950 | collarbone: $1,550 | leg: $2,500

Hearing-loss injuries[2] **$140**

Knee cartilage — torn — with surgical repair **$800**

Laceration ..... **$30–$750**
(based on repair and length)

Ruptured disc — with surgical repair **$950**

Tendon/ligament/rotator cuff — with surgical repair

- **One** **$800**
- **Two or more** **$1,600**

Hospital care

Hospital admission **$1,250**

Hospital confinement ..... **$300 per day**
(up to 365 days)

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

Intensive care unit admission **$2,500**

Intensive care unit confinement ..... **$550 per day**
(up to 15 days)

Surgical care

Blood/plasma/platelets — transfusion **$400**

Surgery ..... **$250–$1,900**
(based on type of repair and surgery)

Transportation and lodging

Transportation for hospital confinement .. **$700 per round trip**
(up to three round trips, 50+ miles from home)

Lodging–companion ..... **$150 per day**
(up to 30 days)

Follow-up care

Accident follow-up treatment, including transportation/telemedicine **$55**
(up to six benefits per covered person per covered accident and up to 12 benefits per covered person per calendar year)

Medical equipment

- **Tier 1** **$40**
  Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint
- **Tier 2** **$125**
  Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair, walker or walking boot
- **Tier 3** **$250**
  Back brace, body jacket, continuous passive movement (CPM), halo, electric scooter, hospital bed (including rental), knee scooter, stair lift chair or wheelchair

Medical imaging study — CT, CAT scan, EEG, EMG, MR or MRI **$250**
(one per calendar year)

Pain management for epidural anesthesia — non-surgical .. **$125**

Post-traumatic stress disorder (PTSD) **$250**

Prosthetic device/artificial limb

- **One** **$950**
- **More than one** **$1,900**
- **Repair/replacement**[3] ..... **$475/$950**

Rehabilitation unit confinement ..... **$175 per day**
(up to 15 days, not to exceed 30 days per calendar year)

Therapy — occupational, physical or speech ..... **$45 per day**
(up to 10 days)

Accidental dismemberment

Accidental dismemberment ..... **$1,050–$40,000**

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

Accidental death

Accidental death

- **Named insured, spouse** **$40,000**
- **Child** **$10,000**

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

- **Named insured, spouse** **$160,000**
- **Child** **$30,000**

For more information, contact your Colonial Life benefits counselor.

1 Requires transportation by a licensed professional air ambulance or ambulance (ground or water).
2 One benefit for each injured ear per covered person per lifetime.
3 One repair or replacement per prosthetic device/artificial limb per covered person per lifetime.

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

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

THIS POLICY PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of a covered person's felonies or illegal occupations, sickness, suicide or injuries which any covered person intentionally does to himself, war or armed conflict.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IAC4000-VA. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

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Accident Insurance

Active Lifestyles Benefit

This benefit increases the amount you receive by 20% for your covered eligible benefits, giving you more financial protection for the unexpected.

The active lifestyles benefit is available to you with accident coverage, as well as all your covered family members.

Eligible benefits[1]

- Concussion
- Dislocation
- Emergency dental work
- Eye injuries
- Fractures
- Knee cartilage (torn)
- Laceration
- Medical imaging study
- Ruptured disc with surgical repair
- Surgery
  - cranial, open abdominal, thoracic/hernia
  - exploratory and arthroscopic
- Tendon/ligament/rotator cuff with surgical repair
- X-ray

Example of a benefits calculation

$2,500 = Eligible benefits

$2,500 = Eligible benefit amount
x 20% = Active lifestyles benefit
$500 = Active lifestyles benefit calculation

$2,500 = Eligible benefit amount
+ $500 = Active lifestyles benefit
$3,000 = **Total**

For illustrative purposes only

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

1 Active lifestyles benefit applies to any combination of these injuries or services due to a covered accident.

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

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

THIS POLICY PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

ADDITIONAL DISCLOSURES FOR KENTUCKY

Eligibility for benefits: We will pay benefits for a covered accident if any covered person sustains an injury as a result of a covered accident if:

- the covered accident occurs while the policy is in force;
- the covered accident occurs on or after the policy coverage effective date;
- the covered accident is an accident type listed on the policy schedule; and
- the covered accident is not excluded by name or specific description in the policy.

Noncancellable: This policy is noncancellable. We have no right to change the premiums we charge on this policy. Any riders attached to this policy may be subject to a change in premium. The premium can be changed following the approval of the Commissioner of Insurance only if we change it on all riders of the same kind in force in the state where the policy was issued.

What is not covered by this policy: We will not pay benefits for losses that are caused by, contributed to by or occur as a result of the covered person's felonies or illegal occupations, hazardous avocations, racing, semi-professional or professional sports, sickness or injuries which any covered person intentionally does to himself, war or armed conflict. In addition, we also will not pay the Accidental Dismemberment due to Catastrophic Accident benefit for injuries that are caused by or are the result of birth or intoxicants, narcotics and hallucinogencis.

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 IAC4000 (including state abbreviations where used, for example: IAC4000-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. An insurance producer may contact you.

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Colonial Life

Accident Insurance

Sickness Hospital Confinement Rider

These benefits can help with medical costs related to a hospital stay for a covered sickness, including costs that your health insurance may not cover, such as co-pays and deductibles.

The sickness hospital confinement rider is optional coverage available to you and all your covered family members.

Daily sickness hospital confinement ..... $100 per day

Up to 30 days per covered person per confinement for a covered sickness

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

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

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

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

THIS POLICY PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of accidental injuries, alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, psychiatric or psychological conditions, intoxicants and narcotics, psychiatric or psychological conditions, suicide or injuries which you intentionally do to yourself, war or armed conflict and well baby care.

PRE-EXISTING CONDITION LIMITATION

Pre-existing condition means a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice, or had taken medication within 12 months before the rider coverage effective date shown on the rider schedule. After this rider has been in force for 12 months from the rider coverage effective date shown on the rider schedule, we will pay benefits as stated in the rider for any loss as the result of a pre-existing condition not excluded by name or specific description if the covered loss began at least 12 months after the rider coverage effective date.

STATE VARIATIONS FOR EXCLUSIONS AND LIMITATIONS

AK: Replace "alcoholism or drug addiction" with "intoxicants or narcotics."

DE: Replace "alcoholism or drug addiction" with "substance abuse."

FL: Replace "psychiatric or psychological conditions" with "mental or nervous disorders."

IL: Pre-existing Condition Limitation definition also includes "produced symptoms."

LA: Replace "alcoholism or drug addiction" with "intoxicants and narcotics."

ME: Pre-existing Condition Limitation definition does not include "had taken medication."

MO: Replace "alcoholism or drug addiction" with "substance abuse."

MT: Pre-existing Condition Limitation definition does not include "whether diagnosed or not" or "had medical testing."

NC: Pre-existing Conditions Limitation definition also includes "If a covered person is 65 or older when this policy is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated by rider."

OK: Replace "psychiatric or psychological conditions" with "mental or emotional conditions."

SC: Replace "psychiatric or psychological conditions" with "mental or emotional disorders."

SD: Not applicable to "alcoholism or drug addiction."

UT: Replace "psychiatric or psychological conditions" with "mental or nervous disorders."

VT: Not applicable to "alcoholism or drug abuse, psychiatric or psychological conditions, well baby care," or the limitation for giving birth within the first nine months after the rider coverage effective date.

ADDITIONAL DISCLOSURES FOR THE STATE OF KENTUCKY

Eligibility for Benefits: We will pay the benefits for a covered accident if any covered person sustains an injury as a result of a covered accident if:

- The covered accident occurs while the policy is in force;
- The covered accident occurs on or after the policy coverage effective date;
- The covered accident is on an accident type listed on the policy schedule; and
- The covered accident is not excluded by name or specific description in the policy.

What is not covered by this policy: We will not pay benefits for losses that are caused by, contributed to by or occurs as a result of the covered person's felonies or illegal occupations, hazardous avocations, racing, semi-professional or professional sports, sickness or injuries which any covered person intentionally does to himself, war or armed conflict. In addition, we also will not pay the Accidental Dismemberment due to Catastrophic Accident benefit for injuries that are caused by or are the result of birth or intoxicants, narcotics, and hallucinogenics.

Termination of this Rider: This rider will terminate on the earliest of: the date the policy to which this rider is attached terminates; the date premium for this rider is not paid by the end of the grace period; or the date we receive your written request to terminate this rider.

Noncancellable: This policy is noncancellable. We have no right to change the premiums we charge on this policy. Any riders attached to this policy may be subject to a change in premium. The premium can be changed following the approval of the Commissioner of Insurance only if we change it on all riders of the same kind in force in the state where the policy was issued.

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 IAC4000 and rider form R-SHC4000 (including state abbreviations where used, for example: IAC4000-AL). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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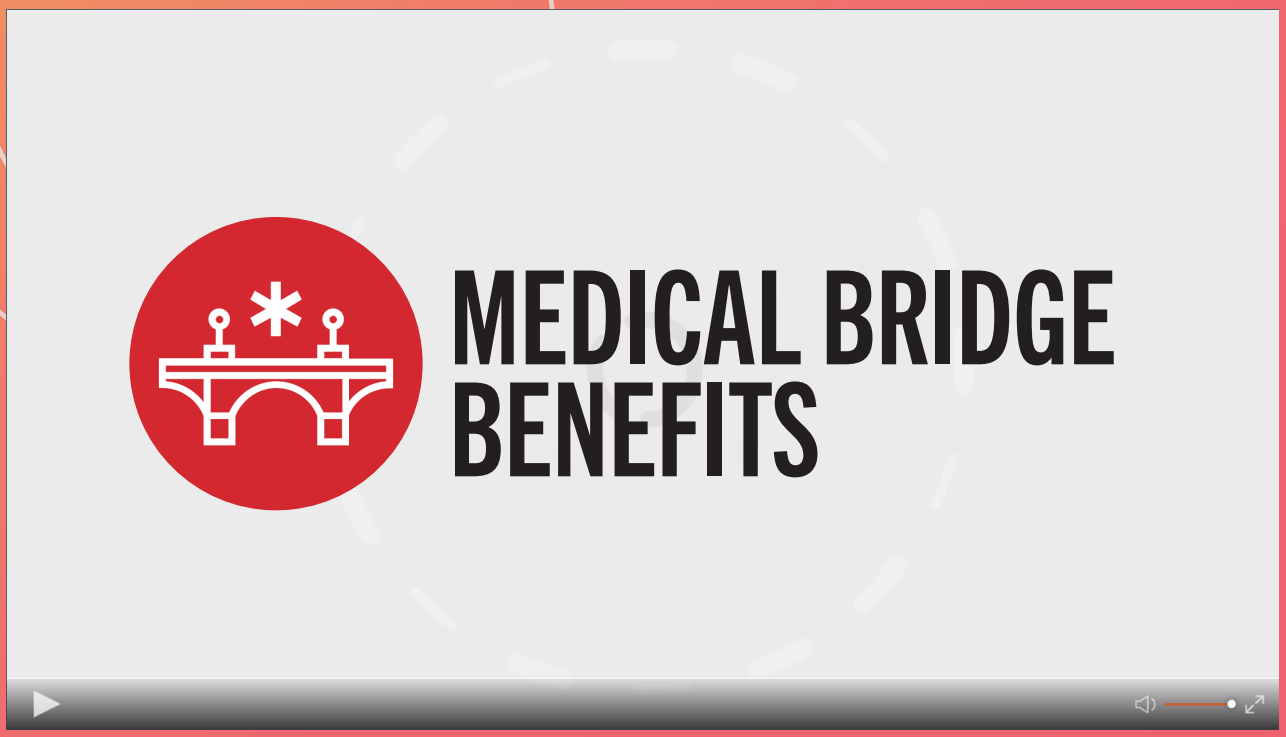
ACCIDENT BENEFIT PREMIUMS

Preferred with Active Lifestyles - On/Off-Job Accident Coverage

	12-Pay Premium
Named Insured	$18.28
Employee & Spouse	$30.81
One Parent Family - Employee	$40.23
Two Parent Family	$52.75

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

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



Colonial Life
The benefits of good hard work.®

Hospital Confinement Indemnity Insurance

Plan 1

For more information, talk with your benefits counselor.

ColonialLife.com

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

Hospital confinement ..... $_____

Maximum of one benefit per covered person per calendar year

Observation room ..... **$100 per visit**

Maximum of two visits per covered person per calendar year

Rehabilitation unit confinement ..... **$100 per day**

Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium

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

Health savings account (HSA) compatible

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

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

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

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

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000 (including state abbreviations where used, for example: IMB7000-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

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The benefits of good hard work.®

Hospital Confinement Indemnity Insurance
Plan 3

For more information, talk with your benefits counselor.

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

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

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

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

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

Diagnostic procedure

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

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

Outpatient surgical procedure

- **Tier 1** ..... $_____
- **Tier 2** ..... $_____

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

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

Tier 1 diagnostic procedures

- **Breast**
  - Biopsy (incisional, needle, stereotactic)
- **Diagnostic radiology**
  - Nuclear medicine test
- **Digestive**
  - Barium enema/lower GI series
  - Barium swallow/upper GI series
  - Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth**
  - Laryngoscopy
- **Gynecological**
  - Amniocentesis
  - Cervical biopsy
  - Cone biopsy
  - Endometrial biopsy
  - Hysteroscopy
  - Loop electrosurgical excisional procedure (LEEP)
- **Liver** – biopsy
- **Lymphatic** – biopsy
- **Miscellaneous**
  - Bone marrow aspiration/biopsy
- **Renal** – biopsy
- **Respiratory**
  - Biopsy
  - Bronchoscopy
  - Pulmonary function test (PFT)
- **Skin**
  - Biopsy
  - Excision of lesion
- **Thyroid** – biopsy
- **Urologic**
  - Cystoscopy

Tier 2 diagnostic procedures

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

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

Tier 1 outpatient surgical procedures

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

Tier 2 outpatient surgical procedures

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

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EXCLUSIONS

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

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000 (including state abbreviations where used, for example: IMB7000-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

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Hospital Confinement Indemnity Insurance

Health Screening

For more information, talk with your benefits counselor.

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Individual Medical Bridge℠ insurance's health screening benefit can help pay for health and wellness tests you have each year.

Health screening ..... $_____

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

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

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

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Hospital Confinement Indemnity Insurance

Medical Treatment Package

For more information, talk with your benefits counselor.

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

The medical treatment package cannot be paired with Plan 1.

Air ambulance **$1,000**
Maximum of one benefit per covered person per calendar year

Ambulance **$100**
Maximum of one benefit per covered person per calendar year

Appliance **$100**
Maximum of one benefit per covered person per calendar year

Doctor's office visit ..... **$25 per visit**
Maximum of three visits per calendar year for named insured coverage or maximum of five visits per calendar year for all covered persons combined

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

X-ray ..... **$25 per benefit**
Maximum of two benefits per covered person per calendar year

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

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

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

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Hospital Confinement Indemnity Insurance

Optional Riders

For more information, talk with your benefits counselor.

ColonialLife.com

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

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

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

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

EXCLUSIONS

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

For cost and complete details, see your Colonial Life benefits counselor. Applicable to rider numbers R-DHC7000 and R-EIC7000 (including state abbreviations where used, for example: R-DHC7000-TX and R-EIC7000-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy or rider provisions will control.

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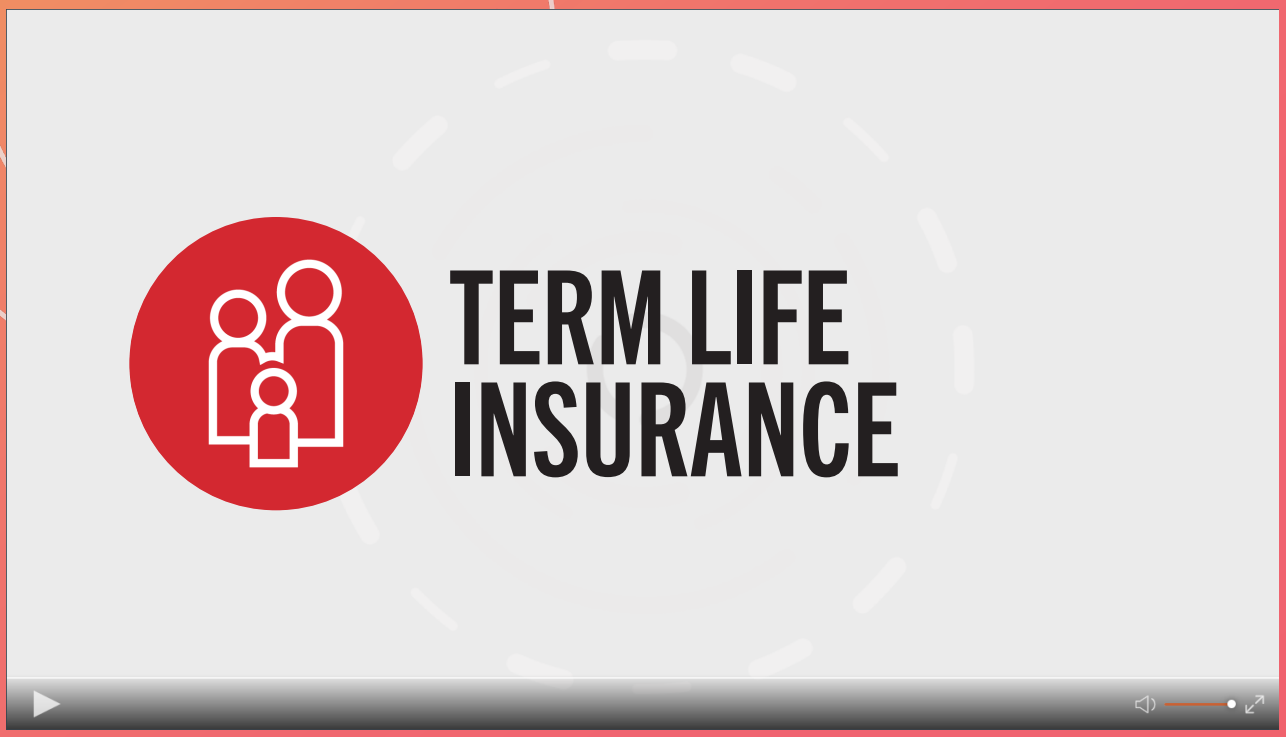
MEDICAL BRIDGE BENEFIT PREMIUMS

INDIVIDUAL MEDICAL BRIDGE Plan 1 Named Insured			
Hospital Confinement $100 Health Screening		$1,000.00	$1,500.00
Ages 17-49	12-Pay Premium	$18.20	$23.65
Ages 50-59	12-Pay Premium	$23.20	$30.75
Ages 60-64	12-Pay Premium	$29.25	$39.60
Ages 65-75	12-Pay Premium	$36.85	$50.65

INDIVIDUAL MEDICAL BRIDGE Plan 3 Named Insured			
Hospital Confinement Medical Treatment Pkg $100 Health Screening		$1,000.00	$1,500.00
Outpatient Surgical Procedure		Option 1 Tier 1 $500 Tier 2 $1,000 CY Max $1,500	Option 1 Tier 1 $500 Tier 2 $1,000 CY Max $1,500
Ages 17-49	12-Pay Premium	$37.80	$43.25
Ages 50-59	12-Pay Premium	$47.50	$55.05
Ages 60-64	12-Pay Premium	$58.20	$68.55
Ages 65-75	12-Pay Premium	$71.60	$85.40

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

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



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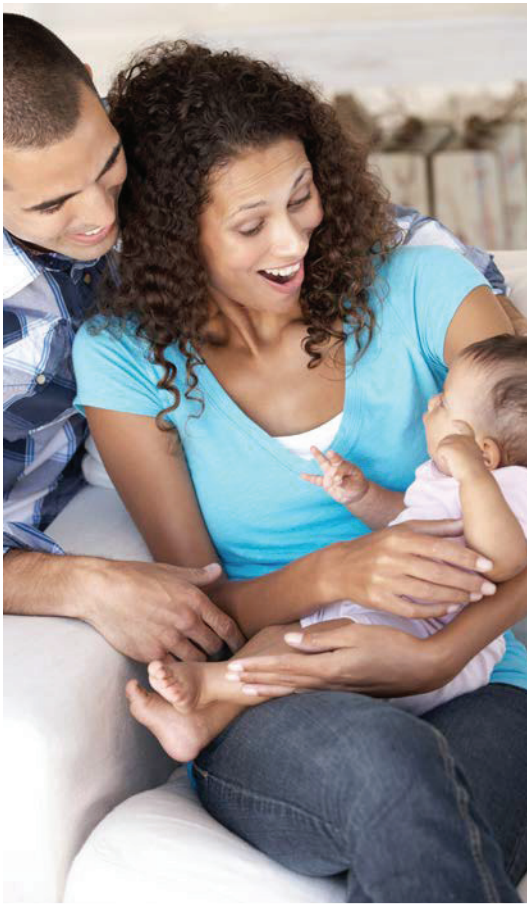
Term Life Insurance



Talk with your Colonial Life benefits counselor to learn more.

ColonialLife.com

Life insurance protection when you need it most

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

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

With this coverage:

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

Spouse coverage options	Dependent coverage options
Two options are available for spouse coverage at an additional cost:	You may add a Children's Term Life Rider to cover all of your eligible dependent children with up to $20,000 in coverage each for one premium.
1. Spouse Term Life Policy: Offers guaranteed premiums and level death benefits equivalent to those available to you –whether or not you buy a policy for yourself.	
2. Spouse Term Life Rider: Add a term rider for your spouse to your policy, up to a maximum death benefit of $50,000; 10-year and 20-year are available (20-year rider only available with a 20- or 30-year term policy).	The Children's Term Life Rider may be added to either the primary or spouse policy, not both.

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

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How much coverage do you need?

☐ **YOU** $ _____

Select the term period:

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

☐ **SPOUSE** $ _____

Select the term period:

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

Select any optional riders:

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

☐ Children's term life rider
$ _____ face amount

☐ Accidental death benefit rider

☐ Chronic care accelerated death benefit rider

☐ Critical illness accelerated death benefit rider

☐ Waiver of premium benefit rider

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

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Optional riders

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

Spouse term life rider

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

Children's term life rider

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

Accidental death benefit rider

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

Chronic care accelerated death benefit rider

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

Critical illness accelerated death benefit rider

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

Waiver of premium benefit rider

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

1 Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.
2 Activities of daily living are bathing, continence, dressing, eating, toileting and transferring.
3 You must resume premium payments once you are no longer disabled.

EXCLUSIONS AND LIMITATIONS

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

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

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TERM LIFE INSURANCE PREMIUMS

10-Year Term Base Plan Monthly Non-Tobacco Rates					
Issue Age	**Pay Premium**	**$10,000.00**	**$25,000.00**	**$50,000.00**	**$100,000.00**
25	12-Pay Premium	$6.64	$10.60	$10.21	$16.42
30	12-Pay Premium	$7.06	$11.65	$10.21	$16.42
35	12-Pay Premium	$7.57	$12.94	$11.25	$18.50
40	12-Pay Premium	$7.98	$13.96	$14.04	$24.08
45	12-Pay Premium	$9.17	$16.92	$18.62	$33.25
50	12-Pay Premium	$11.72	$23.29	$25.58	$47.16
55	12-Pay Premium	$16.17	$34.44	$36.37	$68.75
60	12-Pay Premium	$23.36	$52.39	$53.96	$103.91

20-Year Term Base Plan Monthly Non-Tobacco Rates					
Issue Age	**Pay Premium**	**$10,000.00**	**$25,000.00**	**$50,000.00**	**$100,000.00**
25	12-Pay Premium	$6.71	$10.77	$10.54	$17.08
30	12-Pay Premium	$7.12	$11.81	$10.54	$17.08
35	12-Pay Premium	$7.69	$13.23	$11.58	$19.17
40	12-Pay Premium	$8.23	$14.58	$15.42	$26.83
45	12-Pay Premium	$9.68	$18.21	$21.79	$39.58
50	12-Pay Premium	$12.67	$25.69	$31.58	$59.16
55	12-Pay Premium	$18.06	$39.14	$46.33	$88.66
60	12-Pay Premium	$26.84	$61.10	$72.00	$139.99

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

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

Colonial Life

Whole Life Plus Insurance*

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

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

Benefits and features

- Choose the age when your premium payments end — Paid-Up at Age 70 or Paid-Up at Age 100
- Stand-alone spouse policy available even without buying a policy for yourself
- Ability to keep the policy if you change jobs or retire
- Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to $150,000) if you're diagnosed with a terminal illness[1]
- Immediate $3,000 claim payment that can help your designated beneficiary pay for funeral costs or other expenses
- Provides cash surrender value at age 100 (when the policy endows)

Additional coverage options

Spouse term rider

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

Juvenile Whole Life Plus policy

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

Children's term rider

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

Advantages of Whole Life Plus insurance

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

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

Benefits worksheet

For use with your benefits counselor

How much coverage do you need?

☐ YOU $_____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

☐ SPOUSE $ _____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

☐ DEPENDENT STUDENT $ _____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

Select any optional riders:

☐ Spouse term rider $ _____face amount for _____-year term period

☐ Children's term rider $ _____face amount

☐ Accelerated death benefit for long term care services rider

☐ Accidental death benefit rider

☐ Chronic care accelerated death benefit rider

☐ Critical illness accelerated death benefit rider

☐ Guaranteed purchase option rider

☐ Waiver of premium benefit rider

To learn more, talk with your benefits counselor.

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Additional coverage options (Continued)

Accelerated death benefit for long term care services rider[3]

Talk with your benefits counselor for more details.

Accidental death benefit rider

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

Chronic care accelerated death benefit rider

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

Critical illness accelerated death benefit rider

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

Guaranteed purchase option rider

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

Waiver of premium benefit rider

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

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

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

2 Accessing the accumulated cash value reduces the death benefit by the amount accessed, unless the loan is repaid. Cash value will be reduced by any outstanding loans against the policy.

3 The rider is not available in all states.

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

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

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

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WHOLE LIFE INSURANCE PREMIUMS

Adult Base Plan Paid-up to Age 70 Non-Tobacco Rates						
Issue Age	Pay Premium	$10,000.00	$25,000.00	$50,000.00	$100,000.00	$150,000.00
25	12-Pay Premium	$9.34	$23.35	$46.71	$93.42	$140.13
30	12-Pay Premium	$11.00	$27.52	$55.04	$110.08	$165.13
35	12-Pay Premium	$13.52	$33.79	$67.58	$135.17	$202.75
40	12-Pay Premium	$16.95	$42.38	$84.75	$169.50	$254.25
45	12-Pay Premium	$22.41	$56.02	$112.04	$224.08	$336.13
50	12-Pay Premium	$31.18	$77.96	$155.92	$311.83	$467.75

Adult Base Plan Paid-up to Age 100 Non-Tobacco Rates						
Issue Age	Pay Premium	$10,000.00	$25,000.00	$50,000.00	$100,000.00	$150,000.00
25	12-Pay Premium	$8.60	$21.50	$43.00	$86.00	$129.00
30	12-Pay Premium	$9.90	$24.75	$49.50	$99.00	$148.50
35	12-Pay Premium	$11.72	$29.29	$58.58	$117.17	$175.75
40	12-Pay Premium	$14.15	$35.38	$70.75	$141.50	$212.25
45	12-Pay Premium	$17.83	$44.56	$89.13	$178.25	$267.38
50	12-Pay Premium	$22.95	$57.38	$114.75	$229.50	$344.25
55	12-Pay Premium	$30.73	$76.83	$153.67	$307.33	$461.00
60	12-Pay Premium	$41.18	$102.96	$205.92	$411.83	$617.75

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

Colonial Life

Colonial Life for Policyholders Portal

A faster, simpler way to manage your benefits

THE PORTAL OFFERS YOU:

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

LEARN MORE

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

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

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

File claims with a simple, guided form

Set up direct deposit for approved payments

View claim status or policy details anytime

Opt for instant alerts by email or text

Update your personal info & preferences

BECOME A MEMBER TODAY:

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

NEED TO FILE A CLAIM?

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

AFTER YOU FILE:

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

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

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Authorization for Colonial Life & Accident Insurance Company

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

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

Any information Colonial obtains pursuant to this authorization will be used for the purpose of evaluating my application(s) for insurance or eligibility for benefits. Some information obtained may not be protected by certain federal regulations governing the privacy of health information, but the information is protected by state privacy laws and other applicable laws. Colonial will not re- disclose the information unless permitted or required by those laws. Re-disclosed information may no longer be protected by federal privacy laws.

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

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

_____	_____	_____	_____
(Printed name of individual subject to this disclosure)	(Social Security Number)	(Signature)	(Date Signed)

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

ADDITIONAL BENEFITS

VIRGINIA RETIREMENT SYSTEM (VRS) LIFE INSURANCE

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

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

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

By calling:
1-800-441-2258

Or by visiting their website:
www.varetire.org/myvrs

VIRGINIA ASSOCIATION OF COUNTIES GROUP SELF INSURANCE RISK POOL (VACORP) SHORT AND LONG TERM DISABILITY

Group Long Term Disability (LTD) insurance from The Standard helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

This Group Short Term Disability (STD) program is provided for VRS Hybrid Plan Participants and administered by The Standard. This benefit helps provide financial protection for covered members by promising to pay a weekly benefit in the event of a covered disability.

Please refer to the plan summary document and your employee handbook for specific plan details, eligibility definitions, limitations, and exclusions.

Questions about your VACORP Short and Long Term Disability can be submitted one of two ways:

By calling:
1-844-404-2111

Or by visiting their website:
www.vacorp.org/coverage/hybrid-disability

COBRA CONTINUATION OF COVERAGE

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

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

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

What Is Cobra Continuation Coverage?: COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [choose and enter appropriate information: must pay or aren't required to pay] for COBRA continuation coverage.

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

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.
- If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

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

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

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

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

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

How is COBRA continuation coverage provided?

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events,

COBRA CONTINUATION OF COVERAGE

or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

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

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

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

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

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?: In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

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

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

Plan Contact Information

Poquoson City Public Schools
Heather McElligott
Chief Financial Officer
Phone: 757- 868-3055
Heather.McElligott@poquoson.k12.va.us

Health, Dental, Vision, FSA COBRA Administrator

Ameriflex
700 East Gate Drive
Mount Laurel, NJ 08054
Phone: 888-868-3539

PRIVACY NOTICES

Non Public Information (NPI)

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

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

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

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

When other companies help us conduct business, we expect them to follow applicable privacy laws.
We do not authorize them to use or share NPI except when necessary to conduct the work they are performing for us or to meet regulatory or other governmental requirements.

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

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

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

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

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

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

Disclosure Notice Concerning The Medical Information Bureau

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

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

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

CONTINUATION OF COVERAGE

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

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

DENTAL BENEFITS

VISION BENEFITS

TELEMEDICINE BENEFITS

SUPPLEMENTAL/VOLUNTARY POLICIES

Your individual supplemental/voluntary policies through Colonial Life are portable! To transfer your benefits from payroll deduction to direct billing or automatic bank draft, please call Employee Services at 800-387-5955 within 30 days of becoming unemployed, switching careers, or retiring.

TRANSFERRING EMPLOYERS?

If you are transferring from a current PGB client to another, some benefits may be eligible for transfer. Please call Employee Services at 800-387-5955 for assistance.

Please visit **www.piercegroupbenefits.com/individualcoverage** or call **800-387-5955** for more information on these policies, as well as to enroll/continue your benefits.

PIERCE GROUP BENEFITS

ABOUT PIERCE GROUP BENEFITS

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

SCAN TO VIEW YOUR CUSTOM BENEFITS MICROSITE