









# **EMPLOYEE BENEFITS GUIDE 2024**

**PLAN YEAR:** 

JULY 1, 2024 - JUNE 30, 2025





# EMPLOYEE BENEFITS GUIDE

## **TABLE OF CONTENTS**

Welcome to City of Kannapolis's 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:**

May 9, 2024 - May 22, 2024

## **PLAN YEAR & EFFECTIVE DATES:**

July 1, 2024 - June 30, 2025

#### **IMPORTANT NOTE & DISCLAIMER**

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



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



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

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# **IMPORTANT CONTACT INFORMATION**

	Carrier	Phone Number	Fax Number	Website
Flexible Spending Accounts	Flores	800-532-3327	800-726-9982	www.flores247.com
Health Insurance	Blue Cross Blue Shield	1-888-206-4697	-	www.bcbsnc.com
Dental Insurance	Sun Life	1-800-247-6875	563-242-0184	www.sunlife.com/us
Vision Insurance	EyeMed Vision	1-866-804-0982	-	www.eyemed.com
Disability Benefits	Sun Life	1-800-247-6875	563-242-0184	www.sunlife.com/us
Life Insurance	Sun Life	1-800-247-6875	563-242-0184	www.sunlife.com/us
EAP	McLaughlin Young	1-800-633-3353	704-529-5917	www.mygroup.com
To View Your Benefits Online	Pierce Group Benefits	1-888-662-7500	984-225-2605	www.PierceGroupBenefits.com/ CityofKannapolis
Supplemental Benefits	Colonial Life	Customer Service & Wellness Screenings 1-800-325-4368 TDD For Hearing Impaired Customers 1-800-798-4040	1-800-880-9325	www.coloniallife.com

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

# **ELIGIBILITY REQUIREMENTS**

#### **CURRENT EMPLOYEE?**



#### **OPEN ENROLLMENT DATES:**

May 9, 2024 - May 22, 2024

#### **PLAN YEAR & EFFECTIVE DATES:**

July 1, 2024 - June 30, 2025

#### **ELIGIBILITY** -

 Employees must work 30 hours or more per week.

#### **NEW HIRE?**



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

All Benefits - Please call the Service Center within 7 days of your hire. The Service Center 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/CityofKannapolis



# **OVERVIEW OF BENEFITS**

# PRE – TAX BENEFITS



#### **Health Insurance**

Blue Cross Blue Shield



#### **Flexible Spending Accounts**

**Flores** 

- Medical Reimbursement: \$2,500/year Max
- Dependent Care Reimbursement: \$5,000/year Max
- Limited Medical Reimbursement: \$2,500/year Max
- \*You will need to re-enroll in the Flexible Spending Accounts if you want them to continue next year.

If you do not re-enroll, your contribution will stop effective June 30, 2024.



#### **Health Savings Accounts\***

Contact HR



#### **Dental Insurance**

Sun Life



#### **Vision Insurance**

**EyeMed Vision** 



#### **Cancer Benefits**

Colonial Life



#### **Accident Benefits**

Colonial Life



#### **Medical Bridge Benefits**

**Colonial Life** 

# **POST – TAX BENEFITS**



#### **Short-Term Disability Benefits**

Sun Life

(Employer Paid)



#### **Short-Term Disability Benefits**

**Colonial Life** 



#### **Long-Term Disability Benefits**

Sun Life



#### **Critical Illness Benefits**

Colonial Life



#### **Life Insurance**

Colonial Life

- Term Life Insurance
- Whole Life Insurance



#### **Group Term Life Insurance**

Sun Life

# **ADDITIONAL BENEFITS**



#### **Employee Assistance Program**

McLaughlin Young

**When do my benefits start?** The plan year for Flores Spending Accounts, Blue Cross Blue Shield Health Insurance, Sun Life Dental, EyeMed Vision, Sun Life Disability Benefits, Sun Life Group Term Life Insurance, and Colonial Insurance products runs from July 1, 2024 through June 30, 2025.

**When do my deductions start?** Deductions for Flores Spending Accounts, Blue Cross Blue Shield Health Insurance, Sun Life Dental, EyeMed Vision, Sun Life Disability Benefits, Sun Life Group Term Life Insurance, and Colonial Insurance products start July 2024 for all eligible employees.

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

**What is an EAP?** Your employer offers an Employee Assistance Program (EAP) for you and your eligible family members. An EAP is an employer-sponsored benefit that offers confidential support and resources for personal or work-related challenges and concerns. Please see the EAP pages of this benefit guide for more details and contact information.

How do Flexible Spending Account (FSA) funds work, and do my FSA funds have to be used by a specific deadline? Flexible Spending Account expenses must be incurred during the plan year to be eligible for reimbursement. After the plan year ends, an employee has 60 days to submit claims for incurred qualified spending account expenses (or 60 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 \$550 into the next plan year. Any remaining funds beyond \$550 is forfeited under the "Use It or Lose It" rule.

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

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

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

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

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

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

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

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

Qualifying Life Event	Action Required	Result If Action Is Not Taken
New Hire	Make elections within 7 days of hire date documentation is required.	You and your dependents are not eligible until the next annual Open Enrollment period.
Marriage	Add your new spouse to your elections within 30 days of the marriage date. A copy of the marriage certificate must be presented.	Your spouse is not eligible until the next annual Open Enrollment period.
Divorce	Remove the former spouse within 30 days of the divorce. Proof of the divorce will be required. A copy of the divorce decree must be presented.	Benefits are not available for the divorced spouse and will be recouped if paid erroneously.
Birth or Adoption of a Child	Enroll the new dependent in your elections within 30 days of the birth or adoption date, even if you already have family coverage. A copy of the birth certificate, mother's copy of birth certificate, or hospital discharge papers must be presented. Once you receive the child's Social Security Number, don't forget to update your child's insurance information record.	The new dependent will not be covered until the next annual Open Enrollment period.
Death of a Spouse or Dependent	Remove the dependent from your elections within 30 days from the date of death. Death certificate must be presented.	You could pay a higher premium than required and you may be overpaying for coverage required.
Change in Spouse's Employment or Coverage	Add or drop benefits from your elections within 30 days of the event date. A letter from the employer or insurance company must be presented.	You will not be able to make changes until the next annual Open Enrollment period.
Part-Time to Full-Time or Vice Versa	Change your elections within 30 days from the employment status change to receive COBRA information or to enroll in benefits as a full-time employee. Documentation from the employer must be provided.	Benefits may not be available to you or your dependents if you wait to enroll in COBRA. Full-time employees will have to wait until the next annual Open Enrollment period.

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

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

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

#### **IN-PERSON**

During your open enrollment period, a PGB Benefits Representative will be available by appointment to meet with you one-on-one to help you evaluate your benefits based on your individual and family needs, answer any questions you may have, and assist you in the enrollment process.



#### **OPEN ENROLLMENT PERIOD:**

MAY 9, 2024 - MAY 22, 2024

## **BENEFIT ELECTION OPTIONS**

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

- Enroll in, change, or cancel Health Insurance.\*
- Enroll/Re-Enroll in Flexible Spending Accounts.+
- Enroll in, change, or cancel Dental Insurance.\*
- Enroll in, change, or cancel Vision Insurance.\*
- Enroll in, change, or cancel Group Term Life Insurance.\*
- Enroll in, change, or cancel Short-Term Disability Insurance.
- Enroll in, change, or cancel Long-Term Disability Insurance.\*
- 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.

\*Employees will need to enroll/re-enroll in Health, Dental, Vision, Voluntary Group Term Life, and Long-Term Disability for the new plan 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 Service Center Specialists, and more on your personalized benefits website. To view your custom benefits website, visit:

www.PierceGroupBenefits.com/CityofKannapolis



#### City of Kannapolis July 1, 2024 - June 30, 2025 Health Plan Highlight

BlueCross BlueShield of North Carolina	Blue Cross Blue Shield of NC			
	Blue Options PPO Plan	Blue Options HSA Plan		
In-Network Benefits	Member Pays	Member Pays		
Primary Care	\$30	Deductible then 20%		
Specialty Care	\$60	Deductible then 20%		
Urgent Care	\$50	Deductible then 20%		
Emergency Room	\$150	Deductible then 20%		
Preventive Services	100%	100%		
Individual Deductible	\$1,500	\$1,600		
Family Deductible	\$3,000	\$3,200		
Individual OOP Max	\$6,350	\$3,200		
Family OOP Max	\$12,700	\$6,400		
Outpatient Services	Deductible then 20%	Deductible then 20%		
npatient Services	Deductible then 20%	Deductible then 20%		
Maternity	Deductible then 20%	Deductible then 20%		
Physical Therapy/OCC Therapy/Speech Therapy Copay (visit	#20/#C0			
limits apply)	\$30/\$60	Deductible then 20%		
Lifetime Maximums per Member	Unlimited	Unlimited		
Preventive over-the-counter medications and PRESCRIPTION contraceptive drugs and devices as listed at www.BlueCrossNC.com/preventive	No Charge for ALLOWED AMOUNT	No Charge for ALLOWED AMOUNT		
Prescriptions: Quantity Limits May Apply on Certain Drugs	See Tiers Below	See Tiers Below		
Prescription Drug Deductible	\$100 per member per benefit period			
Tier 1	\$10	Deductible then 20%		
Tier 2	\$10	Deductible then 20%		
Tier 3	\$35	Deductible then 20%		
Tier 4	\$55	Deductible then 20%		
Tier 5	\$55	Deductible then 20%		

You may pay a different amount than listed above if you choose a BRAND-NAME PRESCRIPTION DRUG instead of a GENERIC PRESCRIPTION DRUG. If you decide you want the BRAND-NAME drug on the higher tier instead of the GENERIC equivalent on the lower tier, you will pay the BRAND-NAME copayment or coinsurance plus the cost difference between the BRAND-NAME ALLOWED AMOUNT and the GENERIC ALLOWED AMOUNT.

#### Prior Authorization may be required for certain services

This is a Highlight of Benefits Only. Please refer to Blue Cross Blue Shield Plan Documents at www.piercegroupbenefits.com/CityofKannapolis for additional information

#### City of Kannapolis July 1, 2024 - June 30, 2025

Health

Blue Options HSA Plan	Employee Only	Employee + Spouse	Employee + 1 Child	Employee + Children	Employee + Family
Total Monthly Premium	\$780.00	\$1,280.00	\$930.00	\$1,080.00	\$1,720.00
Employer Monthly Contribution	\$780.00	\$780.00	\$780.00	\$780.00	\$780.00
Employee Monthly Contribution	\$0.00	\$500.00	\$150.00	\$300.00	\$940.00
Employee per 24-Deduction Pay Period	\$0.00	\$250.00	\$75.00	\$150.00	\$470.00

Non-Wellness - Employees who elect not to participate or are non-compliant with the Wellness Program add \$50 per pay for each premium listed above. For eligible employees enrolled in the Blue Options HSA Plan: The City of Kannapolis will contribute a lump sum of \$2,200 to the employee's Health Savings Account. Employees may open a Health Savings Account at the Local Government Employees Credit Union (LGFCU) which offers an HSA with no fee, or at the financial institution of their choice. Please Contact Wendy Hartsell or Justin Palmer prior to opening the HSA account at another financial institution other than LGFCU or SECU for approval.

Blue Options Copay Plan	Employee Only	Employee + Spouse	Employee + 1 Child	Employee + Children	Employee + Family
Total Monthly Premium	\$895.00	\$1,585.00	\$1,102.00	\$1,332.00	\$2,206.00
Employer Monthly Contribution	\$780.00	\$780.00	\$780.00	\$780.00	\$780.00
Employee Monthly Contribution	\$115.00	\$805.00	\$322.00	\$552.00	\$1,426.00
Employee per 24-Deduction Pay Period	\$57.50	\$402.50	\$161.00	\$276.00	\$713.00

Non-Wellness - Employees who elect not to participate or are non-compliant with the Wellness Program add \$50 per pay for each premium listed above. For eligible employees enrolled in the Blue Options PPO Plan: The City of Kannapolis will contribute a lump sum of \$2,000 to the employee's Health Reimbursement Account (HRA). The HRA is administered by Flores & Associates. A maximum of \$3,500 per year will be rolled over from the previous plan year and will be available October 1st. If you are changing from the Copay plan to the HSA plan, federal tax laws require that any remaining balance in your HRA account of as 06/30/24 will be suspended. For this reason, it is recommended that any balances be spent by 06/30/24.

Dental Basic

Sun Life New Carrier!	Employee Only	Employee + Spouse	Employee + Children	Family
Total Monthly Premium	\$27.33	\$52.79	\$76.36	\$86.72
City Contribution	\$27.33	\$27.33	\$27.33	\$27.33
Employee Monthly Premiums	\$0.00	\$25.46	\$49.03	\$59.39
Employee per 24 Deduction Pay Period	\$0.00	\$12.73	\$24.52	\$29.70

Dental High

Sun Life New Carrier!	Employee Only	Employee + Spouse	Employee + Children	Family
Total Monthly Premium	\$35.64	\$72.23	\$100.37	\$111.63
City Contribution	\$27.33	\$27.33	\$27.33	\$27.33
Employee Monthly Premiums	\$8.31	\$44.90	\$73.04	\$84.30
Employee per 24-Deduction Pay Period	\$4.16	\$22.45	\$36.52	\$42.15

Vision

New Carrier!	Employee Only	Employee + Spouse	Employee + Children	Family
Total Monthly Premium	\$6.03	\$12.55	\$11.78	\$18.68
City Contribution	\$6.03	\$6.03	\$6.03	\$6.03
Employee Monthly Premiums	\$0.00	\$6.52	\$5.75	\$12.65
Employee per 24 -Deduction Pay Period	\$0.00	\$3.26	\$2.88	\$6.33

# City of Kannapolis

**Deductible HRAF Summary** 

7/1/2024 through 06/30/2025 Claims Filing Deadline: August 31, 2025

# **Benefit Summary**

The HRA will reimburse all 213(d) expenses up to a maximum of \$2,000 annually.

The plan allows for up to a \$3000 rollover of unused funds.

# Reimbursement Process

1

2

\_

3

Incur an eligible expense and obtain an Explanation of Benefits (EOB) from your insurance carrier or an Itemized Statement from the provider.

If your EOB shows you have incurred an HRA eligible expense, submit your EOB along with a copy of your Claim Form to Flores for processing.

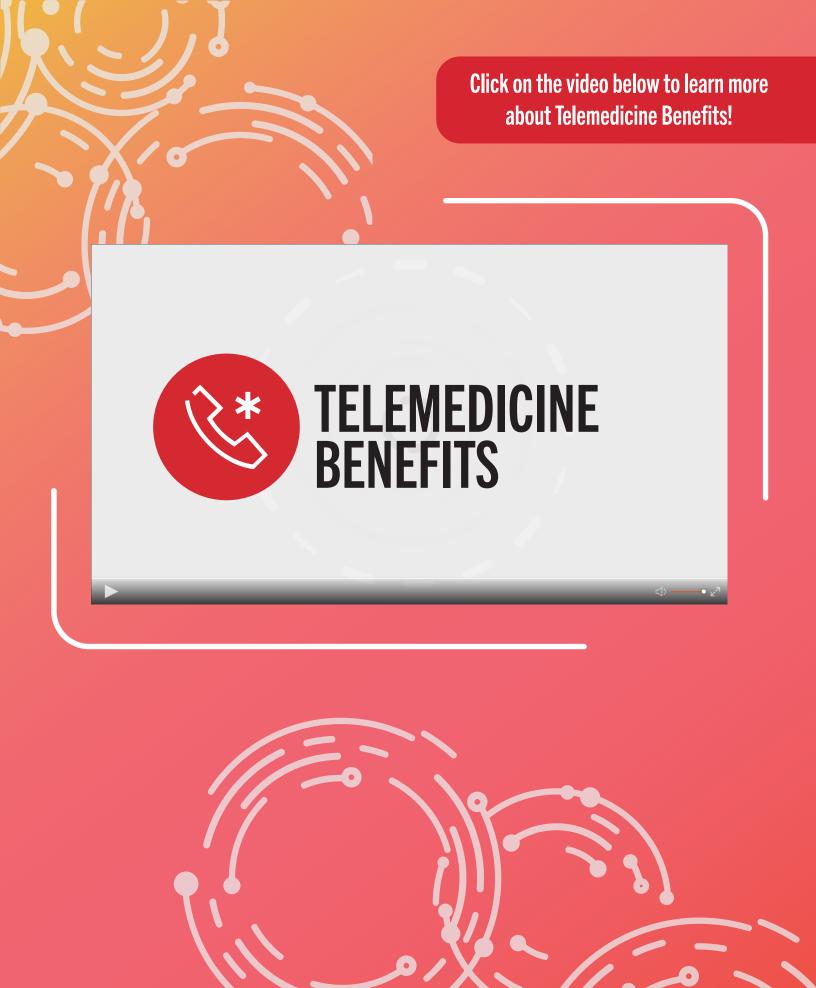
Claims can be submitted either by upload at www.flores247.com, uploaded using the Flores Mobile application, by fax, or by mail.

HRA claims are processed for reimbursement on a weekly basis. If an email address is on file, you will be sent an email notification when we receive your claim and after your request is processed.

Reimbursement will be sent by check, mailed to your home address, or by direct deposit, if you have provided your banking information to Flores



PO Box 31397, Charlotte, NC 28231 | 800-532-3327 | www.flores247.com





# **FAQs**

# Teladoc telehealth services for minor acute care and behavioral health<sup>1</sup>

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is excited to offer telehealth services from Teladoc. With telehealth, you can see or speak with a board-certified doctor or behavioral health specialist via phone, computer or the Teladoc app. Teladoc's doctors can diagnose symptoms, prescribe non-narcotic medication (if needed) and send e-prescriptions to your local pharmacy.<sup>2</sup>

Telehealth is a good care option for minor health problems when you can't see your regular doctor. It's also a convenient choice when you want to speak to a counselor or therapist. Below, you'll find answers to questions you may have about this benefit.

#### **GETTING STARTED**

#### Should I wait until I'm sick to create a Teladoc account?

It's best to activate your account now. That way, it's ready when you need it. (There's no charge for signing up.) Be sure to fill out your medical history profile and indicate your preferred pharmacy should you need a prescription called in.

#### Does this replace my primary care doctor?

Teladoc is a convenient alternative to your doctor for non-emergency conditions. In fact, we encourage you to list your primary care doctor when activating your Teladoc account. That way, you can share the results of your consult with them – and your medical records stay up-to-date.

#### Is it private and secure?

Absolutely. Teladoc complies with the Health Insurance Portability and Accountability Act (HIPAA). It uses secure video through your computer, tablet or the Teladoc mobile app. You may also choose to visit with a doctor by phone. Your personal health information is never shared with your employer.

#### What devices are supported?

You can access Teladoc on mobile or land lines as well as most Apple and Android mobile devices by downloading the Teladoc app. On a desktop or laptop, you'll need a high-speed internet connection, a webcam with a resolution of at least 1.3 megapixels and a microphone (most webcams have a built-in microphone). After activating your account, you can test that your computer setup will work if you've chosen a video visit.

# 3 ways to sign up today

So it's ready when you need it!



Download the Teladoc mobile app

(iOS / Android-supported)



Go to *Teladoc.com* and click "Log in/Register"



Call 1-800-835-2362 (1-800-TELADOC)

#### Please Note:

You must wait until your health plan effective date before registering for telehealth services.







#### HOW TO USE IT

#### Who are the Teladoc doctors?

All Teladoc doctors are U.S. board-certified with 20 years of experience, on average.<sup>3</sup> Their specialties include primary care, pediatrics<sup>4</sup> and family medicine. So, they can treat a wide range of conditions. For behavioral health<sup>1</sup>, Teladoc has a national network of licensed doctoral-level psychologists and master's level counselors, as well as board-certified psychiatrists. When you log in, you'll only be shown doctors licensed to practice in the state you're located in at the time of the visit.

# What is the difference between counselors and psychiatrists?

Counselors provide guidance and support by talking to you. They do not prescribe medications. Psychiatrists are medical doctors who primarily prescribe medication for the treatment of behavioral health conditions.

#### Can a doctor prescribe medication from a consult?

If the Teladoc doctor believes a prescription is needed, he or she can write one for non-narcotic medicines.<sup>2</sup> It's sent electronically to your pharmacy of choice.

#### Can I use this for my child?

Yes. Teladoc has pediatricians on call. When you register, set up your child's record under your account. Parents must be present on any consult for children under age 18.

#### Can I rate the Teladoc doctors I see?

We encourage it! After a consult, you'll get a survey to give feedback on the doctor you saw. The results are reviewed for quality as part of Teladoc's continuous improvement process. Teladoc's internal medical board also reviews randomly selected appointments.

#### I have a question that isn't listed here. What should I do?

For questions about Teladoc, visit *Teladoc.com*. For questions about your insurance, please call the phone number on your Blue Cross NC member ID card.

#### What does it cost?

With Teladoc, the cost is transparent. You'll see prices once you log in to your account. This means you know what you'll be paying before you start a consult. You'll only be charged after you choose to consult with an Teladoc doctor – and your appointment time and payment details are confirmed. Teladoc accepts most major credit and debit cards, and it's a qualified expense for HSAs, HRAs and FSAs. You can cancel an appointment for a full refund if it's at least 24 hours in advance.

Teladoc Acute Care and Behavioral Health Consultation Fees*				
Type of Provider/Visit	Fee			
Initial Psychiatric Visit	\$180			
Ongoing Psychiatric Visits for Individual/Family	\$95			
Initial Therapist Visit**	\$95			
Ongoing Therapist Visits**	\$85			
General Medicine / Acute Care	\$55			

<sup>\*</sup> The fees noted are the most you will pay for a service. Some plans will have a copay or deductible and coinsurance based on what your employer has chosen. Once you register, your Teladoc portal will reflect the correct cost share for your plan. Teladoc charges a flat fee regardless of length of visit, but consultation fees vary by type of provider/visit. Member's cost share will apply. Employers may pay up to these amounts depending on plan. HSA plans are subject to deductible.





<sup>\*\*</sup> Therapists include psychologists, licensed social workers and family therapists.



#### WHEN TO USE IT

#### When can I use Teladoc?

Phone and video consults are available 24 hours a day, seven days a week (including holidays) for minor acute care. Behavioral health services are available by appointment seven days a week.

#### Is it right for any medical problem?

Teladoc is designed to handle non-emergency medical conditions like the flu or pink eye. It's not intended to replace your primary care doctor. And it should not be used in medical emergencies. If you have a life-threatening emergency, call 911 right away.

#### What conditions can Teladoc treat for acute care?

Teladoc's doctors can diagnose and treat many nonemergency health problems:

- Allergies
- Cough, cold and flu
- Diarrhea
- Ear problems
- Fever<sup>4</sup>
- Headaches

- Insect bites
- Nausea and vomiting
- Sinus problems
- Sore throat
- Urinary problems<sup>4</sup>
- And more

#### What hehavioral health conditions\* can Teladoc address?

Just like with acute care, Teladoc can support you when you're facing a wide range of conditions:

- Addictions
- Anxiety
- Depression
- Grief and loss
- Stress
- Substance use
- Relationship issues
- And more

#### Can I use Teladoc when I travel?

Yes. Phone and video consultations are available in every state.<sup>5</sup> Teladoc ensures the doctor or behavioral health specialist you see is fully licensed to practice medicine in the state you're in.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el everso de su tarjeta del seguro para obtener ayuda.

- 1 Behavioral health telehealth is currently only available to members 18+.
- 2 Some state laws require that a doctor only prescribe medication in certain situations and subject to certain limitations.
- 3 Source: Teladoc Health General Medicine brochure: assets.ctfassets.net//3v9j0ltz3yi/73VhGDN96SJh2DTdtZs0XV/42ec6017429167ea0645ad2b8b183c04/General\_Medical\_Sell\_Sheet.pdf
- 4 Children under 36 months who present with fever must be referred to their pediatrician (medical home), child-friendly urgent care center or emergency department for clinical evaluation and care. Teladoc doctors may not treat any children with urinary symptoms. Parent/guardian will be required to complete a different medical history disclosure form for children under the age of 36 months prior to making an appointment with an Teladoc doctor.
- 5 Consultations can only be held within the United States.

Teladoc is an independent company that is solely responsible for the telehealth services it is providing. Teladoc interactive consultations are available 24 hours a day, 7 days a week. Teladoc does not offer Blue Cross or Blue Shield products or services. Telehealth services are subject to the terms and conditions of the member's health plan, including benefits, limitations and exclusions. Telehealth services are not a substitute for emergency care.

Teladoc does not replace your primary care doctor and is not an insurance product. Teladoc is subject to state regulations. Teladoc does not prescribe DEA-controlled substances and may not prescribe nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc does not guarantee patients will receive a prescription. Health care professionals using the platform have the right to deny care if, based on professional judgment, a case is inappropriate for telehealth or for misuse of services. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. For complete terms of use, visit member.teladoc.com/terms/terms\_of\_use.

BLUE CROSS®, BLUE SHIELD®, and the Cross and Shield symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and trade names are the property of their respective owners. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. U13304a, 4/22









#### YOUR STEPS TO SAVINGS!

- REALIZE THE TAX SAVINGS

  You can set aside pre-tax money into an account to be reimbursed for eligible medical expenses.

  Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$2,500 you would save \$625 in taxes.
- Plan for your upcoming expenses and include your spouse and dependents, if eligible. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at www.flores247.com.
- 3 ENROLL AND MANAGE YOUR ACCOUNT
  Contact your Human Resources Department to
  find out how to enroll for this benefit. Flores will
  send a custom Participant ID number via mail or
  email to help you manage your account. Contact
  information can be found on the back of this flyer.

THAT ARE NOT PAID BY YOUR EXISTING HEALTH CARE PLAN.

#### **ELIGIBLE EXPENSES**

- Medical co-payments, co-insurance and deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses (including eye exams, eyeglasses and contact lenses)
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Over-the-counter Medications
- Menstrual Care Items
- COVID-19 Related PPE

# HEALTH CARE FSA FAQs

# FREQUENTLY ASKED QUESTIONS

HOW CAN I SUBMIT A CLAIM? Claims may be uploaded to your account on our participant Flores247 Web Portal, www.flores247.com, or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

WHAT MUST BE INCLUDED ON RECEIPTS? All receipts for reimbursement must include the following information: Date of service, Description of Service, Out-of-Pocket Cost, Provider Name, and Patient Name.

**WILL I HAVE A DEBIT CARD?** Possibly. If your plan offers the debit card, you can use your Flores Benefits Card at the point of purchase. Remember to keep all of your receipts in case they are requested for review.

#### DO I NEED TO RE-ENROLL IN THE HEALTH CARE FSA

**EACH YEAR?** Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

#### WHEN WILL I HAVE ACCESS TO THE FUNDS IN MY

**HEALTH CARE FSA?** After your first Health Care FSA contribution to the plan, you will have access to the total amount you have elected for the plan year, regardless of the current balance in your flexible spending account.

CAN I SUBMIT MY SPOUSE'S / DEPENDENT'S MEDICAL EXPENSES TO MY HEALTH CARE FSA? Regardless of who is covered on your medical insurance, the Health Care FSA may reimburse expenses for your spouse or any qualifying tax or adult dependent.

HOW WILL REIMBURSEMENTS BE ISSUED? Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website (www.flores247.com) or submit a completed Direct Deposit Information Form. If your plan offers the debit card, you may use this card at the point of purchase to access your FSA dollars.

**CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?** You may only change your annual election during the plan year if you experience a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website (www.flores247.com) for further information.

WHAT HAPPENS TO MY HEALTH CARE FSA IF I TERMINATE FROM THE COMPANY? Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. In certain situations you may be eligible to continue your participation in the Health Care FSA through the election of COBRA. Please contact your Human Resource Department for further information.

WILL UNUSED FUNDS ROLLOVER TO THE NEXT YEAR? Possibly. If your employer has adopted the FSA carryover, any unused balance up to \$550 that remains in your account as of the last day of the plan year will roll into the new plan year for you to be able to use towards eligible expenses you incur during the new plan year.

#### HOW DO I OBTAIN MY ACCOUNT DETAILS?



#### **WEBSITE**

Visit www.flores247.com and log in using Participant ID or User Name and password



#### **MOBILE APP**

Download our mobile app from your app store



PID & PASSWORD ASSISTANCE Dial 800.840.7684

#### **HOW DO I SUBMIT DOCUMENTS TO FLORES?**

#### **ONLINE**

Visit www.flores247.com and upload documents securely

#### **MOBILE**

Download Flores Mobile app Available for Apple or Android devices

#### MAIL

Flores & Associates, LLC PO Box 31397 Charlotte, NC 28231

#### FAX

800.726.9982 or 704.335.0818

Revised 11/23

# THE FSASTORE: FLEX SPENDING WITH ZERO GUESSWORK

# Your Health, Your Funds, Your Choice

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



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

#### Other Great FSA store Resources Available To You:

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

Shop FSA Eligible Products
Through Our Partnership with
The FSA Store!
BONUS: Get \$20 off any
order of \$150+ with code

PGB20FSA

(one use per customer)





# Dental Insurance



#### COMMONLY COVERED

- Exams and cleanings
- X-rays
- Fillings
- Tooth extractions
- Child braces

#### PROTECTS YOUR SMILE.

You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

#### PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

#### LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

Your employer is offering you a choice of two dental plans. Please review the information for both the basic and enhanced plans. Then, choose the one plan that best fits your needs.

#### **DENTAL FAST FACTS**

Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.1

50% of adults over the age of 30 are suffering from periodontal disease.<sup>2</sup>

CITY OF KANNAPOLIS
All Eligible Employees
POLICY # 967100

Sun Life Assurance Company of Canada

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CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$1,000 per person (includes Preventive Rewards)	\$1,000 per person (includes Preventive Rewards)
Type IV Ortho Service	\$1,000 lifetime per child	\$1,000 lifetime per child

#### **CALENDAR YEAR DEDUCTIBLE**

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family
Type IV Ortho Services	N/A	N/A

#### THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%
Type IV Ortho Services	50%	50%

#### **SERVICES**

#### Type I Preventive Dental Services, including:

- Oral evaluations 2 in any calendar year
- Routine dental cleanings 2 in any calendar year (frequency combined with periodontal maintenance)
- Fluoride treatment 1 in any 6 month period. Only for children under age 16
- Sealants no more than 1 per tooth in any 36 month period, only for permanent molar teeth. Only for children under age 16
- Bitewing x-rays 1 in any calendar year
- Intraoral complete series x-rays 1 in any 36 month period
- Genetic test for susceptibility to oral diseases

#### **Type II Basic Dental Services, including:**

- New fillings, including posterior composites
- Space maintainers only for children under age 19
- · Simple extractions, incision and drainage
- Localized delivery of antimicrobial agents

#### Type III Major Dental Services, including:

- Dentures and bridges subject to 5 year replacement limit
- Stainless steel crowns— only for children under age 19
- Inlay, onlay, and crown restorations 1 per tooth in any 5 year period
- Dental implants subject to 5 year replacement limit
- Surgical extractions of erupted teeth, impacted teeth,

- or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) 1 per tooth in any 24 month period
- Complex oral surgery
- General anesthesia/IV sedation medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing 1 in any 24 month period per area
- Periodontal maintenance 1 time in 3 consecutive months, frequency combined with routine dental cleanings and limited to 4 in any 12 consecutive months
- Major gum disease (surgical periodontics)

#### Type IV Ortho Services, including:

Orthodontic treatment is limited to your dependent children

#### **Waiting Periods**

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic or major services
- No waiting period for orthodontic services

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$1,500 per person (includes Preventive Rewards)	\$1,500 per person (includes Preventive Rewards)
Type IV Ortho Service	\$1,000 lifetime per child	\$1,000 lifetime per child

#### **CALENDAR YEAR DEDUCTIBLE**

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family
Type IV Ortho Services	N/A	N/A

#### THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	60%	60%
Type IV Ortho Services	50%	50%

#### **SERVICES**

#### **Type I Preventive Dental Services, including:**

- Oral evaluations 2 in any calendar year
- Routine dental cleanings 2 in any calendar year (frequency combined with periodontal maintenance)
- Fluoride treatment 1 in any 6 month period. Only for children under age 16
- Sealants no more than 1 per tooth in any 36 month period, only for permanent molar teeth. Only for children under age 16
- Bitewing x-rays 1 in any calendar year
- Intraoral complete series x-rays 1 in any 36 month period
- Genetic test for susceptibility to oral diseases

#### **Type II Basic Dental Services, including:**

- New fillings, including posterior composites
- Space maintainers only for children under age 19
- Simple extractions, incision and drainage
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) 1 per tooth in any 24 month period
- General anesthesia/IV sedation medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing 1 in any 24 month period per area

- Periodontal maintenance 1 time in 3 consecutive months, frequency combined with routine dental cleanings and limited to 4 in any 12 consecutive months
- Localized delivery of antimicrobial agents
- Major gum disease (surgical periodontics)

#### **Type III Major Dental Services, including:**

- Dentures and bridges subject to 5 year replacement limit
- Stainless steel crowns— only for children under age 19
- Inlay, onlay, and crown restorations 1 per tooth in any 5 year period
- Dental implants subject to 5 year replacement limit

#### **Type IV Ortho Services, including:**

Orthodontic treatment is limited to your dependent children

#### **Waiting Periods**

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic or major services
- No waiting period for orthodontic services

#### Frequently asked questions (basic plan)

#### How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these prenegotiated discounted fees on eligible claims.

#### How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Focus Dental Network® with 125,000+ unique dentists³.

#### Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pockets costs when you visit a dentist in the network.

#### Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>4</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>5</sup>

# What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

#### Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life P.O. Box 2940 Clinton, IA 52733

# How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

#### What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as up to four periodontal cleanings in a year<sup>6,7</sup>, tooth-colored fillings for back teeth and brush biopsies for the early detection of oral cancer.

Your plan also includes Preventive Rewards so you can get up to \$1000 added to your annual maximum for the next year. The amount added is based on your paid claims for preventive services during the prior year.

# CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$500.

- 1. American Academy of Periodontology https://www.perio.org/consumer/gum-disease-and-other-diseases (accessed 07/21).
- 2. American Academy of Periodontology https://www.perio.org/newsroom/periodontal-disease-fact-sheet (accessed 07/21).
- 3. Zelis Network Analytics data as of January 2022 and based on unique dentist count. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals. 4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
- 5. Please see your employer for more specific information.
- 6. Classification of services varies by plan design.
- 7. Total number of combined prophylaxis cleaning and periodontal maintenance procedures cannot exceed 4 in a 12 month period.

Read the Important information section for more details including limitations and exclusions

#### Frequently asked questions (enhanced plan)

#### How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these prenegotiated discounted fees on eligible claims.

#### How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Focus Dental Network® with 125,000+ unique dentists³.

#### Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pockets costs when you visit a dentist in the network.

#### Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>4</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>5</sup>

# What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

#### Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life P.O. Box 2940 Clinton, IA 52733

# How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

#### What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as up to four periodontal cleanings in a year<sup>6,7</sup>, tooth-colored fillings for back teeth and brush biopsies for the early detection of oral cancer.

Your Enhanced plan also includes Preventive Rewards so you can get up to \$1250 added to your annual maximum for the next year. The amount added is based on your paid claims for preventive services during the prior year.

# CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$500.

- 1. American Academy of Periodontology https://www.perio.org/consumer/gum-disease-and-other-diseases (accessed 07/21).
- 2. American Academy of Periodontology https://www.perio.org/newsroom/periodontal-disease-fact-sheet (accessed 07/21).
- 3. Zelis Network Analytics data as of January 2022 and based on unique dentist count. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals. 4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
- 5. Please see your employer for more specific information.
- 6. Classification of services varies by plan design.
- 7. Total number of combined prophylaxis cleaning and periodontal maintenance procedures cannot exceed 4 in a 12 month period.

Read the Important information section for more details including limitations and exclusions

## Important information

#### **Benefit adjustments**

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

#### l ate entrant

If you or a dependent apply for dental insurance more than 31 days after you become eligible, you or your dependent are a late entrant. The benefits for the first 12 months for late entrants will be limited as follows:

TIME INSURED CONTINUOUSLY UNDER THE POLICY	BENEFITS PROVIDED FOR ONLY THESE SERVICES
Less than 12 months	Preventive and Basic Services
At least 12 months	Preventive, Basic, Major and Ortho Services

We will not pay for treatments subject to the late entrant limitation, and started or completed during the late entrant limitation period.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

#### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

#### **Dental**

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit. Dental procedures for Orthodontics; TMJ; replacing a tooth missing prior the effective date; implants and implant related services; or occlusal guards for bruxism are not covered unless coverage is elected or mandated by the state.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

This plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act (PPACA).

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01.

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GVBH-EE-8384 SLPC 29579

# Rates

Coverage and semi-monthly cost for Dental.

Rates are effective as of July 1, 2024.

Dental coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

#### Basic plan

Coverage	Cost per pay period*	
Employee	\$0.00	
Employee + Spouse	\$12.73	
Employee + Child(ren)	\$24.52	
Employee + Family	\$29.70	

#### Enhanced plan

Coverage	Cost per pay period*
Employee	\$4.16
Employee + Spouse	\$22.45
Employee + Child(ren)	\$36.52
Employee + Family	\$42.15

<sup>\*</sup>Contact your employer to confirm your part of the cost.

# Preventive Rewards



#### Rewarding annual preventive care

Sun Life PPO dental plans with our Preventive Rewards option rewards employees for getting annual preventive care. Dental members can get additional maximum dollars added to their benefits based on their paid claims for preventive services. This promotes preventive care while providing additional maximum dollars for future years when they might need additional services. The additional maximum dollars can be spent on any covered services<sup>1</sup>, not just preventive services.

Preventive Rewards is available with any of our PPO dental plans – including Administrative Services Only (ASO) plans. We have options for the following annual maximum amounts:

Plan annual maximum	Reward amount	Maximum reward
\$500		\$500
\$750	Based on paid claims for preventive services	\$500
\$1,000		\$1,000
\$1,200		\$1,200
\$1,250		\$1,250
\$1,500		\$1,250
\$1,750		\$1,250
\$2,000		\$1,500
\$2,500		\$1,500
\$3,000		\$1,500

#### How does Preventive Rewards work?

Let's say you have a \$1,500 annual maximum plus Preventive Rewards on your plan. When a dental member has paid claims for preventive services in a year, they can rollover the amount of those paid claims, up to \$1,250, for future years. They can get additional rewards each year until they hit \$1,250. This rewards dental members for getting preventive treatments while increasing their annual maximum dollars for future treatments.



1. The additional maximum dollars cannot be used for orthodontia services.

This dental plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by the Patient Protection and Affordable Care Act. ("PPACA").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI) under Policy Form Series 15-GP-01 and 16-DEN-C-01. Administrative Services Only services for self-funded dental plans are administered by SLOC in all states except New York. In New York, they are administered by SLHIC. Product offerings may not be available in all states and may vary depending on state laws and regulations. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For cost and complete details of the coverage, please contact the company.

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40% off

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including nonprescription sunglasses

## Frequency

#### **Exam**

once every plan year

#### **Frame**

once every plan year

#### Lens

once every plan year

#### Contact Lens

once every plan year

(Plan allows member to receive either contacts and frame, or frames and lens services)

# City of Kannapolis

Insight network

	CHEDULE OF BENEFITS	
VISION CARE	IN-NETWORK	OUT-OF-NETWORK
SERVICES	MEMBER COST	MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP	,	
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME	·	
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$105
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal/Lenticular	\$10 copay	Up to \$70
Progressive - Standard	\$65 copay	Up to \$50
Progressive - Premium Tier 1 - 4	\$95 - <i>22</i> 5	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 100	Up to \$23
Photochromic - Non-Glass	\$ <i>7</i> 5	Not covered
Polycarbonate - Standard	\$40	Not covered
Scratch Coating	\$15	Not covered
Tint	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$105
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$105
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing aids; call 1.877.203.0675	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered

Log into eyemed.com/member to see all plans included with your benefits. EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states memb

# Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

#### Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

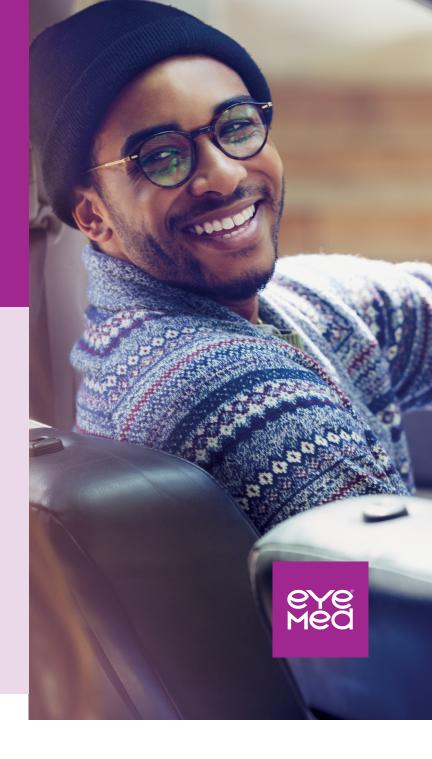
#### Keep your eyes open for extra discounts

Members already save an average 76% off retail using their EyeMed benefits, <sup>1</sup> but our long list of special offers takes benefits even further.

#### Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

<sup>1</sup>Based on weighted average of sample transactions: EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$150 frame or contact lens allowance. 2021 EyeMed Commercial BOB stats.





# Create a member account at eyemed.com/member

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).







#### **Employee Health Clinic**

Synergy Healthcare manages and staff the Employee Health Clinic. Participants who complete the Health Risk Assessment and are compliant with their recommended healthy life plan can utilize the clinic. Most services are provided at no change; however, some visits may be covered with a minimal charge in accordance with the HAS medical plan.

Spouses covered by the City's medical plan can also use the Employee Health Clinic. **To use the services of the clinic, spouses must complete a Health Risk Assessment.** 

A licensed, certified Nurse Practitioner staffs the Employee Health Clinic. Each appointment will be scheduled for 15-20 minutes. Schedule your appointment via this link: <a href="https://www.timecenter.com/cityofkannapolis">https://www.timecenter.com/cityofkannapolis</a>

If the scheduler is full, please reach out to Kelli by email (kmiller@kannapolis.gov) to see if she is able to work you in.

Services performed:

Treat minor medical conditions
Lab work
Monitor ongoing concerns
Provide personal education and advice

Write prescriptions (except for narcotics)
Conduct basic physical exams
Provide referrals for physician visits and diagnostics



#### **Plan Member Advocate**

Kannapolis employees and their dependents have access to a Plan Member Advocate through Synergy Healthcare to help navigate the healthcare system. The Advocate is independent of any insurance company or medical provider and can offer help and recommendations based on individual situations. The Advocate's objective is to improve the total health care experience. The City will not receive any individual health information from Synergy Healthcare.

#### Services available:

Help navigate the Health Care System and insurance
Assist with identifying and coordinating treatment with providers
Explain medical and prescription drug coverage available to assist in cost savings
Identify and coordinate treatment with providers
Assist with locating community resources, if needed
Provide information regarding Synergy Healthcare programs available.
You may receive a call from the Advocate to provide support, or you can call her



Plan Member Advocate: Teresa Gordon, RN P: 980-227-0500 E: teresag@synergyhealthcare.net

#### <u>Dietician – MDD (My Diabetes Dietician)</u>

MDD (My Diabetes Dietician will continue to manage and staff the Personal Nutrition Counseling Service providing employees, retirees, and spouses covered by the city's medical plan with an educated and professional evidenced based approach to nutrition. Participants can receive personalized meal planning based on their life stye along with education, support, and motivation for continued success.

Please reach out to Human Resources for more information and contact information.



# Basic Life Insurance



Even among people who have life insurance, about

1 in 5 say they don't have enough.1

#### PROTECTS YOUR LOVED ONES.

Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

#### HELPS PAY YOUR FINAL EXPENSES.

Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

#### PART OF YOUR BENEFIT PACKAGE.

Your employer pays for your coverage, as an employee. You are responsible for paying all or a portion of the cost for coverage for your spouse and child(ren).

BENEFITS	
For you*	1 times your Basic Annual Earnings, up to a maximum of \$100,000. No medical questions asked, up to the Guaranteed Issue amount of \$100,000.
	Benefits are reduced at age 65 and may reduce again in subsequent years as noted in your Certificate.
Dependent Coverage	<b>\$2,500</b> for your spouse and <b>\$2,500</b> for your child(ren), with no medical questions asked.
	Dependent coverage cannot exceed 100% of your coverage amount.
	A full benefit is payable for a dependent child from birth to 26. A reduced benefit of \$500 is payable for a child from 14 days to 6 months. (No benefit is payable for a child from birth to 14 days.) In order to be covered, the child must depend primarily on the employee for 50% or more of their support.

<sup>\*</sup>This coverage includes Accidental Death and Dismemberment insurance.

Dependent Life Cost: \$1.06 per 24-deduction pay

CITY OF KANNAPOLIS
All Eligible Employees
POLICY # 967100

Sun Life Assurance Company of Canada

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### Frequently asked questions

### What is my AD&D benefit?

We will pay your beneficiaries an Accidental Death insurance amount that matches your Basic Life insurance amount, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries.

### Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

### Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

### Can I access my life insurance if I become terminally ill?

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

### What happens if I become Totally Disabled?

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

### How does my beneficiary file a death claim?

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

1. LIMRA, Facts about Life 2018.

Read the *Important information* section for more details including limitations and exclusions.

### Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

#### Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

### **Accidental Death and Dismemberment**

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group life insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-LF-01, 12-GPPort-P01, 12-LFPort-C-01, 15-ADD-C-01, 13-ADD-C-01 and 13-ADDPort-C-01.

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GVBH-EE-8384 SLPC 29579

**Dependent** - Coverage and **monthly** rate Basic Life Insurance.

Rates are effective as of July 01, 2024.

Basic Life coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

See the total monthly cost of dependent coverage below and follow the example to figure out your per pay period cost

	Rate
Dependent	\$1.060

Your Monthly Cost		# of Months		Annual cost	# of pay periods per year (12,24,26,52, etc.)	Your estimated cost per pay period*
\$	x	12	=	\$	/ =	\$

<sup>\*</sup>Contact your employer to confirm the portion of the cost for which you will be responsible.

# Voluntary Life Insurance



### MORE PROTECTION FOR YOUR LOVED ONES.

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

## HELPS YOU CLOSE ANY COVERAGE GAPS.

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

### **CITY OF KANNAPOLIS**

All Eligible Employees

POLICY #: 967100

### **BENEFITS** (You can purchase this coverage at a group rate.)

### For you\*

You can choose from \$10,000 to \$200,000—in increments of \$10,000 not to exceed 5 times your Basic Annual Earnings. No medical questions asked up to the Guaranteed Issue amount of \$200,000.

Benefits are reduced at age 65 and may reduce again in subsequent years as noted in your Certificate.

## For your spouse\*

If you elect coverage for yourself, you can choose from \$5,000 to \$50,000—in increments of \$5,000. No medical questions asked up to the Guaranteed Issue amount of \$50,000.

The amount you select for your spouse cannot exceed 100% of your coverage amount. Coverage ends when you turn age 70.

### For your child(ren)\*

If you elect coverage for yourself, you can choose **\$5,000** or **\$10,000**. No medical questions asked.

The amount you select for your child(ren) cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate. Child(ren) must primarily depend on the employee for 50% or more of their support.

A full benefit is payable for a dependent child from birth to 26.

<sup>\*</sup>This coverage includes Accidental Death and Dismemberment insurance.

### Frequently asked questions

### What is my AD&D benefit?

We will pay your beneficiaries an Accidental Death insurance amount that matches your Voluntary Life, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries. This plan includes AD&D coverage for your dependents.

### Do I need to answer any health questions to enroll?

Yes, if you request an initial amount higher than the Guaranteed Issue amount or if you want to increase coverage in excess of one increment annually. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

Can I increase my coverage at a later date?
Yes. You may increase your coverage by one increment amount annually, without having to answer health questions, even if the increase means that your coverage exceeds the Guaranteed Issue amount. Your benefits administrator can advise you on how to increase coverage annually. The maximum benefit amount still applies

### Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

### Can I access my life insurance if I become terminally ill?

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

### What happens if I become Totally Disabled?

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

### How does my beneficiary file a death claim?

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

1. LIMRA, Facts about Life 2018.

Read the Important information section for more details including limitations and exclusions.

### Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

#### Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

### **Accidental Death and Dismemberment**

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

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GVBH-EE-8384 SLPC 29579

### Rates

**Employee** - Coverage and **semi-monthly** cost for Employee Voluntary Life and AD&D.

Rates are effective as of July 1, 2024.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

Coverage amounts	Cost per pay period
\$10,000	1.20
\$20,000	2.40
\$30,000	3.60
\$40,000	4.80
\$50,000	6.00
\$60,000	7.20
\$70,000	8.40
\$80,000	9.60
\$90,000	10.80
\$100,000	12.00
\$110,000	13.20
\$120,000	14.40
\$130,000	15.60
\$140,000	16.80
\$150,000	18.00
\$160,000	19.20
\$170,000	20.40
\$180,000	21.60
\$190,000	22.80
\$200,000	24.00

### **Rates**

**Spouse** - Coverage and **semi-monthly** cost for Spouse Voluntary Life and AD&D.

Rates are effective as of July 1, 2024.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

Spouse rates are based on the employee's age.

Coverage amounts	Cost per pay period
\$5,000	0.80
\$10,000	1.60
\$15,000	2.40
\$20,000	3.20
\$25,000	4.00
\$30,000	4.80
\$35,000	5.60
\$40,000	6.40
\$45,000	7.20
\$50,000	8.00

**Child** - Coverage and **semi-monthly** cost for Child Voluntary Life and AD&D.

Rates are effective as of July 1, 2024.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

Coverage amounts	Cost per pay period
\$5,000	0.80
\$10,000	1.60







### EAP & Work-Life Services

An EAP is a company-sponsored benefit that offers the support and resources you need to address personal or work-related challenges and concerns. It's confidential and free to you and your household family members. Help is available 24/7/365 at 800.633.3353.

### Access Your EAP & Work-Life Services

There are two ways to access your EAP and work-life services: Call 800.633.3353 or Visit mygroup.com | Click on My Portal Login | **Username: myeap** | **I Password: guest** 

#### Assessment and Counseling

Help is available 24/7/365 through our toll-free number. When employees and family members call the EAP, they are offered a face-to-face counseling session in which a thorough assessment can be conducted by a licensed, experienced clinician in their area. Reasons to use the EAP include: marital difficulties, parenting, stress, depression, work-related concerns, alcohol and drug use/abuse, grief and loss, or preventative.

### **Online Services**

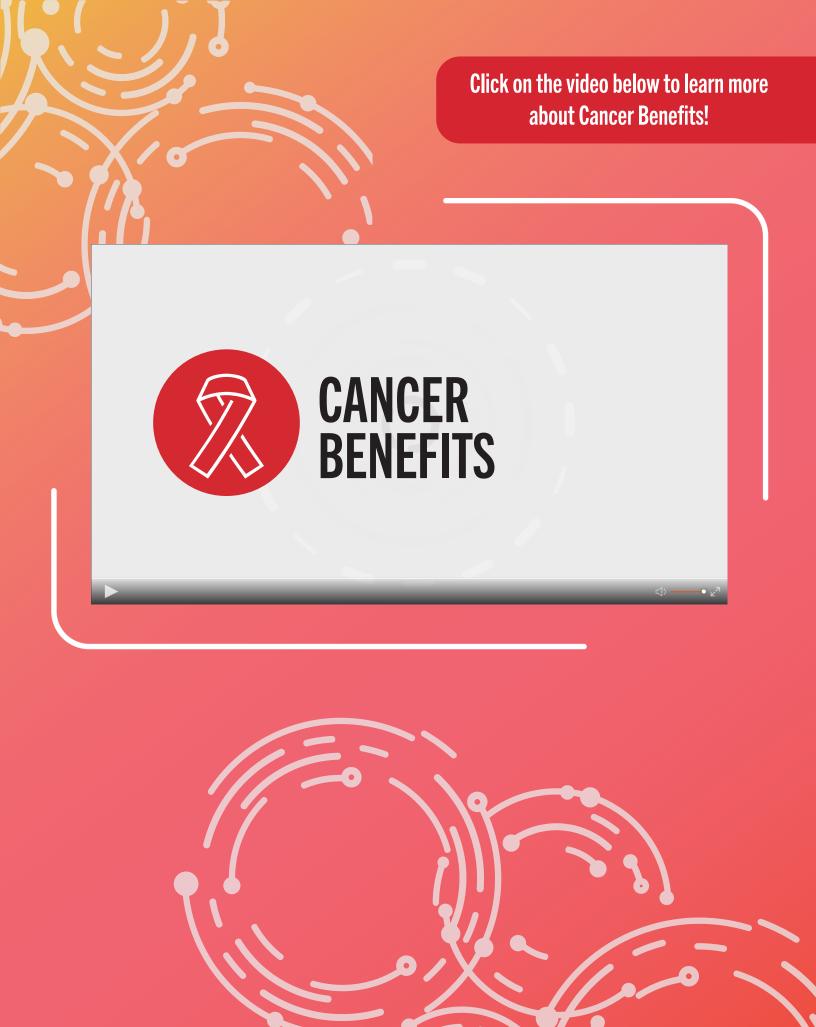
- English and Spanish sites available
- 7 content divisions: Parenting, Aging, Balancing, Thriving, Living, Working, and International
- Searchable databases and resource links for child care providers, elder care and related services, adoption resources, attorneys, certified financial planners, pet sitting, private and public high schools and colleges, and volunteer opportunities
- Over 100 streaming audio files and 100 video files covering a range of health topics
- Savings Center: discount shopping program offering up to 25% discounts on name-brand items
- Relocation Center: an interactive program that allows users to preview communities across the U.S.

### **Legal Services**

- Free telephonic legal advice
- Free 30-minute appointment for legal consultation with a local attorney
- In most cases, 25% discount on ongoing legal services
- Legal forms available to download (such as wills, power of attorney, etc.)
- Online legal encyclopedia
- Does not cover disputes or actions involving employer, EAP or business issues

#### **Financial Services**

- Free financial counseling appointments
- Issues addressed include bankruptcy, budgeting, buying a home, college savings, retirement planning
- Educational materials and financial worksheets provided prior to appointments
- 40 financial calculators available online
- ID theft recovery through credit monitoring
- Discounted credit reports





# Cancer Insurance

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

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



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

### Competitive advantages

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

### Flexible family coverage options

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

### **Attractive features**

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

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

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

### Cancer Assist Benefits Overview

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

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



### ColonialLife.com

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### **Radiation/Chemotherapy**

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

### **Anti-nausea Medication**

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

### **Medical Imaging Studies**

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

### **Outpatient Surgical Center**

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

### **Skin Cancer Initial Diagnosis**

\$300-\$600 payable once per lifetime

### **Surgical Procedures**

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

### **Reconstructive Surgery**

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

### **Anesthesia**

**General**: 25% of Surgical Procedures Benefit

Local: \$25-\$50 per procedure

### **Hospital Confinement**

**30 days or less**: \$100-\$350 per day **31 days or more**: \$200-\$700 per day

### **Family Care**

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

### **Second Medical Opinion on Surgery or Treatment**

\$150-\$300 once per lifetime

### **Home Health Care Services**

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

### **Hospice Care**

Initial: \$1,000 once per lifetime

Daily: \$50 per day

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

### **Transportation and Lodging**

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

### Benefits also included in each plan

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

Cn



### Cancer Insurance

Wellness Benefits

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



For more information, talk with your benefits counselor.

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### Part One: Cancer Wellness/Health Screening

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

### **Cancer Wellness Tests**

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

### **Health Screening Tests**

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

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

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

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

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

### **Individual Cancer Insurance Description of Benefits**

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

Cancer Insurance Benefits	Level 1	Level 2	Level 3	Level 4
Air Ambulance, per trip	\$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 F	rocedures B	enefit
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	\$100	\$150
Maximum per year	30 days or twice the days confined			
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
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

### **Individual Cancer Insurance Description of Benefits**

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

Cancer Insurance Benefits	Level 1	Level 2	Level 3	Level 4
Radiation/Chemotherapy				
Injected chemotherapy by medical personnel, per week	\$250	\$500	\$750	\$1,000
Radiation delivered by medical personnel, per week	\$250	\$500	\$750	\$1,000
Self-Injected Chemotherapy, per month	\$150	\$200	\$300	\$400
Pump Chemotherapy, per month	\$150	\$200	\$300	\$400
Topical Chemotherapy, per month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (1-24 months), per month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (25+ months), per month	\$75	\$100	\$150	\$200
Oral Non-Hormonal Chemotherapy, per month	\$150	\$200	\$300	\$400
Reconstructive Surgery, per surgical unit	\$40	\$40	\$60	\$60
Maximum per procedure, including 25% for general	\$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	\$75	\$100	\$100	\$150
Skin Cancer Initial Diagnosis, per lifetime	\$300	\$300	\$400	\$600
Supportive/Protective Care Drugs/Colony Stimulating Factors, per	\$50	\$100	\$150	\$200
Maximum per year	\$400	\$800	\$1,200	\$1,600
Surgical Procedures, per surgical unit	\$40	\$50	\$60	\$70
Maximum per procedure	\$2,500	\$3,000	\$5,000	\$6,000
Transportation, per mile	\$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
Policy-Wellness Benefits				
Bone Marrow Donor Screening, per lifetime	\$50	\$50	\$50	\$50
Cancer Vaccine, per lifetime	\$50	\$50	\$50	\$50
Part 1: Cancer Wellness/Health Screening, per year  One amount per account: \$0, \$25, \$50, \$75		675 or \$100		
Part 2: Cancer Wellness/Health Screening, per year	Same as Part 1			

Additional Riders may be available at an additional cost		
•		

### WAITING PERIOD

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

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

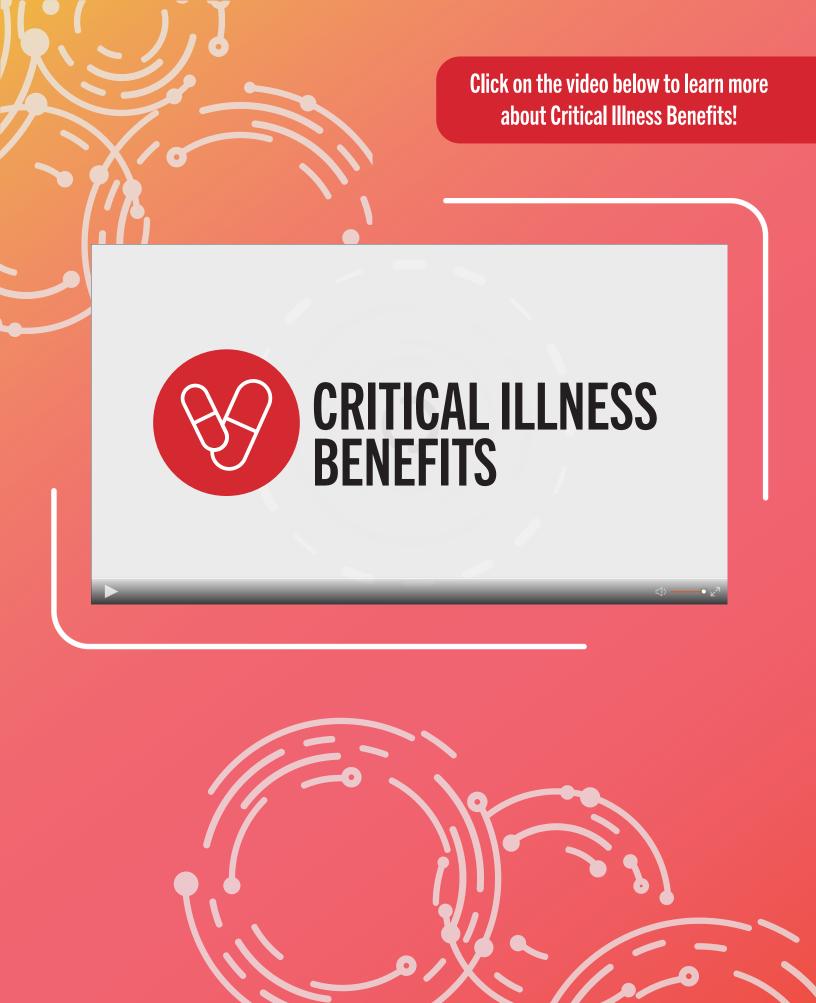
### **EXCLUSIONS**

We will not pay benefits for cancer or skin cancer:

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

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LEVEL 1 - Composite Rates								
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family				
Level 1 with \$100 Cancer Wellness/Health Screening								
24-Pay Premium	\$9.05	\$14.30	\$9.13	\$14.38				
	LEVEL 2 - Composite Rates							
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family				
Level 2 with \$100	Cancer Wellness/He	ealth Screening						
24-Pay Premium	\$10.83	\$16.93	\$10.98	\$17.08				
		<b>LEVEL 3</b> - Composite	Rates					
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family				
Level 3 with \$100	Level 3 with \$100 Cancer Wellness/Health Screening							
24-Pay Premium	\$13.33	\$22.20	\$13.55	\$22.43				
	LEVEL 4 - Composite Rates							
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family				
Level 4 with \$100	Cancer Wellness/He	ealth Screening						
24-Pay Premium	\$17.80	\$29.70	\$18.10	\$30.00				
		OPTIONAL RIDE	RS					
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family				
Specified Disease Hospital Confinement Rider								
24-Pay Premium	\$0.63	\$0.88	\$0.63	\$0.88				
Initial Diagnosis o	Initial Diagnosis of Cancer Rider (per \$1,000)							
24-Pay Premium	\$0.75	\$1.25	\$0.80	\$1.30				
Initial Diagnosis o	Initial Diagnosis of Cancer Progressive Payment Rider							
24-Pay Premium	\$3.90	\$8.53	\$3.90	\$8.53				



# Colonial Life





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

### **HOW CHRIS'S COVERAGE HELPED**

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



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



Physical therapy to get back to doing what he loves



Household expenses while he was unable to work

For illustrative purposes only.



# Group Critical Illness Insurance Plan 1

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

Coverage amount:	
9	

### Critical illness benefit

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

### **KEY BENEFITS**

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

For more information, talk with your benefits counselor.



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### Subsequent diagnosis of a different critical illness<sup>2</sup>

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

### Subsequent diagnosis of the same critical illness<sup>2</sup>

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

### Additional covered conditions for dependent children

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

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

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

### THIS INSURANCE PROVIDES LIMITED BENEFITS

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

### **EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS**

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

### PRE-EXISTING CONDITION LIMITATION

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

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

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# Colo<u>nial Life</u>



# Preparing for a lifelong journey

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

### **HOW THEIR COVERAGE HELPED**

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



A hospital stay and treatment for corrective heart surgery



Physical therapy to build muscle strength



Special needs daycare

For illustrative purposes only.



# Group Critical Illness Insurance

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

<b>Coverage amount:</b>	

### Critical illness and cancer benefits

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

### **KEY BENEFITS**

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

For more information, talk with your benefits counselor.



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### Subsequent diagnosis of a different critical illness<sup>2</sup>

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

### Subsequent diagnosis of the same critical illness<sup>2</sup>

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

### Reoccurrence of invasive cancer (including all breast cancer)

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

### Additional covered conditions for dependent children

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

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

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

### THIS INSURANCE PROVIDES LIMITED BENEFITS

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

### **EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS**

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

#### **EXCLUSIONS AND LIMITATIONS FOR CANCER**

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

### PRE-EXISTING CONDITION LIMITATION

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

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

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## Colonial Life

# Group Critical Illness Insurance First Diagnosis Building Benefit Rider



For more information, talk with your benefits counselor.

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

### First diagnosis building benefit

Payable once per covered person per lifetime

- Covered spouse/dependent children ....... Accumulates \$500 each year

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

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

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

#### THIS INSURANCE PROVIDES LIMITED BENEFITS.

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

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# Colonial Life.

# Group Critical Illness Insurance Infectious Diseases Rider



For more information, talk with your benefits counselor.

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

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

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



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

#### THIS INSURANCE PROVIDES LIMITED BENEFITS.

### **EXCLUSIONS AND LIMITATIONS FOR INFECTIOUS DISEASES RIDER**

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

### PRE-EXISTING CONDITION LIMITATION

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

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

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# Colonial Life

# Group Critical Illness Insurance Progressive Diseases Rider



For more information, talk with your benefits counselor.

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

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

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

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

THIS INSURANCE PROVIDES LIMITED BENEFITS.

### **EXCLUSIONS AND LIMITATIONS FOR PROGRESSIVE DISEASES RIDER**

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

### PRE-EXISTING CONDITION LIMITATION

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

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

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### Group Critical Illness Insurance

### **Exclusions and Limitations**

#### STATE-SPECIFIC EXCLUSIONS

AK: Alcoholism or Drug Addiction Exclusion does not apply

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

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

DE: Alcoholism or Drug Addiction Exclusion does not apply

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

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

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

KS: Alcoholism or Drug Addiction Exclusion does not apply

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

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

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

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

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

MS: Alcoholism or Drug Addiction Exclusion does not apply

ND: Alcoholism or Drug Addiction Exclusion does not apply

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

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

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

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

UT: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism

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

#### STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

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

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

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

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

IN: Pre-existing is 6 months/12 months

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

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

MI: Pre-existing is 6 months/6 months

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

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

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

SD: Pre-existing is 6 months/12 months

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

UT: Pre-existing is 6 months/6 months

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

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# CRITICAL ILLNESS BENEFIT PREMIUMS

Plan 1 - Critical Illness Rates illustrated per unit. Named Insured unit value = \$1000								
Issue Age	Deduction	Named Insured	Employee & Spouse	One- Parent Family	Two Parent Family			
		Non-To	bacco					
17-24	24-Pay Premium	\$0.11	\$0.16	\$0.11	\$0.16			
25-29	24-Pay Premium	\$0.15	\$0.22	\$0.15	\$0.22			
30-34	24-Pay Premium	\$0.19	\$0.28	\$0.19	\$0.28			
35-39	24-Pay Premium	\$0.29	\$0.43	\$0.29	\$0.43			
40-44	24-Pay Premium	\$0.39	\$0.57	\$0.39	\$0.57			
45-49	24-Pay Premium	\$0.54	\$0.83	\$0.54	\$0.83			
50-54	24-Pay Premium	\$0.72	\$1.12	\$0.72	\$1.12			
55-59	24-Pay Premium	\$0.95	\$1.47	\$0.95	\$1.47			
65-69	24-Pay Premium	\$1.42	\$2.19	\$1.42	\$2.19			
70-74	24-Pay Premium	\$1.64	\$2.52	\$1.64	\$2.52			

Plan 2 - Critical Illness & Cancer Benefits Rates illustrated per unit. Named Insured unit value = \$1000							
Issue Age	Deduction			One- Parent Family	Two Parent Family		
		Non-To	bacco				
17-24	24-Pay Premium	\$0.20	\$0.29	\$0.20	\$0.29		
25-29	24-Pay Premium	\$0.29	\$0.42	\$0.29	\$0.42		
30-34	24-Pay Premium	\$0.38	\$0.55	\$0.38	\$0.55		
35-39	24-Pay Premium	\$0.58	\$0.85	\$0.58	\$0.85		
40-44	24-Pay Premium	\$0.78	\$1.15	\$0.78	\$1.15		
45-49	24-Pay Premium	\$1.11	\$1.66	\$1.11	\$1.66		
50-54	24-Pay Premium	\$1.43	\$2.17	\$1.43	\$2.17		
55-59	24-Pay Premium	\$1.88	\$2.86	\$1.88	\$2.86		
60-64	24-Pay Premium	\$2.57	\$3.90	\$2.57	\$3.90		
65-69	24-Pay Premium	\$3.15	\$4.79	\$3.15	\$4.79		
70-74	24-Pay Premium	\$3.15	\$4.79	\$3.15	\$4.79		

Wellbeing Assistance Benefit Rates by wellbeing amount $= 1$ unit						
Welbeing Amount		Named Insured	Employee & Spouse	One- Parent Family	Two Parent Family	
\$100	24-Pay Premium	\$3.33	\$5.18	\$3.33	\$5.18	





## Individual Short-Term Disability Insurance



ColonialLife.com

You never know when a disability could impact your way of life. Fortunately, there's a way to help protect your income. If an accident or sickness prevents you from earning a paycheck, disability insurance can provide a monthly benefit to help you cover your ongoing expenses.

### Can you afford to not protect your paycheck?

You don't have the same lifestyle expenses as the next person. That's why you need disability coverage that can be customized to fit your specific needs.

After calculating your monthly expenses, your benefits counselor can help you complete the benefits worksheet.

ESTIMATED MONTHLY EXPE	A	MOUNT	
Mortgage or rent	\$		
Utilities (electric/gas, phone, water, TV,	\$		
Transportation costs (gas, car payment	\$		
Food	\$		
Health (medical needs and prescription	\$		
Other	\$		
	TOTAL	\$	

### Benefits worksheet

### How much coverage do I need?

Monthly benefit amount for off-job accident and off-job sickness: \_

Choose a monthly benefit amount between \$400 and \$6,500.\*

If your plan includes on-job accident/sickness benefits, the benefit is 50% of the off-job amount.

### How long will I receive benefits?

Benefit period: \_\_\_\_\_ months

The partial disability benefit period is three months.

### When will my total disability benefits start?

After an accident: \_\_\_\_\_ days After a sickness: \_\_\_\_ days

<sup>\*</sup>Subject to income requirements

### **Product information**

### **Total disability definition**

Totally disabled or total disability means you are: unable to perform the material and substantial duties of your job, not working at any job, and under the regular and appropriate care of a physician.

### How partial disability works

If you are able to return to work part-time after at least 14 days of being paid for a total disability, you may be able to still receive 50% of your total disability benefit.

### Waiver of premium

We will waive your premium payments after 90 consecutive days of a covered disability.

### **Geographical limitations**

If you are disabled while outside of the United States, Canada or Mexico, you may receive benefits for up to 60 days before you have to return to the U.S. in order to continue receiving benefits.

### Issue age

Coverage is available from ages 17 to 74.

### Keep your coverage

You can keep your coverage to age 75 at no additional cost, even if you change jobs, as long as you pay your premiums when they are due.

### **Premium**

Your premium is based on your age when you purchase coverage and the amount of coverage you are eligible to buy. Your premium will not change as you age.



### For more information, talk with your benefits counselor.

### **EXCLUSIONS AND LIMITATIONS**

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of: cosmetic surgery, felonies or illegal occupations, flying, hazardous avocations, intoxicants and narcotics, psychiatric or psychological conditions, racing, semi-professional or professional sports, substance abuse, suicide or injuries which you intentionally do to yourself, war or armed conflict. We will not pay for benefits due to being pregnant before the policy coverage effective date shown in the policy schedule, if medical advice, diagnosis, care or treatment was received or recommended within the one-year period immediately preceding the policy coverage effective date shown on the policy schedule. We will not pay for loss when the disability is a pre-existing condition as described in the policy.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form ISTD3000-NC and rider form ISTD3000-ADIB-NC. This is not an insurance contract and only the actual policy and rider provisions will control.



## Individual Short-Term Disability Insurance

Health Screening Rider Benefit



For more information, talk with your benefits counselor.

Coloniall ife.com

illness through early detection.

The optional health screening benefit can help you reduce the risk of serious

### Health screening benefit

\$50

Maximum of one health screening test per calendar year; subject to a 30-day waiting period following the effective date of the rider

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography

- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

### With the health screening benefit:

- You're paid regardless of any insurance you have with other companies.
- You can keep coverage to age 75 as long as premiums are paid when they are due.

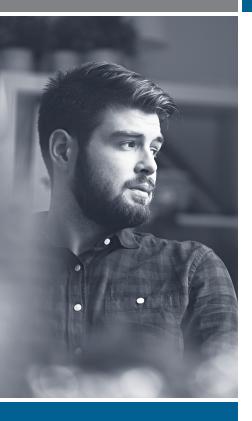
Waiting period means the first 30 days following the rider coverage effective date, during which time no benefits are payable. For cost and complete details, see your Colonial Life benefits counselor. Applicable to rider form ISTD3000-HS (including state abbreviations where used, for example: ISTD3000-HS-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual rider provisions will control.

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## Individual Short-Term Disability Insurance

Psychiatric and Psychological Benefit



For more information, talk with your benefits counselor.

Coloniall ife.com

Although illnesses and accidents are often associated with disabilities, mental disorders can also leave you unable to earn an income.

If you're disabled with a covered psychiatric or covered psychological condition, disability insurance from Colonial Life & Accident Insurance Company pays a monthly benefit that can help provide financial support while you focus on recovery.

### Psychiatric and psychological benefit

- There is a maximum six-month benefit period limitation for any one occurrence of a psychiatric or psychological condition. There is a three-month benefit period limitation if you have a three-month benefit period.
- There is a 24-month cumulative lifetime maximum benefit period for all psychiatric or psychological conditions. This maximum includes a combination of total disability and partial disability occurrences.

The psychiatric and psychological benefit is only applicable when combined with the ISTD3000 base policy. The exclusions listed on the ISTD3000 base policy apply, except for the psychiatric or psychological conditions exclusion. For cost and complete details, talk with your Colonial Life benefits counselor. Applicable to policy form ISTD3000 and rider form ISTD3000-ADIB (plus state abbreviations where applicable, for example: ISTD3000-TX and ISTD3000-ADIB-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 and rider provisions will control.

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# Colonial Life

## Pregnancy and having a baby

Disability Insurance



For more information, talk with your benefits counselor.

ColonialLife.com

### A baby changes everything – even your financial situation.

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

### How disability insurance can help

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

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

### Understanding your elimination period (waiting period)

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



For illustrative purposes only. Example based on a seven-day elimination period.

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

### Filing your disability claim

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

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

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

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# **SHORT-TERM DISABILITY PREMIUMS**

Benefit Period: 3 Months														
Elimination		C	0/7		7/7	-	7/14	(	0/14	1	4/14	(	0/30	30/30
Ages: 17-49	24-Pay Premum	\$	1.75	\$	1.58	\$	1.21	\$	1.28	\$	1.13	\$	1.04	\$ 0.73
Ages: 50-64	24-Pay Premum	\$	2.03	\$	1.90	\$	1.43	\$	1.53	\$	1.31	\$	1.19	\$ 1.00
Ages: 65-74	24-Pay Premum	\$	2.85	\$	2.69	\$	2.02	\$	2.28	\$	1.90	\$	1.66	\$ 1.53
Ages: 17-49	24-Pay Premum	\$	2.28	\$	2.00	\$	1.56	\$	1.71	\$	1.43	\$	1.31	\$ 0.98
Ages: 50-64	24-Pay Premum	\$	2.69	\$	2.63	\$	2.05	\$	2.14	\$	1.88	\$	1.71	\$ 1.33
Ages: 65-74	24-Pay Premum	\$	4.58	\$	4.30	\$	3.10	\$	3.30	\$	2.97	\$	2.59	\$ 2.04

# Short-Term Disability Insurance



### COMMON CAUSES OF DISABILITY

- Pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

### PROTECTS YOUR INCOME WHEN YOU CAN'T WORK. If you're unable to work because of a covered disability, Short-Term

Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

PROVIDES YOU WITH A WEEKLY CHECK.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

### PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer.

	BENEFITS					
	Weekly benefit after your claim is approved	You will receive a check for your benefits on a weekly basis. It will replace <b>60%</b> of your Total Weekly Earnings, up to <b>\$500</b> each week.				
	When benefits begin	Benefits begin as soon as <b>8 days</b> from the date you are unable to work due to an injury and <b>8 days</b> due to an illness.				
	Benefits may be paid for	Up to <b>25 weeks</b> , as long as you are still unable to work due to a covered disability.				
	Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that are not work-related.				

### **SHORT-TERM DISABILITY FAST FACTS**

### 1 in 4 workers

will miss up to 3 months of work due to disability during their career.<sup>1</sup> **More than three-quarters** of workers are living paycheck to paycheck.<sup>2</sup>

2390865 SEQ30 CL1 04/26/2024 09:29:11

CITY OF KANNAPOLIS
All Eligible Employees
POLICY # 967100

Sun Life Assurance Company of Canada

#### Frequently asked questions

#### How do I file a Short-Term Disability claim?

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

#### How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

#### Can I work while I'm disabled?

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

#### Will income from other sources affect my benefit?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income such as California SDI; state paid family and medical leaves; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information, contact your benefits administrator.

#### How is my benefit taxed?

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

- 1. Realitycheckup.org, Council for Disability Awareness, 2018
- 2. "Living Paycheck to Paycheck is a Way of Life for Majority of U.S. Workers," CareerBuilder.com, Aug. 2017.

Read the Important information section for more details including limitations and exclusions.

#### Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Refer to your Certificate for details.

#### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

#### **Short-Term Disability**

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit for any accident or sickness covered by Worker's Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 15-GP-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006 and TDI-POLICY..

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GVBH-EE-8384 SLPC 29579







For all eligible employees of the City of Kannapolis Effective date: July 1, 2024

#### Protect your paycheck for the long term

If you're unable to work because of a covered disability, Long-Term Disability insurance replaces a portion of your income. After your claim is approved, you will receive a monthly check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

Benefits	Description
Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis based on the plan you choose. See description below.
When benefits begin	Benefits begin as soon as 180 days from the date of your disability.
Benefits may be paid for	Depending on the plan you choose, benefits will be paid for 2 years, up to age 65 or up to Social Security Normal Retirement age. See description below.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job.

#### Benefits (You can purchase this coverage at a group rate).

Benefits	Description	Benefits may be paid for
Members with less than 5 years of service electing Plan 1	It will replace 60% of your Total Monthly Earnings, up to \$5,000 each month.	Up to your Social Security Normal Retirement Age or longer, depending on your age at disability.
Members with less than 5 years of service electing Plan 2	It will replace 60% of your Total Monthly Earnings, up to \$5,000 each month.	Up to age 65, but not less than 5 years, if you are age 60 or under at the start of disability. If you become disabled after age 60, additional benefit duration restrictions apply.
Members with less than 5 years of service electing Plan 3	It will replace 60% of your Total Monthly Earnings, up to \$5,000 each month.	Up to 2 years.
Members with 5 or more years of service electing Plan 1	It will replace 30% of your Total Monthly Earnings, up to \$5,000 each month.	Up to your Social Security Normal Retirement Age or longer, depending on your age at disability.
Members with 5 or more years of service electing Plan 2	It will replace 30% of your Total Monthly Earnings, up to \$5,000 each month.	Up to age 65, but not less than 5 years, if you are age 60 or under at the start of disability. If you become disabled after age 60, additional benefit duration restrictions apply.
Members with 5 or more years of service electing Plan 3	It will replace 30% of your Total Monthly Earnings, up to \$5,000 each month.	Up to 2 years.

#### **Long-Term Disability Frequently Asked Questions**

#### Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

#### How do I file a Long-Term Disability claim?

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

#### How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

#### What if I have a pre-existing condition?

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

#### Can I work while I'm disabled?

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

#### Will income from other sources affect my benefit?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

#### How is my benefit taxed?

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. "Chances of disability," Council for Disability Awareness, disabilitycanhappen.org, last accessed April 2019.

Read the important plan provisions section for more information including limitations and exclusions.

#### **Important Information**

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Refer to the Certificate for details.

#### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

#### Long-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); or for any Period of disability during which you are incarcerated. Disability benefits may be limited for certain conditions.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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GVBH-EE-8384 SLPC 29579





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

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

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries

- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

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

# What additional features are included?

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

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

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

#### What if I change employers?

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

#### Can my premium change?

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

#### How do I file a claim?

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

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

#### **Initial Care**

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

#### **Common Accidental Injuries**

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

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

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

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

#### **Requires Surgery**

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

#### **Surgical Care**

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

#### **Transportation/Lodging Assistance**

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

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

#### **Accident Hospital Care**

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

#### **Accident Follow-Up Care**

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

Maximum of 30 days per calendar year

#### **Accidental Dismemberment**

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

#### **Catastrophic Accident**

For severe injuries that result in the total and irrecoverable:

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

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

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

#### **Accidental Death**

	Accidental Death	Common Carrier
<ul> <li>Named Insured</li> </ul>	\$25,000	\$100,000
<ul><li>Spouse</li></ul>	\$25,000	\$100,000
• Child(ren)	\$5,000	\$20,000

# Accident 1.0-Preferred with Health Screening Benefit

#### **Health Screening Benefit**

• \$50 per covered person per calendar year

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

#### **Tests include:**

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Carotid doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy

- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

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

	Who will be covered?	(check one)			
	○ Employee Only	○ Spouse Only	One Child Only	○ Employee & Spouse	
	One-Parent Family, with E	mployee One-P	Parent Family, with Spouse	e O Two-Parent Family	
	When are covered ac	cident benefits	available? (check on	e)	
(	On and Off -Job Benefits	○ Off -Job Only E	Benefits		,

#### **EXCLUSIONS**

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

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

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# **ACCIDENT BENEFIT PREMIUMS**

#### Preferred with HealthScreening - On/Off-Job Accident Coverage

	24-Pay Premium
Named Insured	\$10.58
Employee & Spouse	\$14.49
One-Parent Family	\$16.34
Two-Parent Family	\$20.24

#### Preferred with HealthScreening - Off-Job Only Accident Coverage

	24-Pay Premium
Named Insured	\$8.96
Employee & Spouse	\$11.98
One-Parent Family	\$13.28
Two-Parent Family	\$16.31







# Hospital Confinement Indemnity Insurance



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

#### 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.

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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, or war. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. Pre-exisiting conditions are those conditions whether diagnosed or not, for which a covered person received medical advice, diagnosis or care, or treatment was received or recommended within the one-year period immediately preceding the effective date of the policy. If a covered person is 65 or older when the policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.

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

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## Hospital Confinement Indemnity Insurance Plan 3



For more information, talk with your benefits counselor.

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..... Maximum of \$500 per covered person per calendar year for all covered diagnostic procedures combined **Outpatient surgical procedure** ■ Tier 1......\$\_\_\_\_\_\_\$ ■ Tier2.....\$

\_\_ per covered person per calendar year for all covered

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

#### Tier 1 diagnostic procedures

- Breast
- Biopsy (incisional, needle, stereotactic)

outpatient surgical procedures combined

and eligible dependent children.

Diagnostic radiology

Maximum of \$\_\_\_

- Nuclear medicine test
- Digestive
  - Barium enema/lower GI series
  - Barium swallow/upper GI series
  - Esophagogastroduodenoscopy (EGD)
- Ear, nose, throat, mouth
  - Laryngoscopy
- Gynecological
  - Amniocentesis
- Hysteroscopy
- Cervical biopsy
- Loop electrosurgical
- Cone biopsy

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

- excisional procedure
- Endometrial biopsy

#### Tier 2 diagnostic procedures

- Cardiac
  - Angiogram
  - Arteriogram
  - Thallium stress test
  - Transesophageal echocardiogram (TEE)

- Liver biopsy
- Lymphatic biopsy
- Miscellaneous
  - Bone marrow aspiration/biopsy
- Renal biopsy
- Respiratory
  - Biopsy
  - Bronchoscopy
  - Pulmonary function test (PFT)
- Skin

  - Excision of lesion
- Thyroid biopsy
- Urologic
  - Cystoscopy

#### 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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The benefits of good hard work.

#### **EXCLUSIONS**

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

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



## Hospital Confinement Indemnity Insurance

Health Screening



For more information, talk with your benefits counselor.

Coloniall ife.com

health and wellness tests you have each year.

Individual Medical Bridge<sup>™</sup> insurance's health screening benefit can help pay for

#### 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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# Colonial Life

# Hospital Confinement Indemnity Insurance

Medical Treatment Package



For more information, talk with your benefits counselor. The medical treatment package for Individual Medical Bridge<sup>sM</sup> coverage can help pay for deductibles, co-payments and other out-of-pocket expenses related to a covered accident or covered sickness.

The medical treatment package paired with Plan 2 or Plan 3 provides the following benefits:

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

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#### THIS POLICY PROVIDES LIMITED BENEFITS.

#### **EXCLUSIONS**

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

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

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# Hospital Confinement Indemnity Insurance Optional Riders



For more information, talk with your benefits counselor. 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.

#### Coloniall ife.com

#### **EXCLUSIONS**

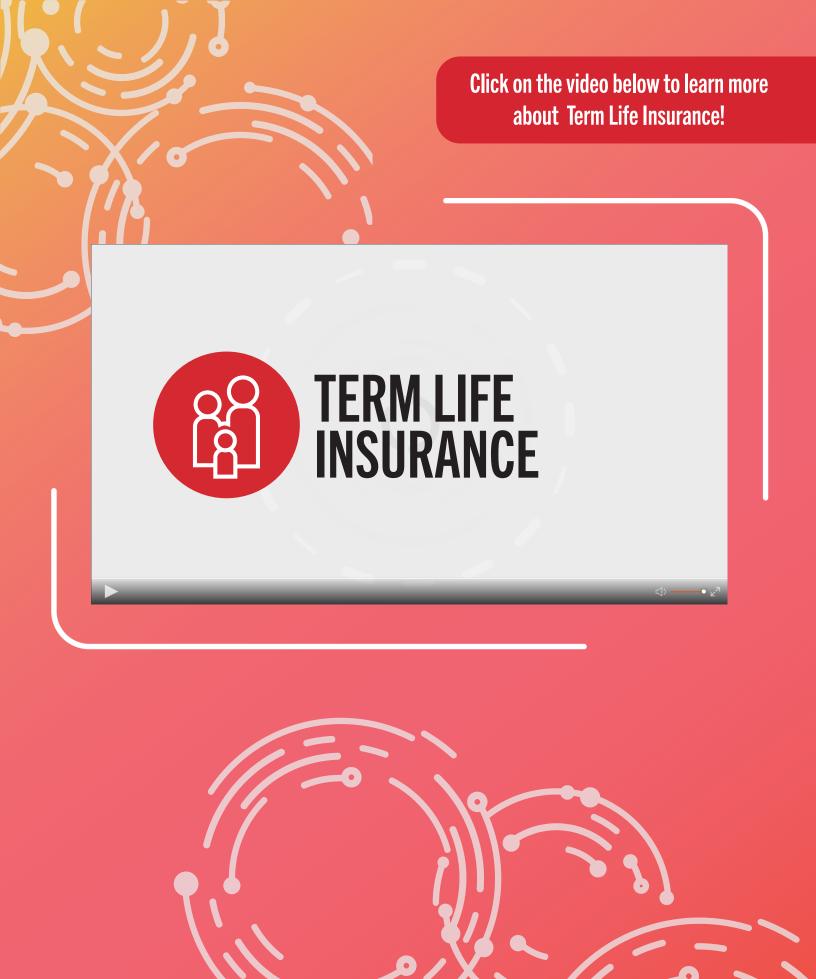
We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally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

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

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INDIVIDUAL MEDICAL BRIDGE Plan 1 Named Insured						
		Level 2	Level 3			
Medical T	Hospital Confinement Medical Treatment Pkg \$100 Health Screening		\$1,500.00			
Ages 17-49	24-Pay Premium	\$10.35	\$13.20			
Ages 50-59	24-Pay Premium	\$12.95	\$16.88			
Ages 60-64	24-Pay Premium	\$16.43	\$21.83			
Ages 65-75	24-Pay Premium	\$23.38	\$31.30			

INDIVIDUAL MEDICAL BRIDGE Plan 3 Named Insured					
		Level 2	Level 3		
Medical T	Confinement reatment Pkg Ith Screening	\$1,000.00	\$1,500.00		
Outpatient Su	Outpatient Surgical Procedure		Option 1 Tier 1 \$500 Tier 2 \$1,000 CY Max \$1,500		
Ages 17-49	24-Pay Premium	\$19.70	\$22.55		
Ages 50-59	24-Pay Premium	\$24.70	\$28.63		
Ages 60-64	24-Pay Premium	\$30.33	\$35.73		
Ages 65-75	24-Pay Premium	\$41.03	\$48.95		



# Colonial Life

## 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
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.	dependent children with up to \$20,000 in coverage each for one premium.
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
☐ <b>SPOUSE</b> \$
Select the term period:
□ 10-year
□ 15-year
□ 20-year
☐ 30-year
Select any optional riders:
☐ Spouse term life rider
\$face amount
foryear 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. 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. 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. 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.<sup>3</sup>

- 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.

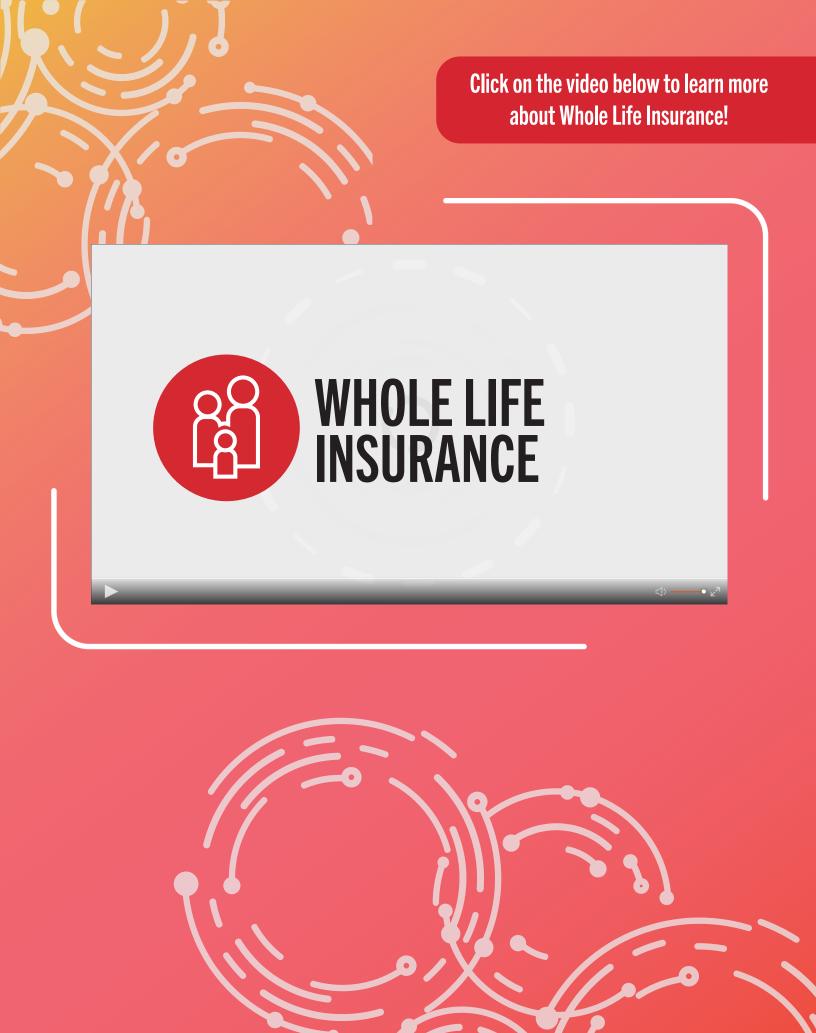
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy forms ICC18-ITL5000/ITL5000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

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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	24-Pay Premium	\$3.32	\$5.30	\$5.11	\$8.21			
30	24-Pay Premium	\$3.53	\$5.83	\$5.11	\$8.21			
35	24-Pay Premium	\$3.79	\$6.47	\$5.63	\$9.25			
40	24-Pay Premium	\$3.99	\$6.98	\$7.02	\$12.04			
45	<b>24-Pay Premium</b> \$4.59 \$8.46 \$9.31 \$16.63							
50	24-Pay Premium	\$5.86	\$11.65	\$12.79	\$23.58			
55	<b>24-Pay Premium</b> \$8.09 \$17.22 \$18.19 \$34.38							
60	24-Pay Premium	\$11.68	\$26.20	\$26.98	\$51.96			

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	24-Pay Premium	\$3.36	\$5.39	\$5.27	\$8.54			
30	24-Pay Premium	\$3.56	\$5.91	\$5.27	\$8.54			
35	24-Pay Premium	\$3.85	\$6.62	\$5.79	\$9.59			
40	24-Pay Premium	\$4.12	\$7.29	\$7.71	\$13.42			
45	24-Pay Premium	\$4.84	\$9.11	\$10.90	\$19.79			
50	24-Pay Premium	\$6.34	\$12.85	\$15.79	\$29.58			
55	<b>24-Pay Premium</b> \$9.03 \$19.57 \$23.17 \$44.33							
60	24-Pay Premium	\$13.42	\$30.55	\$36.00	\$70.00			









# 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
- ❷ Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness¹
- Immediate \$3,000 claim payment that can help your designated beneficiary pay for funeral costs or other expenses
- Provides cash surrender value at age 100 (when the policy 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%<sup>2</sup>
- 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?

ш	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
foryear 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

To learn more, talk with your benefits counselor.

Waiver of premium

benefit rider



ColonialLife.com

#### Additional coverage options (Continued)

#### Accelerated death benefit for long term care services rider<sup>3</sup>

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. 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. 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/R-IWL5000-CI/R-

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

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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         \$200,000.00								
25	24-Pay Premium	\$4.94	\$12.35	\$24.69	\$49.38	\$98.75		
30	24-Pay Premium	\$5.96	\$14.90	\$29.79	\$59.58	\$119.16		
35	24-Pay Premium	\$7.48	\$18.70	\$37.40	\$74.79	\$149.58		
40	24-Pay Premium	\$9.68	\$24.19	\$48.38	\$96.75	\$193.49		
45	45 <b>24-Pay Premium</b> \$12.79 \$31.97 \$63.94 \$127.87 \$255.74							
50	24-Pay Premium	\$17.44	\$43.59	\$87.19	\$174.37	\$348.74		

Adult Base Plan Paid-up to Age 100							
	Non-Tobacco Rates						
Issue Age	Pay Premium	\$10,000.00	\$25,000.00	\$50,000.00	\$100,000.00	\$200,000.00	
25	24-Pay Premium	\$4.60	\$11.50	\$23.00	\$46.00	\$92.00	
30	24-Pay Premium	\$5.23	\$13.07	\$26.15	\$52.29	\$104.58	
35	24-Pay Premium	\$6.26	\$15.65	\$31.29	\$62.58	\$125.16	
40	24-Pay Premium	\$7.76	\$19.39	\$38.77	\$77.54	\$155.08	
45	24-Pay Premium	\$9.94	\$24.86	\$49.71	\$99.42	\$198.83	
50	24-Pay Premium	\$12.55	\$31.38	\$62.75	\$125.50	\$250.99	
55	24-Pay Premium	\$16.23	\$40.56	\$81.12	\$162.25	\$324.49	
60	24-Pay Premium	\$21.48	\$53.70	\$107.39	\$214.79	\$429.57	

# Colonial Life

## Customer Service Guide

#### **Getting started**

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

#### **Contact us**

#### **Online**

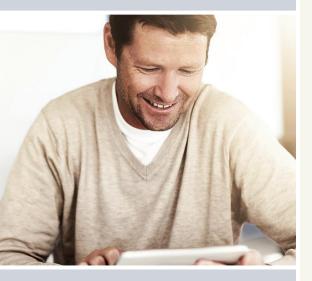
<u>ColonialLife.com</u> Log in and click on <u>Contact Us</u>

#### **Telephone**

1-800-325-4368

#### **Hearing-impaired customers**

Please contact the National Relay service at 711 for assistance.



#### **Consider your options**

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

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

#### eClaims are quick and easy

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

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

#### Paper claims

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

## <u>General Notice of COBRA Continuation Coverage Rights</u> \*\* Continuation Coverage Rights Under COBRA\*\*

#### Introduction

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

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

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

#### What is COBRA continuation coverage?

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

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

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

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

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

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

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

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

#### When is COBRA continuation coverage available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: City of Kannapolis 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, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

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

#### Disability extension of 18-month period of COBRA continuation coverage

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

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

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

#### Are there other coverage options besides COBRA Continuation Coverage?

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

#### If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights

under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit <a href="www.HealthCare.gov">www.HealthCare.gov</a>.

#### Keep your Plan informed of address changes

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

#### Plan contact information:

Health and FSA - COBRA Flores P.O. Box 63444 Charlotte, NC 28263-3444

Phone: 800.532.3327

Sun Life Dental – COBRA Sun Life Administrative Office PO Box 981624 El Paso, TX 79998-1624

Phone: 800-733-7879

EyeMed Vision – COBRA, Administered by Forrest T Jones & Company Forrest T. Jones & Company

P.O. Box 418131

Kansas City, MO 64141-8131

Phone: 800-821-7303

Plan Administrator – City of Kannapolis Heather James, Human Resources Director

Phone: 704-920-4322 hjames@kannapolisnc.gov

#### **Newborn and Mothers' Health Protection Act**

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

#### **Women's Health and Cancer Rights Act**

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully. As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following benefits: 1. All stages of reconstruction of the breast on which the mastectomy has been performed: 2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3. Prostheses and treatment of physical complications of the mastectomy, including lymphedemas. Health plans must provide coverage of mastectomy related benefits in a manner to determine in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and insurance amounts that are consistent with those that apply to other benefits under the plan.

# Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www. healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

#### **ALABAMA - MEDICAID**

Website: myalhipp.com Phone: 1-855-692-5447

#### **ALASKA - MEDICAID**

## The AK Health Insurance Premium Payment Program

Website: myakhipp.com Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/

medicaid/default.aspx

#### **ARKANSAS - MEDICAID**

Website: myarhipp.com

Phone: 1-855-MyARHIPP (855-692-7447)

#### **CALIFORNIA - MEDICAID**

Website: www.dhcs.ca.gov/services/Pages/

TPLRD\_CAU\_cont.aspx **Phone:** 916-440-5676

## COLORADO - HEALTH FIRST COLORADO (MEDICAID) & CHILD HEALTH PLAN PLUS (CHP+)

#### **Health First Colorado Website:**

www.healthfirstcolorado.com

**Health First Colorado Member Contact Center:** 

1-800-221-3943/State Relay 711

CHP+: www.colorado.gov/pacific/hcpf/child-

health-plan-plus

**CHP+ Customer Service:** 

1-800-359-1991/State Relay 711

**Health Insurance Buy-In Program (HIBI):** 

www.colorado.gov/pacific/hcpf/health-insurance-

buy-program

**HIBI Customer Service:** 1-855-692-6442

#### FLORIDA - MEDICAID

**Website:** www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html

Phone: 1-877-357-3268

#### **GEORGIA - MEDICAID**

Website: medicaid.georgia.gov/health-insurance

premium-payment-program-hipp **Phone:** 678-564-1162, ext. 2131

#### INDIANA - MEDICAID

## Healthy Indiana Plan for Low-Income Adults 19-64

Website: www.in.gov/fssa/hip Phone: 1-877-438-4479

All other Medicaid Website: www.in.gov/medicaid

Phone: 1-800-457-4584

#### **IOWA - MEDICAID AND CHIP (HAWKI)**

**Medicaid Website:** dhs.iowa.gov/ime/members

Medicaid Phone: 1-800-338-8366 Hawki Website: dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563

#### **KANSAS - MEDICAID**

Website: www.kdheks.gov/hcf/default.htm

Phone: 1-800-792-4884

#### **KENTUCKY - MEDICAID**

## **Kentucky Integrated Health Insurance Premium Payment**

**Program (KI-HIPP) Website:** chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx

**Phone:** 1-855-459-6328

Email: KIHIPP.PROGRAM@ky.gov

**KCHIP Website:** 

kidshealth.ky.gov/Pages/index.aspx

Phone: 1-877-524-4718

Kentucky Medicaid Website: chfs.ky.gov

#### **LOUISIANA - MEDICAID**

Website: www.medicaid.la.gov or

www.ldh.la.gov/lahipp

**Phone:** 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

#### **MAINE - MEDICAID**

Website: www.maine.gov/dhhs/ofi/public

assistance/index.html Phone: 1-800-442-6003 TTY: Maine Relay 711

#### **MASSACHUSETTS - MEDICAID AND CHIP**

**Website:** www.mass.gov/eohhs/gov/departments/

masshealth

Phone: 1-800-862-4840

#### **MINNESOTA - MEDICAID**

**Website:** mn.gov/dhs/people-we-serve/childrenand-families/health-care/health-care-programs/ programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see "What

if I have other health insurance?"]

**Phone:** 1-800-657-3739

#### **KANSAS - MEDICAID**

Website: www.kdheks.gov/hcf/default.htm

Phone: 1-800-792-4884

#### **MISSOURI - MEDICAID**

Website: www.dss.mo.gov/mhd/participants/

pages/hipp.htm

Phone: 573-751-2005

#### **MONTANA - MEDICAID**

Website: dphhs.mt.gov/

MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084

#### **NEBRASKA - MEDICAID**

Website: www.ACCESSNebraska.ne.gov

Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

#### **NEVADA - MEDICAID**

Medicaid Website: dhcfp.nv.gov Medicaid Phone: 1-800-992-0900

#### **NEW HAMPSHIRE - MEDICAID**

Website: www.dhhs.nh.gov/oii/hipp.htm

Phone: 603-271-5218

**Toll free number for the HIPP program:** 

1-800-852-3345, ext. 5218

#### **NEW JERSEY - MEDICAID AND CHIP**

**Medicaid Website:** www.state.nj.us/ humanservices/dmahs/clients/medicaid

Medicaid Phone: 609-631-2392

CHIP Website: www.njfamilycare.org/index.html

**CHIP Phone:** 1-800-701-0710

#### **NEW YORK - MEDICAID**

Website: www.health.ny.gov/health\_care/

medicaid

Phone: 1-800-541-2831

#### NORTH CAROLINA - MEDICAID

Website: medicaid.ncdhhs.gov

Phone: 919-855-4100

#### **NORTH DAKOTA - MEDICAID**

Website: www.nd.gov/dhs/services/

medicalserv/medicaid **Phone:** 1-844-854-4825

#### **OKLAHOMA - MEDICAID & CHIP**

Website: www.insureoklahoma.org

Phone: 1-888-365-3742

#### **OREGON - MEDICAID & CHIP**

**Website:** healthcare.oregon.gov/Pages/index.aspx

Phone: 1-800-699-9075

#### **PENNSYLVANIA - MEDICAID**

Website: www.dhs.pa.gov/providers/Providers/

Pages/Medical/HIPP-Program.aspx

Phone: 1-800-692-7462

#### **RHODE ISLAND - MEDICAID AND CHIP**

Website: www.eohhs.ri.gov

**Phone:** 1-855-697-4347 or 401-462-0311

(Direct RIte Share Line)

#### **SOUTH CAROLINA - MEDICAID**

Website: www.scdhhs.gov Phone: 1-888-549-0820

#### **SOUTH DAKOTA - MEDICAID**

**Website:** dss.sd.gov **Phone:** 1-888-828-0059

#### **TEXAS - MEDICAID**

**Website:** gethipptexas.com **Phone:** 1-800-440-0493

#### **UTAH - MEDICAID**

Medicaid Website: medicaid.utah.gov CHIP Website: health.utah.gov/chip

Phone: 1-877-543-7669

#### **VERMONT - MEDICAID**

Website: www.greenmountaincare.org

**Phone:** 1-800-250-8427

#### **VIRGINIA - MEDICAID AND CHIP**

Website: www.coverva.org/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282

#### **WASHINGTON - MEDICAID**

Website: www.hca.wa.gov Phone: 1-800-562-3022

#### **WEST VIRGINIA - MEDICAID**

Website: mywvhipp.com

Toll-free phone: 1-855-MyWVHIPP

(1-855-699-8447)

#### **WISCONSIN - MEDICAID AND CHIP**

**Website:** www.dhs.wisconsin.gov/badgercareplus/p-10095.htm **Phone:** 1-800-362-3002

#### **WYOMING - MEDICAID**

Website: wyequalitycare.acs-inc.com

**Phone:** 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/agencies/ebsa 1-866-444-EBSA (3272) U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565

#### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information. including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

#### Authorization for Colonial Life & Accident Insurance Company

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

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

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

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

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

(Printed name of individual subject to this disclosure)	(Social Security Number)	(Signature)	(Date Signed)
If applicable, I signed on behalf relationship). If legal Guardian,	1 1		(indicate
(Printed name of legal representation	ative) (Signature o	of legal representative)	(Date Signed)

#### **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 vour 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.

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

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



DENTAL BENEFITS



VISION BENEFITS



TELEMEDICINE BENEFITS

#### SUPPLEMENTAL/VOLUNTARY POLICIES -



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

#### TRANSFERRING EMPLOYERS?

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

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

