

# **Flexible Benefits Plan**

Arranged by Pierce Group Benefits



## **HAYWOOD COUNTY SCHOOLS**

**PLAN YEAR:**

**January 1, 2018 - December 31, 2018**

# What's Inside

## Haywood County Schools

Plan Year  
January 1, 2018 through  
December 31, 2018

Haywood County Schools is offering all eligible employees a comprehensive Benefits Program.

This booklet highlights the benefits offered through your employer for the current plan year. Benefits described in this booklet are voluntary, employee-paid benefits unless otherwise noted. You have the opportunity to select the benefits in which you wish to participate. Please see the Benefits Plan Overview section of the booklet for more details.

This is neither an insurance contract nor a Summary Plan Description and only the actual policy provisions will prevail. All information in this booklet including premiums quoted is subject to change. All policy descriptions are for information purposes only. Your actual policies may be different than those in this booklet.

Arranged & Enrolled by  
**Pierce Group Benefits**

Rev. 10/09/2017







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**\*\*The State of North Carolina Disability and State of North Carolina Teachers' and State Employees' Health Plan pages are included in this booklet for informational purposes only.**

# HAYWOOD COUNTY SCHOOLS EMPLOYEE BENEFITS PROGRAM




Provided by Pierce Group Benefits

## Pre-Tax Benefits

	<b>Flexible Spending Accounts*</b> <ul style="list-style-type: none"><li>○ Medical Reimbursement Maximum \$2,600/year</li><li>○ Dependent Care Reimbursement Maximum \$5,000/year</li></ul>	
	<b>Cancer Benefits</b>	Colonial Life
	<b>Accident Benefits</b>	Colonial Life
	<b>Medical Bridge Indemnity Benefits</b>	Colonial Life
	<b>Dental Insurance</b>	Sun Life
	<b>Vision Insurance</b>	Superior

*\*You will need to re-sign for the Spending Accounts if you want them to continue next year.  
IF YOU DO NOT RE-SIGN, YOUR CONTRIBUTION WILL STOP EFFECTIVE December 31, 2017.*

## Post-Tax Benefits

	<b>Disability Benefits</b>	Colonial Life
	<b>Group Critical Care Benefits</b>	Colonial Life
	<b>Life Insurance</b> <ul style="list-style-type: none"><li>○ Term Life Insurance</li><li>○ Whole Life Insurance</li><li>○ Group Term Life Insurance</li></ul>	Colonial Life Colonial Life The Hartford

*Insurance Products will remain in effect unless you see a representative to change them.*

### Enrollment Period

October 16, 2017 through December 8, 2017

### Effective Dates

January 1, 2018 through December 31, 2018

## Qualifications

- Permanent Employees working 30 hours or more per week are eligible.

## Important Facts:

- The plan year for Colonial Insurance products, Spending Accounts, Sun Life Dental, The Hartford Group Term Life and Superior Vision lasts from January 1, 2018 through December 31, 2018.
- Deductions for Colonial Insurance products, Spending Accounts, Sun Life Dental, The Hartford Group Term Life and Superior Vision will begin January 2018.
- If signing up for any coverage on your spouse and/or children, please have their dates of birth and social security numbers available when meeting with the Benefits Representative.
- 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, available from your Benefits Representative during the open enrollment period. Please note that your debit card is good through the expiration date printed on the card.
- Elections made during this enrollment period **CANNOT BE CHANGED AFTER THE ENROLLMENT PERIOD** unless there is a family status change as defined by the Internal Revenue Code. Examples of a family status change are: marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of a spouse's employment, or the transition of spouse's employment from full-time to part-time or vice-versa.
- Once a family status change has occurred, an employee has **30 days** to notify the North Carolina Service Center at 1-888-662-7500 to request a change in elections.
- Medical Reimbursement and Dependent Care Reimbursement expenses must be incurred during the Plan Year in order to be eligible for reimbursement.
- An employee has 90 days after the plan year ends to submit claims for medical reimbursement and/or dependent care expenses that were incurred during the plan year. **Please note that if employment terminates during the plan year, that employee's plan year ends the day employment ends.** The employee has 90 days after the termination date to submit claims.
- Unlike Medical Reimbursement Accounts, with Dependent Care Flexible Spending Accounts the maximum reimbursement you can get is equal to the current account balance in your Dependent Care account.
- The Colonial Cancer plan and the Health Screening Rider on the Colonial Accident and Colonial Medical Bridge plan have a **30-day waiting period** for new enrollees. Coverage, therefore, will not begin until January 31, 2018.
- **Additionally, some policies may include a pre-existing condition clause. Please read your policy carefully for full details.**
- Please be aware there are certain coverages that may be subject to federal and state tax when premium is paid by pretax deduction or employee contribution.
- An employee taking a leave of absence, other than under the Family & Medical Leave Act, may not be eligible to re-enter the Flexible Benefits Program until the next plan year. Please contact your Haywood County Schools Benefit Administrator for more information.

***To enroll or make changes to your Flexible Benefits Plan, please see the representative while he/she is at your school or location.***

# Online Enrollment Instructions for your Annual Enrollment Period

**You can make the following benefit elections online from October 16, 2017 through December 8, 2017:**

- Sign up/re-enroll your Flexible Spending Account (Medical Reimbursement and Dependent Care).
- Enroll, change or cancel your Vision insurance.
- Enroll, change or cancel your Dental insurance.
- Enroll, change or cancel your Colonial products (*please see further details below*)

**The following benefit elections must be made with your Benefits Representative during the enrollment period and are not available for online enrollment.**

- Enroll, change or cancel your Group Term Life insurance.
- Enroll or change Colonial products (*please see further details below*)

## HARMONY ONLINE ASSISTANCE

1. Complete the following steps to begin the online enrollment process.

- **Go to <https://harmonyenroll.coloniallife.com>**
- **Enter your User Name: HAY7V7B- and then your Social Security Number (ex. HAY7V7B-123456789)**
- **Enter your Password: First 4 letters of your last name and then last 4 numbers of your Social Security Number (ex. SMIT6789)**

### Helpful Tips:

- If you are a **new employee** and unable to log into the online system, please see the Benefits Representative while he/she is at your school or location or at the scheduled make-up day.
- If you are an **existing employee** and unable to log into the online system, please contact the **Harmony Help Desk at 866-875-4772** between 8:30am and 6:00pm or speak with your Benefits Representative while he/she is at your school or location or at the scheduled make-up day.

2. The screen prompts you to create a NEW password [\_\_\_\_\_].
3. Choose a security question and enter answer [\_\_\_\_\_].
4. Click on 'I Agree' and then "Enter My Enrollment".
5. The screen shows 'Me & My Family'. Verify that the information is correct and enter the additional required information (title, marital status, work phone, e-mail address). Click 'Save & Continue' twice.
6. The screen allows you to add family members. It is only necessary to enter family member information if adding or including family members in your coverage. Click 'Continue'.
7. The screen shows updated personal information. Verify that the information is correct and make changes if necessary. Click 'Continue'.
8. The screen shows 'My Benefits'. Review your current benefits and make changes/selections for the upcoming plan year.

### **Dental** (Choose one of the options and click 'Save & Continue'):

1. If you have existing coverage and would like to keep it without making changes, click 'Keep This Benefit';
2. If you would like to enroll in coverage, or change existing coverage, choose your plan in the Enroll section;
3. If you would like to decline coverage, click 'Decline/Cancel Coverage'

Select family members that you wish to cover with your dental insurance by clicking 'Add a Family Member'.

### **Vision** (Choose one of the options and click 'Save & Continue'):

1. If you have existing coverage and would like to keep it without making changes, click 'Keep This Benefit';
2. If you would like to enroll in coverage, or change existing coverage, choose your plan in the Enroll section;
3. If you would like to decline coverage, click 'Decline/Cancel Coverage'

Select family members that you wish to cover with your vision insurance by clicking 'Add a Family Member'.

**Note:** If you cancel your vision coverage, please be aware that you will not be allowed back into the plan for two years since the benefits are based on a 24-month plan design.

Instructions continued on next page

**Health Care FSA** (Choose one of the options and click 'Save & Continue'):

1. Enter annual amount. **MAX \$2,600/year**

**Dependent Care FSA** (Choose one of the options and click 'Save & Continue'):

1. Enter annual amount. **MAX \$5,000/year**

**Cancer Assist**

You may enroll online in Cancer Assist coverage.

**Disability – NCK1000**

You may enroll online in NCK1000 – the North Carolina Educator Disability Plan.

**Accident 1.0**

You may enroll online in Accident 1.0; however persons over age 64 applying for coverage and employees wishing to purchase an individual policy for their spouse must meet with the Benefits Representative.

**Individual Medical Bridge**

You may enroll online in Individual Medical Bridge coverage.

**Group Critical Care**

You may enroll online in Group Critical Care coverage.

**Term Life 1000**

You may enroll online in Term Life 1000; however, employees wishing to purchase an individual policy for their spouse should meet with the Benefits Representative.

**Whole Life 1000**

You may enroll online in Whole Life 1000; however, employees wishing to purchase an individual policy for their spouse should meet with the Benefits Representative.

9. Click 'Finish'.
10. Click 'I Agree' to electronically sign the authorization for your benefit elections.
11. Click 'Print a copy of your Elections' to print a copy of your elections. **Please do not forget this important step!!!**
12. Click 'Log out & close your browser window' and click 'Log Out'.

**Please Note: When using the Harmony online enrollment system, Internet Explorer should be utilized for best results. Harmony is not compatible with other browsers (such as Google Chrome and Firefox), and web pages may not display properly when using browsers other than Internet Explorer.**



# FLEXIBLE SPENDING ACCOUNTS

## How the AmeriFlex Plan Works

If you participate in the AmeriFlex FSA plan, you will elect to have a specified amount of “pre-tax” money deducted from your paycheck each pay period. These funds are subtracted from your gross earnings before taxes and put into an FSA that you can then use to pay for eligible out-of-pocket expenses.

*-Increase your take-home pay with an FSA plan!*

The following table illustrates how you save by participating in a Flexible Spending Account:

Without This Plan		With This Plan	
Gross pay (annual)	<b>\$30,000.00</b>	Gross pay (annual)	\$30,000.00
Tax Withholding (est. @25%)	<b>\$ 7,500.00</b>	• Eligible expense	\$ 1,000.00
Take-home pay	<b>\$22,500.00</b>	Taxable income	\$29,000.00
• Eligible expense	<b>\$ 1,000.00</b>	Tax Withholding (est. @25%)	\$ 7,250.00
New take-home pay	<b>\$21,500.00</b>	New take-home pay	\$21,750.00
		• Result (increased take-home pay)	\$ 250.00

The information in this table is for descriptive purposes only and is not intended to reflect your own personal tax situation.

## Eligible Expenses

### Medical FSA Eligible Expenses

A medical FSA (also referred to as a “Health FSA”) is used to pay for healthcare expenses that are not covered under your medical or other insurance plan. The IRS determines what expenses are eligible for reimbursement under a medical FSA. IRS-qualified expenses may include:

- Co-pays, deductibles, and other payments that you are responsible for under your health plan
- Expenses that may not be covered under your health plan, such as:
  - Routine exams
  - Dental care
  - Prescription drugs
  - Orthodontia (check with your employer to determine if orthodontia is allowed under your plan and what reimbursement method is used)
  - Eye care (including Lasik, glasses, and contact lenses)
  - Hearing aids
  - Well-baby care
- Miscellaneous expenses such as:
  - Certain over-the-counter healthcare expenses\* (Band-aids, First Aid supplies)
  - Individual psychiatric or psychological counseling
  - Diabetic equipment and supplies
  - Durable medical equipment
  - Qualified medical products or services provided by a doctor

Some examples of ineligible expenses include insurance premiums, teeth whitening, prescription drugs for male-pattern baldness, and most cosmetic procedures. A more comprehensive database of eligible and ineligible expenses can be found by logging in to your personal account on the AmeriFlex Web site ([www.myameriflex.com](http://www.myameriflex.com)). Please contact AmeriFlex Member Services at 888.868.FLEX (3539) for more information on how to set up online account access.

**\*Note:** Effective January 1, 2011, health care reform law mandates that expenses incurred for over-the-counter medicines and drugs (with the exception of insulin) will not be eligible for reimbursement under a health FSA or HRA unless you have a valid prescription.

### Dependent Day Care Spending Account Eligible Expenses

With a Dependent Day Care Account, you can set aside pre-tax payroll deductions to reimburse the expenses associated with day care for your qualified dependents. Eligible expenses must meet the following requirement:

- The care of the dependent must enable you and your spouse to be employed
- The amount to be reimbursed must not be greater than your spouse’s income or your income, whichever is less
- The child must be under the age of 13 and must be your dependent under federal tax rules
- The services may be provided in your home or another location, but not by someone who is your minor child or dependent for income tax purposes (e.g. an older sibling) – the caregiver’s SSN will be required
- If the services are provided by a daycare facility that cares for six or more children simultaneously, the facility must comply with state and local day care regulations
- Services must be for the physical care of the child, not for education, meals, etc.



Qualified dependent care expenses also include costs for the care of the spouse or other adult dependent who lives in your home and is incapable of self-care, has gross income below the exemption amount in IRS Code 151, is dependent on you for more than half their support, and is not anyone else’s qualifying child (e.g. an invalid parent). The same rules that apply for childcare apply to the care of other dependents, except the dependent need not be under age 13.

## Funding Your Account

The maximum amount you can contribute to your FSA depends on the type of account that you select. Your employer determines the maximum annual allowable contribution for your Medical Flexible Spending Account while the government sets the maximum amount for your Dependent Day Care Spending Account.

### Determining Account Contributions

- Medical:** Your employer determines the maximum allowable contribution for your Medical Flexible Spending Account. Within that maximum, you determine your contribution for yourself and your eligible dependents based on expenses you expect to incur in the upcoming plan year. Your annual contribution is then divided by your number of pay periods, and that amount will be deducted pre-tax each pay period.
- Dependent Day Care:** The IRS establishes the contribution limits for Dependent Day Care Accounts.

### The “Use It or Lose It” Rule

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

To avoid losing any of the funds you contribute to your FSA, it’s important to plan ahead as much as possible to estimate what your expenditures will be in a given plan year. AmeriFlex has created an FSA worksheet to help you determine how much you might need to contribute to your FSA. See the following worksheet or visit the FSA section of the AmeriFlex Web site ([www.myameriflex.com](http://www.myameriflex.com)) to access the worksheet.

A Quick Reference

**MEDICAL FLEXIBLE SPENDING ACCOUNT WORKSHEET**

www.flex125.com

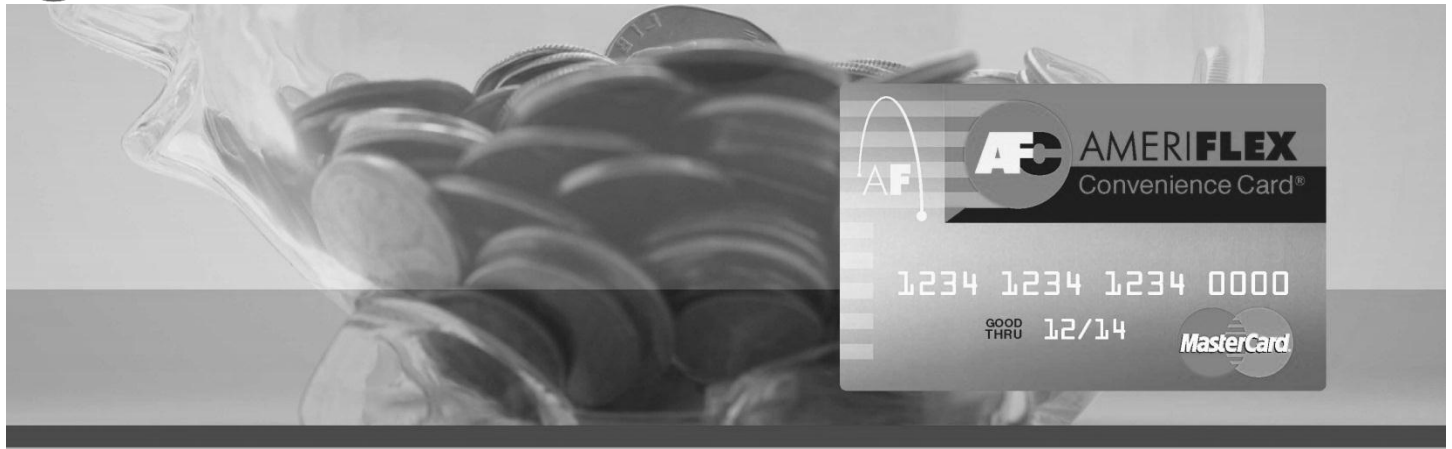
	Last Year	This Year
<b>Medical</b>		
Deductibles _____	\$ _____	\$ _____
Doctor’s office visits _____	_____	_____
Well-baby care _____	_____	_____
Pap smear _____	_____	_____
Physicals _____	_____	_____
Immunizations _____	_____	_____
Prescription drugs _____	_____	_____
Over-the-counter drugs* _____	_____	_____
Others _____	_____	_____
<b>Dental</b>		
Fillings _____	_____	_____
Bridges _____	_____	_____
Crowns _____	_____	_____
Dentures _____	_____	_____
Orthodontia _____	_____	_____
Braces _____	_____	_____
Exams _____	_____	_____
<b>Vision</b>		
Exams _____	_____	_____
Lenses _____	_____	_____
Frames _____	_____	_____
Contact Lenses _____	_____	_____
<b>Miscellaneous</b>		
_____	_____	_____
_____	_____	_____
<b>Total Eligible Medical Expenses</b> _____	\$ _____	\$ _____

Please refer to Section 213(d) of the Internal Revenue Code for the definition of deductible medical expenses that are eligible for reimbursement. Note: An expense is not eligible if it is for cosmetic reasons only. Also, insurance premiums and long term care expenses are not eligible for reimbursement.

\*Effective January 1, 2011, all over-the-counter (OTC) drugs and medicines will require a prescription to be eligible for reimbursement from an FSA.

AmeriFlex, 302 Fellowship Road, Suite 100, Mount Laurel, NJ 08054, Toll Free: 888.668.1115 (8339) www.flex125.com





## Paying for Eligible Expenses

### The AmeriFlex Convenience Card

The easiest way to pay for eligible expenses is to use your AmeriFlex Convenience Card, which provides you with access to your FSA accounts (Medical or Dependent Day Care) with a single card. The AmeriFlex Convenience Card works just like a regular debit card, but with three important differences:

- Its use is limited to specific merchants\* and to expenses deemed eligible by your plan.
- You cannot use your AmeriFlex Convenience Card at an ATM or to obtain “cash back” when making a purchase.
- You are not given a PIN with this card. Should a merchant or provider ask you for a PIN, simply explain that this card does not require one. If given the option between “DEBIT” or “CREDIT” at the terminal, choose “CREDIT.”

*\*Use of the AmeriFlex Convenience Card is limited to day care providers; medical care providers such as hospitals, doctors' offices, optometrists, dentist, orthodontists, pharmacies, or other merchants providing prescription and over-the-counter eligible products. Your card cannot be used at non-qualified businesses such as gas stations, retailers, convenience stores, etc.*

### Filing a Manual Claim

If you do not use your AmeriFlex Convenience Card to pay for an eligible expense, you can also pay for the expenses out-of-pocket and then get reimbursed from your FSA by filing a manual claim. To file a manual claim, simply complete the AmeriFlex Claim Form (available on the Forms section of the AmeriFlex Web site, [www.myameriflex.com](http://www.myameriflex.com)) and send it to AmeriFlex along with substantiation of the claim. Acceptable forms of substantiation include itemized receipts and the Explanation of Benefits (EOB) from your insurance carrier.

#### Claims can be submitted via mail, fax, or e-mail to:

AmeriFlex (Attn: Claims Department)

P.O. Box 269009 Plano, TX 75026

Fax: 888.631.1038 (Attn: Claims Department) E-mail: [claims@myameriflex.com](mailto:claims@myameriflex.com)

As an added convenience, you can also submit your claim and supporting documentation online through the AmeriFlex Convenience Portal! Visit [www.myameriflex.com](http://www.myameriflex.com) or contact AmeriFlex Member Services for more information about this option.

Information required on all claim requests includes: the date of service, the product or service description, prescription drug names and numbers, the total dollar amount being requested, the service provider's name, and, for dependent day care requests, the provider's signature and tax ID or Social Security Number.

When you submit a claim by fax or mail, you can opt to have your reimbursement mailed to you as a check or direct-deposited into your bank account.

### Your Card Account Balance and Transaction Receipts

- **What if there's not enough money in my account?**

If you charge more than the available balance in your account, the transaction will be denied. You can obtain your current account balance by logging in to your account from the AmeriFlex Web site ([www.myameriflex.com](http://www.myameriflex.com)) or by calling the AmeriFlex Interactive Voice Response System (available 24/7) at 888.868.Flex (3539). Be sure to keep track of your account balance to avoid denied charges.

- **Do I need my receipts?**

Possibly, so please be sure to save all your receipts as proof that FSA funds were used to pay for eligible expenses! For certain expenses, AmeriFlex may need additional information, including receipts, to verify eligibility of the expense and to comply with IRS rules. That's why it's important to save your receipts and fax or mail them promptly if requested. Failure to comply could jeopardize the tax-exempt status of your account and cause the card to be deactivated.



## FSA Election Changes

### What if I want to make a change to my FSA Election?

In general, you cannot change your FSA election in the middle of a plan year. However, the IRS allows participants to make changes to their election if they experience what is referred to as a “qualifying event” that causes them to have a change in personal status. Qualifying events include:

- Change in provider (Dependent Day Care only)
- Change in cost of day care (Dependent Day Care only)
- Change in legal marital status
- Change in number of dependents
- Change in employment status
- Change in work schedule (increase or decrease in hours)
- Dependent satisfies (or ceases to satisfy) requirements for eligibility

The election change must be consistent with the qualifying event. A change is considered consistent with the qualifying event for Medical FSAs if the following occurs:

- The employee, spouse, or dependent is gaining or losing eligibility for health coverage.
- The election change corresponds with the gain or loss of coverage.

### Employee Termination/Claims Procedure

AmeriFlex will deactivate the terminated employee’s AmeriFlex Convenience Card on the date they are notified of the termination. Any eligible expenses incurred, and not yet submitted for reimbursement prior to or on the date of termination, must be filed using a manual claim form and must be received by AmeriFlex within the run-out period described in the Summary Plan Description.

## Tax Implications

### Will pre-taxing have an impact on Social Security benefits?

Reductions in your taxable pay may lead to a reduction in Social Security benefits; however, for most employees, the reduction in Social Security benefits is insignificant when compared to the value of paying lower taxes now.

### Dependent Day Care Tax Filing

On your tax return you must report the correct name, address, and taxpayer identification number (TIN) of your dependent care provider. If your dependent care provider is exempt from federal income taxation, you are not required to report TIN; however, you must report the correct name and address of the exempt provider and write “tax-exempt” in the space provided for the TIN.

### Tax Credits vs. Dependent Care Spending Accounts

If you participate in a Dependent Care Spending Account, you cannot claim credits on your income tax return for the same expenses. Also, any amount reimbursed under this plan will reduce the amount of other dependent care expenses that you can claim for purposes of tax credits. Before you enroll in a Dependent Day Care Account, evaluate whether the federal income tax credit or the Dependent Care Spending Account is best for you. Refer to the following federal tax forms and publications for more information (available at <http://www.irs.gov/>):

- Form 2441 (Child and Dependent Care Expenses)
- Form 1040 Schedule EIC and IRS Publication 596 (Earned Income Credit)
- Form 8812 and IRS Publication 972 (Child Tax Credit)
- Frequently Asked Questions

## Contact Information

- **24/7 Interactive Voice Response (IVR):** 888.868.3539
- **Member Services Toll-Free Phone:** 888.868.3539 (8:30a.m. to 8:00p.m. EST)
- **Web:** [www.myameriflex.com](http://www.myameriflex.com)
- **Member Services Email:** [service@myameriflex.com](mailto:service@myameriflex.com)
- **Fax:** 800.282.9818
- **Mail:** 3000 Internet Blvd., Suite 200, Frisco, Texas 75034

*This information is presented for information purposes only and is not intended as legal, tax, accounting, or other professional advice. Individuals concerned about their own individual tax situation are encouraged to consult with a professional advisor. Furthermore, the information in this kit is also subject to change at any time as laws and regulations change.*



## AmeriFlex Flexible Benefits Plan

### Haywood County Schools

Plan Year: January 1, 2018 through December 31, 2018

#### What are my Maximum Annual Contributions?

The maximum you may contribute to the Health Care Flexible Spending Account is \$2,600/year

The maximum you may contribute to the Dependent Care Flexible Spending Account is \$5,000/year

#### What happens if I don't use all the money in my FSA by the end of the plan year?

By law, employers are not allowed to return leftover money to participants.

#### How does an FSA work?

First you choose how much money you would like automatically deducted from your paycheck for your health care and/or dependent care FSA. Then you can use a debit card to spend the money in your account on eligible expenses. If you do not have a debit card, you submit receipts and get reimbursed by check or direct deposit, if available.

#### When can I start using the money in my FSA account?

For the Health Care Flexible Spending Account you can access your annual contribution at the start of your plan year. For the Dependent Care Flexible Spending Account the maximum reimbursement you can get is equal to the current account balance in your Dependent Care account.

#### Will I get paid less every pay period if I enroll in an FSA?

Yes and No! Your gross, or pre-tax, pay will remain the same. But your "net" pay will be lower because a portion of it will go into your FSA account. The advantage is that this money gets put into your FSA account before taxes, which lowers your "taxable" income. You have complete access to these funds for any qualified medical expense for you and your family.

#### When do I choose my contribution amount and can I change it anytime?

You choose your FSA contribution amount during your annual enrollment; this is the time of year you can elect and/or change your benefits such as medical, dental, etc. **For Haywood County Schools, the enrollment period is October 16, 2017 through December 8, 2017.** Once your contribution election becomes effective, you won't be able to change it until the next enrollment period, unless there is a change in your eligibility status (e.g., marital status, having or adopting a child, etc.). You must check with your employer for specific eligibility status change rules.

#### Instead of enrolling in an FSA, why shouldn't I just make these deductions on my income tax?

Claiming a tax return deduction is only beneficial for people with substantial uninsured medical expenses. According to the IRS, only medical/dental expenses that exceed 10% of your "adjusted gross income" and are not covered by insurance can be deducted from your income taxes. Most people do not have uninsured medical expenses high enough to qualify for this deduction.

#### Who is eligible to participate?

Permanent employees who work at least 30 hours per week are eligible to participate. Eligible employees must sign a new enrollment form before the start of each plan year. New employees must sign an enrollment form within 30 days of their hire date in order to participate for the remainder of the year.

Eligible employees can claim expenses incurred by their dependents as defined under section 125 of the Internal Revenue Code.

#### What happens to my FSA contributions if I leave or am terminated from my job?

If you leave or are terminated from your job and have a positive balance in your FSA account, you do have COBRA rights. If you do not exercise those rights, the balance remaining in your FSA will be forfeited.

#### How may I access my account information?

You may log in to your FSA account anytime to view your account balance, account activity and transaction history. Access your account at [www.myameriflex.com](http://www.myameriflex.com). You may also call AmeriFlex directly at 888-868-3539 to speak to a representative or to access the 24/7 Interactive Voice Response System.



## NEW! Introducing the AFC Portal Mobile App

The **AFC Portal mobile application** is now available (**for free!**) through the App Store and the Google Play store! The AFC Portal app is a valuable new feature of our flexible benefit offering that gives members immediate access to their flexible spending accounts on-the-go, anytime – putting the convenience of the AFC Portal at your fingertips! To locate the app in the App Store or Google Play store, search “AmeriFlex” or “AFC Portal” and select the app that matches the image below. Then, simply download the free application and follow the instructions to register your account.



Once logged in, you will be able to:

- View email alerts.
- View recent transactions.
- View your flexible spending account balance(s).
- Submit claims for reimbursement by taking a picture of the receipt\* and uploading directly from your phone.
- Complete substantiation requests by taking a picture of the receipt\* and uploading directly from your phone.
- Enjoy **total security** and protection of account data.

*\*Please note: depending on the claim, specific documentation such as an itemized receipt, EOB or other sufficient documentation may be required.*

### Registration Process

After installing and opening the app, click “Register” on the first page. Provide the information requested and follow the steps on the next screens to register your account. Verify all security questions and answers. To finish the registration process, click “Submit Setup Info.”

### Submitting a Claim through the AFC Portal App

It’s quick and easy to submit a claim through the AFC Portal app – you can even snap a photo of your receipt and upload directly from your phone!

**Step 1:** Add a claim by selecting “Claims” in the bottom bar then choosing “Add” or clicking the “\$” next to the account type on the main screen.

**Step 2:** Enter the Service Start Date, End Date, Claimant, Account Type, and Claim Amount, then click “Add Receipt.”

**Step 3:** Once you click “Add Receipt” you will have the option to take a new photo or choose an existing photo from your phone’s photo gallery. Once the picture is added, you will see it at the bottom of the screen. You then must select “Preview” which lets you review your claim one last time. Once you have verified the information you are submitting, select “Submit” and “Accept.” Your claim has been submitted!

### Adding a Receipt for a Pending Claim

You can add a receipt for a pending claim by clicking on “Claims” in the bottom bar, selecting the claim that needs to be substantiated, and adding the receipt by taking a new photo or choosing an existing photo from your phone’s photo gallery.



### **AFC Portal Mobile App: Frequently Asked Questions**

*What phones support the mobile app?*

Android 2.2 and higher, as well as iPhone 4 and higher will support the mobile app. Windows and BlackBerry phones are not currently supported.

*Will the mobile app store my username and password?*

You can opt to have the mobile app store your username (not required, however). For security reasons, you will need to re-enter your password each time you log in.

*How do I update my personal information in the mobile app?*

Depending on the settings established by your employer, you can update your personal information by logging into the AmeriFlex Convenience Portal through your computer, or by contacting your company's HR representative.

*Can I use my existing AmeriFlex Convenience Portal username and password to access my account through the mobile app?*

**Yes, you can! If you have not yet registered for the portal, please visit:**

<https://www.mywealthcareonline.com/ameriflex>.

*Can I pay my provider through the app?*

**No.** At this time, the pay provider feature is only available through the online AmeriFlex Convenience Portal. If you need your claim payment sent directly to your provider, please access your account from your computer through the AmeriFlex Convenience Portal.

*How do I report a lost or stolen card or request a new card?*

To report a lost or stolen card or request a new card, you must log in to the AmeriFlex Convenience Portal through your computer or contact AmeriFlex Member Services at 888.868.3539.



## **The FSAStore – One Convenient Location for All Your FSA Purchases**

Pierce Group Benefits recently partnered with the FSAStore to provide one convenient location for all your FSA eligible purchases. Through our partnership, Pierce Group Benefits and the FSAStore can help you shop for FSA eligible items, search for local and eligible physicians, and answer the many questions that come along with having a Flexible Spending Account.

### **COMPONENTS**

The FSAstore focuses on three main channels to help you better understand your benefits and eligible services and products as an FSA participant:

- **Products** – Shop for more than 4,000 FSA eligible products
- **Services** – Find FSA eligible services and providers in your area
- **Learning Center** – Learn more about your FSA and get answers to your questions

### **BENEFITS**

By utilizing FSAStore, you get the following benefits:

- Easily understand which products require a prescription and which do not
- Get access to FSA eligible services and providers in your area
- Find answers to commonly and not-so-commonly asked FSA questions
- Enjoy free shipping on orders over \$50 with a short 1-2 day turnaround time
- Have access to 24/7 customer support
- Get your favorite brands at discounted prices

### **ACCESSING FSASTORE**

**Accessing the FSAStore is easy. Simply visit [www.FSAStore.com](http://www.FSAStore.com)!**



**Flexible Spending Accounts  
Identity Theft Protection**



ameriflex  
**Identity  
Theft  
Protection**

**Introducing an enhanced benefit for Ameriflex cardholders**

One of the greatest fears for consumers is financial ID theft, yet very few feel they take precautions to protect their private information. That's why Ameriflex is pleased to offer its cardholders complimentary access to MasterCard's comprehensive Identity Theft Protection program\*, powered by CSID®. By simply being an Ameriflex cardholder, you can rest assured knowing that if anything happens to your MyAmeriflex Card, whether misplaced or stolen, you can utilize MasterCard's industry-leading ID theft protection and restoration services for everything you may need.

**How does it work?**

You can register as much or as little of your personal information as you want, including your MyAmeriflex Card, personal bank accounts, email addresses, Social Security number, driver's license, passport, store/membership card, and medical ID. The service monitors malicious underground websites 24/7 and instantly deploys email alerts if any of your personal information is discovered on the monitored sites. The Identity Theft Protection program, powered by CSID® is completely portable, so if you no longer carry a MyAmeriflex Card, you can continue enjoying the service for any of your other personal information!

**Have more than one card in your wallet?**

No problem! In addition to your MyAmeriflex Card, you can register all of your debit/credit cards for ultimate peace of mind.

**77% of consumers**

are more concerned about their financial information being stolen than their houses being robbed

**46% of consumers**

change their passwords (rarely) for their online financial accounts

**39% of consumers**

have checked their personal financial information on public networks

 <p><b>MasterCard ID Theft Alerts</b> Receive instant alerts if any personal information is discovered on malicious websites.</p>	 <p><b>Expert Restoration Assistance</b> In the event of identity fraud, certified Identity Theft Restoration Specialists are available to guide you through every step of the restoration process.</p>	 <p><b>Emergency Wallet Replacement Assistance</b> Receive 24/7 help when a wallet, handbag, and/or its contents are lost or stolen.</p>
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Sign up online for free at: [mastercard.us/idtheftalerts](http://mastercard.us/idtheftalerts)

If you have any questions about the program or need assistance with any of your monitored information, please contact MasterCard at **1-800-MASTERCARD**.

AF\_ID\_Theft\_V1

\* Certain terms, conditions and exclusions apply. Contact your issuing financial institution for complete coverage terms and conditions or call 1-800-MASTERCARD for assistance. Applicable to U.S. Cardholders only. CSID is a registered trademark of CSIdentity Corporation. MasterCard and the MasterCard Brand Mark are registered trademarks and MasterCard ID Theft Protection and MasterCard ID Theft Alerts are trademarks of MasterCard International Incorporated. 2015 MasterCard.



# CANCER BENEFIT

Cancer Assist Plan Provided by Colonial Life

The following information highlights the benefits of the current Cancer policy available through your benefits package. If you enrolled in a Cancer Plan prior to this year, you may have different benefits and features than those shown here. You should refer to your personal policy for your exact benefits and features. Your Benefits Representative can provide you with further information on which plan you have, and assist with any questions.

Please meet with your Benefits Representative during your enrollment period or call the Pierce Group Service Center at 1-888-662-7500 for any assistance.



## 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.

INDIVIDUAL CANCER INSURANCE







## 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.



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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 anesthesia

### Anesthesia

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

**Local:** \$25-\$50 per procedure

### Hospital Confinement

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

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

### Family Care

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

### Second Medical Opinion on Surgery or Treatment

\$150-\$300 once per lifetime

### Home Health Care Services

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

### Hospice Care

**Initial:** \$1,000 once per lifetime

**Daily:** \$50 per day

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

### Transportation and Lodging

■ **Transportation** for treatment more than 50 miles from covered person's home: \$0.50 per mile, up to \$1,000-\$1,500 per round trip

■ **Companion Transportation** (for any companion, not just a family member) for commercial travel when treatment is more than 50 miles from covered person's home: \$0.50 per mile, up to \$1,000-\$1,500 per round trip

■ **Lodging** for the covered person or any one adult companion or family member when treatment is more than 50 miles from the covered person's home: \$50-\$80 per day, up to 70 days per calendar year

### Benefits also included in each plan

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



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The benefits of good hard work.™

## Cancer Insurance Wellness Benefits

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



For more information,  
talk with your  
benefits counselor.

### Part One: Cancer Wellness/Health Screening

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

#### Cancer Wellness Tests

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

#### Health Screening Tests

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

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

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

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).

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CANCER ASSIST WELLNESS – 101486

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The benefits of good hard work.\*

# Cancer Insurance

## Specified Disease Hospital Confinement Rider



In addition to cancer, there are many other diseases that could lead to a costly hospital stay. Fortunately, there's a way to help protect your family's financial future.

At an additional cost, Colonial Life & Accident Insurance Company offers an optional specified disease rider for your cancer insurance. This rider adds valuable coverage for a variety of specified diseases.

### Specified Diseases

- Adrenal Hypofunction (Addison's Disease)
- Botulism
- Bubonic Plague
- Cerebral Palsy
- Cholera
- Cystic Fibrosis
- Diphtheria
- Encephalitis (including Encephalitis contracted from West Nile Virus)
- Huntington's Chorea
- Legionnaires' Disease
- Lou Gehrig's Disease (Amyotrophic Lateral Sclerosis)
- Lyme Disease
- Malaria
- Meningitis (bacterial)
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Necrotizing Fasciitis
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's Syndrome
- Scleroderma
- Scarlet Fever
- Sickle Cell Anemia
- Systemic Lupus
- Tetanus
- Toxic Epidermal Necrolysis
- Toxic Shock Syndrome
- Tuberculosis (Mycobacterial)
- Tularemia
- Typhoid Fever
- Variant Creutzfeldt-Jakob Disease (Mad Cow Disease)
- Yellow Fever

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

### Rider Benefits

We will pay this benefit if after the waiting period\* you incur charges for and are confined to a hospital for treatment of one of the specified diseases listed above.

#### Rider Features

- Guaranteed renewable as long as your cancer insurance policy is in force.
- Covers the same family members as your cancer insurance policy.
- Pays benefits regardless of any other insurance you have with other insurance companies.
- Pays benefits directly to you, unless you specify otherwise.

\*Waiting Period means the first 30 days following each insured person's coverage effective date during which time no benefits are payable.

This rider 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 rider form R-CanAssistSpDis (including state abbreviations where used, for example: R-CanAssistSpDis-TX).

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**Disclosure Notice - (Applicable to Policy Form CanAssist-NC)**

**THE POLICY PROVIDES LIMITED INDEMNITY BENEFITS  
BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES**

**NO RECOVERY DURING THE FIRST 12 MONTHS OF THIS POLICY  
FOR CANCER, IF APPLICABLE, WITH A DATE OF DIAGNOSIS PRIOR TO 30 DAYS AFTER THE EFFECTIVE DATE  
OF COVERAGE. IF A COVERED PERSON IS 65 OR OLDER WHEN THE POLICY IS ISSUED, PRE-EXISTING  
CONDITIONS FOR THAT COVERED PERSON WILL INCLUDE ONLY CONDITIONS SPECIFICALLY ELIMINATED BY  
RIDER. READ POLICY PROVISIONS CAREFULLY.**

**THE POLICY IS NOT MEDICARE SUPPLEMENT COVERAGE.**

If you are eligible for Medicare, review the [Guide to Health Insurance for People with Medicare](#) available from the company.

**Please Read the Policy Carefully**

This outline provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.

**Renewability**

The policy is guaranteed renewable as long as you pay the premiums when they are due or within the grace period. Your premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

**Coverage Provided by the Policy**

The policy is designed to provide coverage **ONLY** for losses due to cancer and for specified wellness procedures, subject to any limitations in your policy. The policy does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

The policy provides benefits for cancer, including skin cancer where applicable, if the date of diagnosis, treatment of cancer or skin cancer, or the performance of wellness procedures occur: after the waiting period has been satisfied; while your policy is in force; and if the cancer or treatment is not excluded by name or specific description in the policy. Drugs received for the treatment of cancer must be approved by the United States Food and Drug Administration (FDA). Any procedures for Wellness Benefits performed before the end of the waiting period will not be covered. If the date of diagnosis of cancer is before the end of the waiting period, coverage for that cancer will apply only to loss commencing after the policy has been in force 12 months. Benefits will be provided for unrelated cancers diagnosed after the effective date of the policy. Cancer must be pathologically or clinically diagnosed. If cancer is not diagnosed until after you die, we will only pay benefits for the treatment of cancer performed during the 45-day period before your death.

**BENEFITS FOR CANCER**

<b>AIR AMBULANCE</b> ____/trip	<b>Level 1</b> \$2,000	<b>Level 2</b> \$2,000	<b>Level 3</b> \$2,000	<b>Level 4</b> \$2,000
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Benefit payable if a charge is incurred and a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities while he is confined as an inpatient for the treatment of cancer. No lifetime limit other than two trips each time he is confined as an inpatient for the treatment of cancer.

<b>AMBULANCE</b> ____/trip	<b>Level 1</b> \$250	<b>Level 2</b> \$250	<b>Level 3</b> \$250	<b>Level 4</b> \$250
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Benefit payable if a charge is incurred and a licensed medical professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities, while he is confined as an inpatient for the treatment for cancer. No lifetime limit other than two trips each time he is confined as an inpatient for the treatment of cancer.

<b>ANESTHESIA</b> 25% of the amount of the Surgery benefit paid; Local anesthesia: ____/procedure	<b>Level 1</b> \$25	<b>Level 2</b> \$30	<b>Level 3</b> \$40	<b>Level 4</b> \$50
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Benefit payable if any covered person incurs a charge and receives general anesthesia administered by an anesthesiologist or a Certified Registered Nurse Anesthetist during a surgical procedure that is performed for the treatment of cancer and for which a benefit is payable. If a covered person incurs a charges and receives local anesthesia during a surgical procedure performed for the treatment of cancer for which a benefit is payable, we will pay the amount indicated above. If a covered person has more than one surgical procedure performed at the same time, we will pay only one Anesthesia benefit. We will pay the Anesthesia benefit for the surgical procedure performed that has the highest dollar value. The benefit is payable for skin cancer. No lifetime limit.

<b>ANTINAUSEA MEDICATION</b> ____/day up to ____/month for medication administered in a doctor's office, clinic or hospital or per prescription filled	<b>Level 1</b> \$25 \$100	<b>Level 2</b> \$40 \$160	<b>Level 3</b> \$50 \$200	<b>Level 4</b> \$60 \$240
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Benefit payable if any covered person incurs a charge for medication for nausea as a result of radiation or chemotherapy treatments prescribed by a doctor during the treatment of cancer. We will only pay one Anti-Nausea Medication benefit per day regardless of the number of anti-nausea medications a covered person receives on the same day. No lifetime limit.



## Cancer Benefit

### BLOOD/PLASMA/PLATELETS/ IMMUNOGLOBULINS

\_\_\_/day up to \$10,000/calendar year

Level 1	Level 2	Level 3	Level 4
\$150	\$150	\$175	\$250

Benefit payable for actual charges incurred, subject to the daily benefit amount if any covered person receives a transfusion of blood/plasma/platelets/ immunoglobulins, including fees for administering them, during the treatment of cancer. No lifetime limit.

### BONE MARROW OR PERIPHERAL STEM CELL

Maximum of one per covered person per lifetime

Level 1	Level 2	Level 3	Level 4
\$25	\$30	\$40	\$50

Benefit payable if any covered person incurs a charge for receiving another person's bone marrow or stem cells in connection with a covered transplant procedure for the treatment of cancer. We will pay the benefit only once per covered person per lifetime.

### BONE MARROW OR PERIPHERAL STEM CELL TRANSPLANT

BONE MARROW STEM CELL  
TRANSPLANT/transplant

Level 1	Level 2	Level 3	Level 4
\$3,500	\$4,000	\$7,000	\$10,000

PERIPHERAL STEM CELL  
TRANSPLANT/transplant

Level 1	Level 2	Level 3	Level 4
\$3,500	\$4,000	\$7,000	\$10,000

Maximum of two transplant benefits per covered person per lifetime.

Benefit payable if any covered person incurs a charge and receives a bone marrow or peripheral stem cell transplant for the treatment of cancer. We will pay for no more than two transplants per covered person per lifetime.

### COMPANION TRANSPORTATION

\$0.50/mile up to \_\_\_/ round trip

Level 1	Level 2	Level 3	Level 4
\$1,000	\$1,000	\$1,200	\$1,500

Benefit payable if a charge is incurred for one companion to accompany a covered person to another city (more than 50 miles one way from the city where he lives) where he is receiving treatment for cancer on the advice of a doctor. The benefit is payable when charges are incurred for commercial travel (i.e., plane, train or bus) to and from the covered person's destination. Benefits for air ambulance and ambulance are only available under the Air Ambulance and Ambulance benefits. There is no limit to the number of times a covered person receives benefits for Companion Transportation, subject to the Maximum Benefit Amount shown above.

### EGG(S) EXTRACTION OR HARVESTING/SPERM COLLECTION AND STORAGE (CRYOPRESERVATION)

EGG(S) EXTRACTION OR  
OR SPERM COLLECTION

Level 1	Level 2	Level 3	Level 4
\$500	\$700	\$1,000	\$1,500

EGG(S) OR SPERM STORAGE

Level 1	Level 2	Level 3	Level 4
\$175	\$200	\$350	\$500

Maximum of one per covered person per lifetime.

Benefit payable if any covered person incurs a charge to have eggs extracted and harvested or sperm collected. An additional benefit is payable if a covered person incurs a charge for the storage of eggs or sperm with a licensed reproductive tissue bank or a similar licensed storage facility. The extraction, harvesting, collection and storage must occur prior to chemotherapy or radiation treatment that has been prescribed by a doctor for the covered person's treatment of cancer. We will pay these benefits only once per covered person per lifetime.

### EXPERIMENTAL TREATMENT

\_\_\_/day up to

Level 1	Level 2	Level 3	Level 4
\$200	\$250	\$300	\$300

\_\_\_lifetime maximum

\$10,000	\$12,500	\$15,000	\$15,000
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Benefit payable each day any covered person incurs a charge for receiving hospital, medical or surgical care in connection with experimental treatment of cancer. These treatments must be prescribed by a physician and must be received in an experimental cancer treatment program. Payment of the Experimental Treatment benefit is in place of payment of any other benefit for the same covered treatments.

### FAMILY CARE

\_\_\_/day up to

Level 1	Level 2	Level 3	Level 4
\$30	\$40	\$50	\$60

\_\_\_maximum per calendar year

\$1,500	\$2,000	\$2,500	\$3,000
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Benefit payable each day an insured dependent child incurs charges for receiving treatment for cancer on an inpatient or outpatient basis by a licensed medical practitioner. The Family Care benefit is paid in addition to any other applicable benefits. Self-administered treatment or treatment within the home is excluded. No lifetime limit.

### HAIR /EXTERNAL BREAST/VOICE BOX

PROSTHESIS

\_\_\_/calendar year

Level 1	Level 2	Level 3	Level 4
\$200	\$200	\$350	\$500

Benefit payable if any covered person incurs charges and receives a hair prosthesis, external breast prosthesis or voice box prosthesis needed as a direct result of cancer. No lifetime limit.



<b>HOME HEALTH CARE SERVICES</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
___/day	\$50	\$75	\$10	\$150

Benefit payable if any covered person incurs a charge for receiving services provided by a home health agency when required by your doctor instead of confinement in a hospital. We will pay the greater of: 1) 30 days per calendar year; or 2) twice the number of days the covered person was confined to a hospital during a calendar year for the treatment of cancer. We will not pay the benefit for housekeeping services, childcare or food services other than dietary counseling. No lifetime limit.

**HOSPICE**

<b>INITIAL HOSPICE CARE</b>	<b>\$1,000 maximum per lifetime</b>
<b>DAILY HOSPICE CARE</b>	<b>\$50/day</b>

Maximum Benefit Amount of \$15,000 for initial and daily hospice care per covered person per lifetime.

Benefit payable each day any covered person incurs a charge and receives hospice care, as the result of cancer, consisting of one or more of the following services received by a covered person for whom a doctor determines that cancer treatments are no longer of benefit and that he is expected to live for only six months or less: a visit from a representative of a hospice care team at home; the services of a hospital on an outpatient basis under the direction of a hospice; a visit to a hospice on an outpatient basis for treatment or services; and confinement to a hospice care facility. We will pay the initial hospice care benefit shown above for the first day a covered person receives hospice care. Initial hospice care is payable once per covered person per lifetime regardless of the number of times a covered person receives hospice care. There is no limit to the number of days a covered person receives a benefit for Hospice, subject to the Maximum Benefit Amount shown above.

<b>HOSPITAL CONFINEMENT</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
___/day for 30 days or less	\$100	\$150	\$250	\$350
___/day for 31st or more	\$200	\$300	\$500	\$700

Benefit payable each day any covered person incurs charges for confinement to a hospital (including intensive care) for the treatment of cancer. If less than 30 days separate a period of confinement, we will treat the confinement as a continuation of the prior confinement. If more than 30 days separate a period of confinement, we will treat the confinement as a new confinement. No lifetime limit.

<b>LODGING</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
___/day up to 70 days per calendar year	\$50	\$50	\$75	\$80

Benefit payable each day any covered person or any one adult companion or family member incurs a charge for lodging required while the covered person is being treated for cancer more than 50 miles from the covered person's residence. No lifetime limit.

<b>MEDICAL IMAGING STUDIES</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
___/study up to	\$75	\$125	\$175	\$225
___per calendar year	\$150	\$250	\$350	\$450

Benefit payable if any covered person incurs a charge for having a covered medical image study performed that was prescribed by a doctor for the treatment or follow-up evaluation of cancer and performed after the initial diagnosis of cancer. No lifetime limit.

<b>OUTPATIENT SURGICAL CENTER</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
___/day up to	\$100	\$200	\$300	\$400
___per calendar year	\$300	\$600	\$900	\$1,200

Benefit payable each day any covered person incurs a charge for having surgery performed at an outpatient surgical center for the treatment of cancer. This does not include surgery received in the emergency room or while confined to the hospital. No lifetime limit.

<b>PRIVATE FULL-TIME NURSING SERVICES</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
___/day	\$50	\$75	\$125	\$150

Benefit payable each day any covered person incurs a charge for private full-time nursing services (other than those regularly furnished by the hospital), required and authorized by a doctor and performed by a registered, a licensed practical or a licensed vocational nurse while confined to a hospital for the treatment of cancer. No lifetime limit.

<b>PROSTHESIS/ARTIFICIAL LIMBS</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
___/device or limb up to	\$1,000	\$1,500	\$2,000	\$3,000
___/lifetime	\$2,000	\$3,000	\$4,000	\$6,000

Benefit payable if any covered person incurs a charge and receives a surgically implanted prosthetic device or artificial limb prescribed a doctor as a direct result of cancer surgery. The benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap. We will pay for no more than one of the same type of prosthetic device or artificial limb per site.



## Cancer Benefit

### RADIATION/CHEMOTHERAPY

<u>WEEKLY BENEFIT</u>	Level 1	Level 2	Level 3	Level 4
Injected Chemotherapy by medical personnel	\$250	\$500	\$750	\$1,000
Radiation delivered by medical personnel	\$250	\$500	\$750	\$1,000

### CHEMOTHERAPY

<u>MONTHLY BENEFIT</u>	Level 1	Level 2	Level 3	Level 4
Self-Injected	\$150	\$200	\$300	\$400
Pump	\$150	\$200	\$300	\$400
Topical	\$150	\$200	\$300	\$400
Oral Hormonal (1-24 months)	\$150	\$200	\$300	\$400
Oral Hormonal (25+ months)	\$75	\$100	\$150	\$200
Oral Non-Hormonal	\$150	\$200	\$300	\$400

We will pay the amount indicated above if you incur charges for and receive covered radioactive or chemical treatments which are approved for

Benefit payable if any covered person incurs a charge and receives one or more of the covered treatments listed below during the treatment of cancer.

Covered Treatments consist of the following:

- **Chemotherapy**, consisting of one or more of the following:
  - o chemotherapy treatments injected by medical personnel in a doctor's office, clinic or hospital;
  - o chemotherapy treatments injected by yourself or anyone other than personnel in a doctor's office, clinic or hospital;
  - o a pump for chemotherapy initially filled or refilled;
  - o a prescription for topical chemotherapy;
  - o a prescription for oral-hormonal chemotherapy; or
  - o a prescription for oral-non-hormonal chemotherapy.

- **Radiation**, consisting of radioactive treatments delivered by medical personnel in a doctor's office, clinic, or hospital. Covered Treatments injected or delivered by medical personnel in a doctor's office, clinic or hospital are payable each week and are limited to the calendar week in which the covered person incurs a charge for the treatment of cancer. Covered Treatments delivered by any other method, as listed above, are payable each month and are limited to the calendar month in which the covered person incurs a charge for the treatment of cancer. Payment of the benefit is not based on the number, duration or frequency of the covered treatment. If a covered person receives a prescription for chemotherapy that is for more than one month, the benefit is limited to the calendar month in which the charge is incurred. Refills of the same prescription within the same calendar month are not considered a different chemotherapy medicine. Radioactive treatments delivered by medical personnel are not payable each week a radium implant or radioisotope remains in the body. No lifetime limit.

<u>RECONSTRUCTIVE SURGERY</u>	Level 1	Level 2	Level 3	Level 4
___/surgical unit up to a maximum of	\$40	\$40	\$60	\$60
___/procedure including 25% for general anesthesia	\$2,500	\$2,500	\$3,000	\$3,000

Benefit payable if any covered person incurs a charge for a reconstructive surgery that requires an incision; is performed by a doctor for treatment of cancer; and is due to cancer. We will pay up to 25% of the Reconstructive Surgery benefit if a covered person incurs charges and has general anesthesia administered during reconstructive surgery. We will pay no more than the Maximum Benefit Amount indicated above per procedure. We will pay for no more than two procedures per site. If a covered person has more than one reconstructive surgery performed at the same time and through the same incision, we will consider them to be one procedure and pay the benefit that has the highest dollar value. If a covered person has more than one reconstructive surgery performed at the same time but through different incisions, we will pay for each one. No lifetime limit.



<b>SECOND MEDICAL OPINION</b> ____/lifetime	<b>Level 1</b> \$150	<b>Level 2</b> \$200	<b>Level 3</b> \$300	<b>Level 4</b> \$300
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Benefit payable if any covered person incurs a charge for the opinion of a second physician on recommended surgery or treatment following the positive diagnosis of cancer. The benefit is not payable reconstructive surgery. We will pay the benefit only once per covered person per lifetime.

<b>SKILLED NURSING CARE FACILITY</b> ____/day	<b>Level 1</b> \$75	<b>Level 2</b> \$100	<b>Level 3</b> \$100	<b>Level 4</b> \$150
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Benefit payable each day any covered person incurs a charge for a skilled nursing care facility if confinement begins within 14 days after release from a hospital. We will pay the benefit for no more than the number of days we paid the Hospital Confinement benefit for the most recent confinement. No lifetime limit.

<b>SKIN CANCER INITIAL DIAGNOSIS</b> ____/lifetime	<b>Level 1</b> \$300	<b>Level 2</b> \$300	<b>Level 3</b> \$400	<b>Level 4</b> \$600
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Benefit payable if any covered person incurs a charge and is diagnosed with skin cancer if the date of diagnosis is while the policy is in force, the skin cancer is diagnosed after the waiting period and the skin cancer is not excluded by name or specific description in the policy. We will pay the benefit only once per covered person per lifetime. We will pay this benefit when you are diagnosed for the first time as having skin cancer. We will pay this benefit only once per lifetime for each person insured by this policy.

<b>SUPPORTIVE OR PROTECTIVE CARE DRUGS AND COLONY STIMULATING FACTORS</b> ____/day up to ____ calendar year maximum	<b>Level 1</b> \$50 \$400	<b>Level 2</b> \$100 \$800	<b>Level 3</b> \$150 \$1,200	<b>Level 4</b> \$200 \$1,600
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Benefit payable each day any covered person incurs a charge and receives supportive or protective care drugs and/or colony stimulating factors for the treatment of cancer. Benefits for supportive or protective care drugs and/or colony stimulating factors will only be payable for the day a covered person has the prescription filled. We will only pay one benefit per day regardless of the number of supportive or protective care drugs and/or colony stimulating factors a covered person receives on the same day. If a covered person receives a prescription for supportive or protective care drugs and/or colony stimulating factors that is for more than one month, this benefit is limited to the calendar month in which the charge is incurred. Refills of the same prescription within the same calendar month are not considered a different supportive or protective care drug and/or colony stimulating factor medicine. No lifetime limit.

<b>SURGICAL PROCEDURES</b> ____/unit up to ____/procedure	<b>Level 1</b> \$40 \$2,500	<b>Level 2</b> \$50 \$3,000	<b>Level 3</b> \$60 \$5,000	<b>Level 4</b> \$70 \$6,000
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Benefit payable if any covered person incurs a charge for a surgical procedure performed by a doctor for the treatment of cancer. If a covered person has more than one surgical procedure performed at the same time and through the same incision, we will consider them to be one procedure and pay the benefit that has the highest dollar value. If a covered person has more than one surgical procedure performed at the same time but through different incisions, we will pay for each one. Surgery performed laparoscopically with more than one incision will be considered one surgical procedure regardless of the number of incisions. We will pay the benefit that has the highest dollar value. The benefit is payable for skin cancer. No lifetime limit.

<b>TRANSPORTATION</b> \$0.50 mile up to ____/round trip	<b>Level 1</b> \$1,000	<b>Level 2</b> \$1,000	<b>Level 3</b> \$1,200	<b>Level 4</b> \$1,500
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Benefit payable if any covered person receiving treatment incurs a charge and must travel from their residence to another city (more than 50 miles one way from the city where he lives) to receive a diagnosis or treatment of cancer on the advice of a doctor and not available locally. We will pay the benefit for travel to and from your destination for commercial travel (i.e., plane, train or bus); or non-commercial travel (i.e., use of a personal car). No lifetime limit.

**WAIVER OF PREMIUM** - If the named insured becomes disabled because of cancer for longer than 90 consecutive days, and the date of diagnosis is after the waiting period and while the policy is in force, you will not be required to pay premiums to keep your policy in force as long as you are disabled. *Disabled* means you are unable to perform the material and substantial duties of your job; not, in fact, working at any job for pay or benefits; and are under the regular and appropriate care of a doctor because of cancer. If you do not have a job, we will not require you to pay premiums only as long as you are under the regular and appropriate care of a doctor because of cancer. If you do have a job, we will require an employer's statement of your inability to perform the material and substantial duties of your job. No lifetime limit.

**WELLNESS BENEFITS**

**Bone Marrow Donor Screening** \$50 per lifetime

**Maximum of one per covered person per lifetime**

Benefit payable if any covered person provides documentation of participation in a screening test as a potential bone marrow donor. Participation must occur after the waiting period and while the policy is in force. We will pay the benefit only once per covered person per lifetime.





## Cancer Benefit

### Cancer Vaccine \$50 per lifetime

#### Maximum of one per covered person per lifetime

Benefit payable if any covered person incurs a charge and receives any cancer vaccine that is FDA approved for the prevention of cancer after the waiting period and while the policy is in force. The vaccine must be administered by licensed medical personnel while the policy is in force. We will pay the benefit only once per covered person per lifetime.

#### Part 1:

### Cancer Wellness/Health Screening \$100

#### Maximum of one per covered person per calendar year

Benefit payable once per calendar year if any covered person incurs a charge and has one of the following tests listed below performed after the waiting period and while the policy is in force. We will pay the benefit regardless of the results of the test. No lifetime limit. The covered tests include:

#### 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 to determine level of HDL and LDL
- Stress test on a bicycle or treadmill

#### Part 2: Cancer Wellness

### Additional Invasive Diagnostic Test Or Surgical Procedure \$100

#### Maximum of one per covered person per calendar year

Benefit payable if any covered person incurs a charge for an additional invasive diagnostic test or surgical procedure performed by a physician as the result of an abnormal result from one of the covered Cancer Wellness tests shown in Part 1. We will pay the benefit regardless of the outcome of test(s) in Part 2. No lifetime limit.

#### WHAT IS NOT COVERED BY THE POLICY

We will not pay Benefits for Cancer or skin cancer:

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

Issue ages: 17-75



## Individual Cancer Rates

<b>LEVEL 1 – Monthly Premiums - Composite Rates</b>				
	<b>Employee</b>	<b>Employee /Spouse</b>	<b>One-Parent Family</b>	<b>Two-Parent Family</b>
<b>Level 1 with \$100 Cancer Wellness/Health Screening</b>				
Premium	\$18.10	\$28.60	\$18.25	\$28.75

<b>LEVEL 2 – Monthly Premiums - Composite Rates</b>				
	<b>Employee</b>	<b>Employee /Spouse</b>	<b>One-Parent Family</b>	<b>Two-Parent Family</b>
<b>Level 2 with \$100 Cancer Wellness/Health Screening</b>				
Premium	\$21.65	\$33.85	\$21.95	\$34.15

<b>LEVEL 3 – Monthly Premiums - Composite Rates</b>				
	<b>Employee</b>	<b>Employee /Spouse</b>	<b>One-Parent Family</b>	<b>Two-Parent Family</b>
<b>Level 3 with \$100 Cancer Wellness/Health Screening</b>				
Premium	\$26.65	\$44.40	\$27.10	\$44.85

<b>LEVEL 4 – Monthly Premiums - Composite Rates</b>				
	<b>Employee</b>	<b>Employee /Spouse</b>	<b>One-Parent Family</b>	<b>Two-Parent Family</b>
<b>Level 4 with \$100 Cancer Wellness/Health Screening</b>				
Premium	\$35.60	\$59.40	\$36.20	\$60.00

<b>OPTIONAL RIDERS</b>				
	<b>Employee</b>	<b>Employee /Spouse</b>	<b>One-Parent Family</b>	<b>Two-Parent Family</b>
<b>Specified Disease Hospital Confinement Rider</b>				
Premium	\$1.25	\$1.75	\$1.25	\$1.75
<b>Initial Diagnosis of Cancer Rider (per \$1,000)</b>				
Premium	\$1.50	\$2.50	\$1.60	\$2.60
<b>Initial Diagnosis of Cancer Progressive Payment Rider</b>				
Premium	\$7.80	\$17.05	\$7.80	\$17.05



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

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

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

**1. WHEN YOU ARE DISABLED:**

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

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

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

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

**BENEFITS ARE SUBJECT TO NC STATE LAW**

This information provided by Colonial Life Columbia, South Carolina 29202 [www.coloniallife.com](http://www.coloniallife.com)



# DISABILITY BENEFIT

Disability – Educator Income Plan Provided by Colonial Life

The following information highlights the benefits of the current Disability policy available through your benefits package. If you enrolled in a Disability Plan prior to this year, you may have different benefits and features than those shown here. You should refer to your personal policy for your exact benefits and features.

Your Benefits Representative can provide you with further information on which plan you have, and assist with any questions.

Please meet with your Benefits Representative during your enrollment period or call the Pierce Group Service Center at 1-888-662-7500 for any assistance.

## How long could you afford to go without a paycheck?

Monthly Expenses:

\$ _____	\$ _____	\$ _____
Mortgage/rent	Groceries	Car
\$ _____	\$ _____	\$ _____
Medical bills	Utilities	Other
		Total \$ _____

Colonial Life's Income Protection for School Personnel in North Carolina was designed especially to supplement existing state plans in North Carolina and help protect your paycheck.

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

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

#### How much coverage do I need?

On-Job Accident/On-Job Sickness \$ \_\_\_\_\_ Off-Job Accident/Off-Job Sickness \$ \_\_\_\_\_

- **Total Disability**

	<u>On-Job</u>	<u>Off-Job</u>
First 3 months	\$ _____/month	\$ _____/month
Next 9 months	\$ _____/month	\$ _____/month
- **Partial Disability**

Up to 3 months	\$ _____/month	\$ _____/month
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#### When will my benefits start?

After an Accident: \_\_\_\_\_ days      After a Sickness: \_\_\_\_\_ day

#### What additional features are available?

- Normal pregnancy is covered the same as any other covered sickness.
- Waiver of Premium.
- You're eligible for most benefits from the first day of your covered accident – including weekends, holidays and summer vacation – with no waiting period. Disability benefits may have an elimination period.

#### How much will it cost?

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

NCK 1000



## Disability Benefit

### Employee Coverage

In addition to disability coverage, this plan also provides employees with benefits for medical fees related to accidents, hospital confinement, accidental death and dismemberment, as well as fractures and dislocations. Even if you're not disabled, the following benefits are payable for covered accidental injuries:

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

#### Medical Fees for Accidents Only

**Medical Fees are for doctor office visits, X-rays, and hospital emergency room expenses, including supplies used.**

Up to ..... \$350

#### Hospital Confinement Benefit for Accident or Sickness

**Pays in addition to disability benefit.**

- Benefits begin on the first day of confinement in a hospital for a covered accident or covered sickness.

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

The Hospital Confinement benefit increases to \$6,200/month when the Total Disability benefit ends at age 70.

#### Accidental Death and Dismemberment Benefits

**Benefits payable for death or dismemberment occurring within 90 days from date of accident.**

- Accidental Death ..... \$10,000
- Loss of a Finger or Toe
  - Single Dismemberment ..... \$750
  - Double Dismemberment ..... \$1,500
- Loss of a Hand, Foot or Sight of an Eye
  - Single Dismemberment ..... \$5,000
  - Double Dismemberment ..... \$10,000
- Common Carrier Death (includes school bus for school activities) ..... \$20,000

#### Complete Fractures

**Complete Fractures requiring closed reduction**

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



## Complete Dislocations

### Complete Dislocations requiring closed reduction with anesthesia

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

- **For a fracture or dislocation** requiring an open operation, your benefit would be 1½ times the amount shown.
- **For a chip fracture**, your benefit would be 25% of the amount shown. Chip fractures are those in which a fragment of bone is broken off near a joint at a point where a ligament is attached.
- **For multiple fractures or dislocations**, you would receive each amount, up to a total of 1½ times the highest amount.
- **For your first dislocation**, you would receive the amount shown; however, recurrent dislocations of the same joint are not covered.

## Optional Spouse and Dependent Coverage

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

### Medical Fees for Accidents Only

**Medical Fees are for doctor office visits, X-rays, and hospital emergency room expenses, including supplies used.**

Up to ..... \$350

### Hospital Confinement Benefit for Accident or Sickness

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

### Accidental Death and Dismemberment Benefits

- Accidental Death ..... \$1,000
- Loss of a Finger or Toe
  - Single Dismemberment ..... \$75
  - Double Dismemberment ..... \$150
- Loss of a Hand, Foot or Sight of an Eye
  - Single Dismemberment ..... \$500
  - Double Dismemberment ..... \$1,000
- Common Carrier Death (includes school bus for school activities) ..... \$2,000



# Here are some frequently asked questions about Colonial Life's Educator Income Protection insurance:

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

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

## When am I considered totally disabled?

Totally disabled means you are:

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

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

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

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

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

## When do disability benefits end?

The Total Disability Benefit will end on the policy anniversary date on or next following your 70th birthday.

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

## What if I change employers or retire?

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

## How do I file a claim

Visit [coloniallife.com](http://coloniallife.com) or call our Policyholder Service Center at 1.800.325.4368 for additional information.

## What is a pre-existing condition?

A pre-existing condition means a sickness or physical condition for which any covered person was treated, received medical advice, or had taken medication within 12 months before the effective date of the policy. If you are age 65 or older when the policy is issued, pre-existing conditions include only conditions specifically excluded from coverage by the rider.

**If you become disabled due to a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force.**

## What is a covered accident or a covered sickness?

A covered accident is an accident. A covered sickness means an illness, infection, disease or any other abnormal physical condition.

A covered accident or covered sickness:

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

## EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: alcoholism or drug addiction; flying; hazardous avocations; felonies or illegal occupations; having a pre-existing condition as defined and limited by the policy; psychiatric or psychological condition; racing; semi-professional or professional sports; suicide or self-inflicted injury, war or armed conflict.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form NCK1000-NC. This is not an insurance contract and only the actual policy provisions will control.



**COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**

P.O. Box 1365, Columbia, South Carolina 29202 (800) 325 – 4368

**DISABILITY INCOME INSURANCE COVERAGE**

**OUTLINE OF COVERAGE (Applicable to Policy Form NCK1000-NC)**

**PRE-EXISTING CONDITIONS - PLEASE READ CAREFULLY**

If you received treatment or advice for a sickness or physical condition within twelve months before the effective date of this policy, we will not pay benefits for a disability resulting from the same sickness or physical condition if such disability begins during the first twelve months after the effective date of the policy. If you are 65 or older when this policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the [Guide to Health Insurance for People with Medicare](#) available from the Company.

**Please Read The Policy Carefully.** This outline provides a very brief description of the important features of the policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important to READ THE POLICY CAREFULLY.

**Renewability.** The policy is guaranteed renewable for life as long as premiums are paid when they are due or within the grace period. However, the disability benefit provided by the policy terminates at age 70. See the provision titled "Total Disability After the Named Insured's Seventieth Birthday" for details. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

**Coverage Provided by The Policy.** The policy is designed to provide, to covered persons, benefits for losses due to a covered sickness and losses resulting from injuries received from a covered accident, subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

**BENEFITS FOR ACCIDENTAL INJURIES - We will pay these benefits for any covered person who receives injuries as the result of a covered accident:**

**Accidental Death** Named Insured \$10,000 Spouse, if covered \$1,000 Dependent Children, if covered \$1,000  
Benefit payable if a covered person is injured in a covered accident and the injury causes the insured to die within 90 days after the accident. If we pay this benefit we will not pay the Accidental Death-Common Carrier benefit

**Accidental Death – Common Carrier** Named Insured \$20,000  
Spouse, if covered \$2,000 Dependent Children, if covered \$2,000

Benefit payable if a covered person is injured while a fare-paying passenger on a common carrier and the injury causes the insured to die within 90 days after the accident. Common Carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers. If we pay this benefit, we will not pay the Accidental Death benefit.

**Dislocation (Separated Joint) - Benefit not payable for spouse or children**

Joint	Closed Reduction	Open Reduction
Hip	\$1,350.00	\$2,025.00
Knee (except Patella)	\$ 975.00	\$1,462.50
Collarbone (Sternoclavicular)	\$ 750.00	\$1,125.00
Shoulder (Glenohumeral)	\$ 750.00	\$1,125.00
Collarbone (Acromioclavicular and separation)	\$ 675.00	\$1,012.50
Ankle – Bone or Bones of the Foot (other than Toes)	\$ 600.00	\$ 900.00
Bone or Bones of the Hand (other than Fingers)	\$ 525.00	\$ 787.50
Lower Jaw	\$ 450.00	\$ 675.00
Wrist	\$ 375.00	\$ 562.50
Elbow	\$ 300.00	\$ 450.00
One Toe or Finger	\$ 120.00	\$ 180.00

Must be diagnosed by a doctor as a dislocation within 90 days after the accident; reduction must require correction with anesthesia by a doctor; reduction without anesthesia will pay 25 percent of amount shown above for closed reduction. Benefit payable for more than one dislocation (requiring open or closed reduction) is no more than one and one half times the amount for the joint involved which has the highest benefit amount. Benefit payable for incomplete dislocation is 25 percent of amount shown for closed reduction. Benefit payable for a fracture and a dislocation in the same accident is no more than one and one half times the amount for the bone or joint involved which has the highest benefit amount. Benefit payable only for the first dislocation of a joint after the effective date. Subsequent dislocations of the same joint after the effective date will not be covered.





## Disability Benefit

### Fracture (Broken Bone) - Benefit not payable for spouse or children

Bone	Closed Reduction	Open Reduction
Hip, Thigh (Femur)	\$1,500.00	\$2,250.00
Vertebrae, Body of (excluding Vertebral Processes)	\$1,350.00	\$2,025.00
Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx)	\$1,200.00	\$1,800.00
Skull (except Bones of Face or Nose) Depressed Skull Fracture	\$1,125.00	\$1,687.50
Leg (Tibia and/or Fibula <u>Malleolus</u> )	\$900.00	\$1,350.00
Foot (except Toes), Ankle, Kneecap (Patella)	\$750.00	\$1,125.00
Forearm (Radius and/or Ulna), Hand, Wrist (except Fingers)	\$750.00	\$1,125.00
Lower Jaw, Mandible (except Alveolar Process)	\$600.00	\$ 900.00
Shoulder Blade (Scapula), Collarbone (Clavicle, Sternum)	\$600.00	\$ 900.00
Skull (except Bones of Face or Nose) Simple Non-depressed Skull fracture	\$525.00	\$ 787.50
Upper Arm between Elbow and Shoulder (Humerus)	\$525.00	\$ 787.50
Upper Jaw, Maxilla (except Alveolar Process)	\$525.00	\$ 787.50
Bones of Face or Nose (except Mandible or Maxilla)	\$450.00	\$ 675.00
Vertebral Processes	\$300.00	\$ 450.00
Coccyx, Rib, Finger, Toe	\$120.00	\$ 180.00

Must be diagnosed by a doctor within 90 days after the accident. Benefit payable for more than one fracture (open or closed reduction) is no more than one and one half times the amount for the bone involved which has the highest benefit amount. Benefit payable for a chip fracture is 25 percent of the amount shown for closed reduction for the bone involved. Benefit payable for a fracture and a dislocation in the same covered accident is no more than one and one half times the amount for the bone or joint involved which has the highest benefit amount.

Loss of a Finger or Toe	Named Insured	Spouse, if covered	Dependent Children, if covered
Single Dismemberment	\$750	\$75	\$75
Double Dismemberment	\$1,500	\$150	\$150

*Single Dismemberment* means loss of one finger or one toe. *Double Dismemberment* means the loss of two or more fingers, two or more toes, or any combination of two or more listed above. *Loss of a finger* means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. *Loss of a toe* means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot.

Benefit payable if a covered person loses a finger or toe within 90 days after the covered accident.

If the covered person loses a finger or toe and later loses a hand or foot on the same side of the body as a result of the same covered accident, the amount paid for the loss of a finger or toe benefit will be subtracted from the amount paid for the loss of a hand or foot.

Loss of a Hand, Foot, or Sight of an Eye	Named Insured	Spouse, if covered	Dependent Children, if covered
Single Dismemberment	\$5,000	\$500	\$500
Double Dismemberment	\$10,000	\$1,000	\$1,000

*Loss of a hand* means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.

*Loss of a foot* means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.

*Loss of sight of an eye* means that at least 80 percent of vision is permanently lost.

### Medical Fees – amount charged up to \$350 per covered person

Benefit payable if a covered person is injured in a covered accident and the injury causes medical fees to be incurred. Initial treatment must begin within 60 days after the covered accident. *Medical Fees* means charges for: doctor office visits, x-rays, and hospital emergency room expenses, including supplies used. If no charges are incurred for medical fees or if the charges are less than \$50 per day, we will provide a minimum benefit of \$50 per day that you receive medical treatment due to the covered accident, not to exceed the maximum benefit per accident indicated above.

### BENEFITS FOR SICKNESS & ACCIDENTAL INJURIES

#### Hospital Confinement Benefit - \$1,200 per month

Benefit payable when any covered person is confined in a hospital, hospital intensive care unit or a hospital sub-acute intensive care unit as the result of injuries received in a covered accident or as the result of a covered sickness while the policy is in force. Confinement must begin within six months after the covered accident or covered sickness. We will pay this benefit once per hospital confinement, even if confinement is caused by more than one covered accident or covered sickness. If the covered person is confined and is discharged and he is confined again for the same or related condition within 90 days, we will treat this confinement as a continuation of the previous confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this confinement as a new and separate confinement. We will not pay this benefit for: emergency room treatment, outpatient treatment; or confinement of less than 20 hours to an observation unit.



**Hospital Confinement after the Named Insured's Seventieth Birthday**      **\$6,200 per month**

When the Total Disability benefit ends because the named insured reaches age 70, the Hospital Confinement benefit will increase as stated above for the named insured. The hospital confinement benefit for the spouse and dependent children, if covered, will not change.

**BENEFITS FOR DISABILITY –COVERAGE FOR NAMED INSURED ONLY**

**Total Disability Benefit:** Payable if the named insured becomes totally disabled due to a covered accident or covered sickness. Named insured must be disabled longer than the elimination period. Benefits will be paid for as long as the policy is in force; the named insured remains totally disabled; and up to the maximum benefit period. If the named insured does not have a job when he becomes totally disabled, we will pay the disability benefit only as long as he is kept at home and cannot perform two of the five *Activities of Daily Living* and is *Under the Regular and Appropriate Care of a Doctor*. *At home* means in his house or yard; however he can follow his doctor's orders even if it means leaving home. If the named insured becomes disabled due to a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force.

**Partial Disability Benefit:** Payable for up to 3 months if the named insured becomes partially disabled as a result of a covered accident or a covered sickness except as described in the Geographical Limitations provision. In order to receive partial disability benefits, the total disability benefit must have been paid for at least one full month immediately prior to your being partially disabled. For a given period of disability, you may receive either a partial disability benefit or a total disability benefit, but not both.

**Recurrent Disability:** A recurrent disability will be treated as:

- a continuation of the previous disability, not a new disability, if the named insured has returned to work for less than six months.
- a new disability, if the named insured has returned to work for six months or more, working at least the same number of hours he was working before the previous disability began.
- a new disability, if the named insured did not have a job before the previous disability began and you have ceased to be disabled for six months or more.
- a continuation of the previous disability for any circumstances not specifically listed above.

A new disability is subject to a new elimination period, and a new benefit period applies. A disability that is considered a continuation of a previous disability is not subject to a new elimination period, and a new benefit period does not apply. Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability. If the named insured becomes disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force.

**Concurrent or Subsequent Disability:** During any period in which the named insured is disabled due to more than one condition, whether the conditions are related or unrelated, benefits will be paid as if he is disabled due to only one condition. In no event will his being disabled due to more than one condition extend the benefit period beyond the benefit period shown in the Policy Schedule. Separate periods of disability resulting from unrelated conditions are considered a continuation of the previous disability, not a new disability, unless they are separated by a minimum of 10 calendar days during such time he returned to work performing the material and substantial duties of his job and during such time he is no longer qualified to receive total or partial disability benefits.

**Total Disability After the Named Insured's Seventieth Birthday:** This coverage will end on the policy anniversary date on or next following the named insured's 70th birthday. Coverage ending at age 70 will not affect any disability that began while the policy was in force. When this benefit ends, The Hospital Confinement benefit will increase as stated in the Hospital Confinement After the Named Insured's Seventieth Birthday provision.

**Geographical Limitations:** If the named insured becomes totally disabled as the result of a covered accident or a covered sickness while outside the covered geographical areas and is totally disabled longer than the elimination period shown in the Policy Schedule, the maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda or Jamaica. After the 60-day period, benefits will not be paid until the named insured returns to the covered geographical areas. If the named insured is still totally or partially disabled as defined in the policy when he returns from outside the covered geographical areas, we will determine the remaining applicable benefit period by subtracting the time period for which we have already paid benefits from the benefit period shown in the Policy Schedule. We will pay the monthly benefit amount shown in the Policy Schedule for up to the remaining applicable benefit period.



## Disability Benefit

**Waiver of Premium Benefit:** After the named insured has been totally disabled or qualifies for partial disability benefits as the result of a covered accident or a covered sickness for more than 90 consecutive days while the policy is in effect, or after the elimination period shown in the Policy Schedule, whichever is greater, we will waive the premium for the policy and any attached rider(s) for as long as he remains disabled, up to the benefit period shown in the Policy Schedule. The named insured must pay all premiums to keep the policy and any attached rider(s) in force until he has been totally disabled or qualify for partial disability benefits for 90 consecutive days while the policy is in effect, or for the elimination period shown in the Policy Schedule, whichever is greater. The named insured must send us written notice as soon as he is no longer disabled. We will assume the named insured is no longer disabled if: he does not send us satisfactory proof of loss when we request it; or he notifies us that he is no longer disabled. The named insured must pay all premiums to keep the policy and any attached rider(s) in force beginning with the first premium due after he is no longer disabled. The Waiver of Premium Benefit does not apply to any period that he is totally or partially disabled due to an accident or condition which is excluded by specific name or specific description in the policy. There is no limit to the number of times the named insured can receive the Waiver of Premium benefit.

### Important Words in the Policy

**Accident** means bodily harm caused by external and unexpected means and not contributed to by any other cause.

**Activities of Daily Living** mean 1) Dressing – the ability to put on and take off all garments or medically necessary braces or artificial limbs usually worn; 2) Transferring – the ability to move in and out of a chair or bed; 3) Eating – the ability to get nourishment into the body once it has been prepared; 4) Preparing meals; and 5) Toileting – the ability to get on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing.

**Confined or confinement** means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

A **covered accident** is an accident which occurs after the effective date of the policy; occurs while the policy is in force; is of a type of accident listed on the Policy Schedule page; and, is not excluded by name or specific description in the policy.

A **covered sickness** means an illness, infection, disease or any other abnormal physical condition which occurs after the effective date of the policy; occurs while the policy is in force; is of a type listed on the Policy Schedule; and is not excluded by specific name or specific description in the policy.

**Dependent children** means any natural children, step-children, legally adopted children, foster children or children placed into your custody for adoption who are unmarried; chiefly dependent on you or your spouse for support; and younger than age 25.

A **doctor** means a person, other than you or a family member, who: is licensed by the state to practice a healing art; and performs services for you which are allowed by his license. For the purposes of this definition, *family member* means your spouse, son, daughter, mother, father, sister or brother.

**Elimination period** means the period of time during which no benefits are payable, as shown in the Policy Schedule.

An **emergency room** is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must be staffed and equipped to handle trauma; be supervised and provide treatment by doctors; and provide care seven days per week, 24 hours per day.

A **hospital** means a place that: is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis: X-ray equipment, a laboratory and an operating room where surgical operations take place.

A hospital is not: a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation center; or a place for alcoholics or drug addicts.

A **hospital intensive care unit** means a place which: is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and has a doctor assigned to the intensive care unit on a full-time basis. A hospital intensive care unit is not any of the following step down units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in this policy.

A **hospital sub-acute intensive care unit** means a place which: is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and is under constant and continuous observation by a specially trained nursing staff. A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.



An **injury** means a wound to a covered person's body that is caused solely by or is the result of a covered accident.

**Material and substantial duties of your job** are defined as those job duties which: are normally required to perform your regular job; and cannot be reasonably modified or omitted. Performing your job at a particular work site or in a particular building is not a material and substantial duty of your job, provided that your employer will allow you to perform your job at a different work site or in a different building.

An **observation unit** is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor; and which: is under the direct supervision of a doctor or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An **off-job accident** means an accident that occurs while a covered person is not working at any job for pay or benefits.

An **off-job sickness** means a sickness that was not caused by or contributed to by a covered person working at any job for pay or benefits.

An **on-job accident** means an accident that occurs while a covered person is working at any job for pay or benefits.

An **on-job sickness** means a sickness that was caused by or contributed to by a covered person working at any job for pay or benefits.

**Partially disabled** means the named insured is unable to perform the material and substantial duties of his job for 20 hours or more per week; the named insured is able to work at his job or his place of employment for less than 20 hours per week; the named insured's employer will allow him to work for less than 20 hours per week; and the named insured is under the regular and appropriate care of a doctor.

**Pre-existing condition** means a sickness or physical condition for which any covered person was treated, received medical advice or had taken medication within 12 months before the effective date of the policy. If the named insured is age 65 or older when the policy is issued, pre-existing conditions include only conditions specifically excluded from coverage by rider.

**Recurrent disability** means becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related condition. The latter disability will be considered a recurrent disability.

**Totally Disabled** means you are unable to perform the material and substantial duties of your job; not in fact working at any job; and under the regular and appropriate care of a doctor.

**Under the regular and appropriate care of a doctor** means you are being cared for on a regular basis by a doctor and the care you are receiving is appropriate for the condition(s) which disable(s) you, unless the doctor states that continued treatment would be of no benefit to you.

#### WHAT IS NOT COVERED BY THIS POLICY

We will not pay benefits for losses that are caused by or are the result of any covered person's:

1. Addiction to alcohol or drugs except for drugs taken as prescribed by your doctor.
2. Participating or attempting to participate in a felony or working at an illegal occupation.
3. Operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven.
4. Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or any similar activities.
5. Having a pre-existing condition as defined and limited by the policy.
6. Having a psychiatric or psychological condition including, but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's disease and other organic senile dementias are covered under the policy.
7. Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
8. Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
9. Committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
10. Being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority.

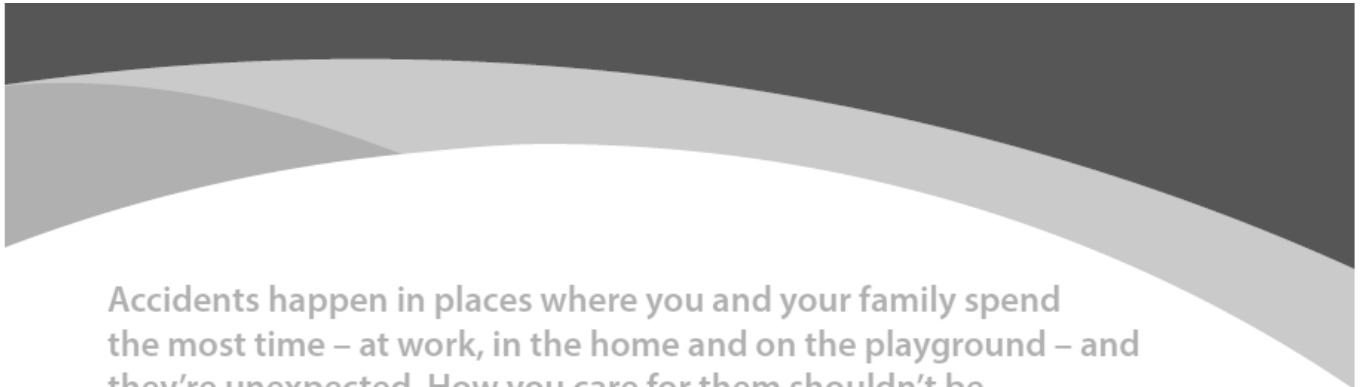


# ACCIDENT BENEFIT

Accident 1.0 Plan Provided by Colonial Life

The following information highlights the benefits of the current Accident policy available through your benefits package. If you enrolled in an Accident Plan prior to this year, you may have different benefits and features than those shown here. You should refer to your personal policy for your exact benefits and features.

Your Benefits Representative can provide you with further information on which plan you have, and assist with any questions. Please meet with your Benefits Representative during your enrollment period or call the Pierce Group Service Center at 1-888-662-7500 for any assistance.



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.

Accident 1.0-Preferred with Health Screening Benefit

## 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](http://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
- X-ray Benefit.....\$50
- Ambulance .....\$400
- Air Ambulance..... \$2,000

**Common Accidental Injuries**

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

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

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

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

**Requires Surgery**

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

**Surgical Care**

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



## Accident Benefit

### Transportation/Lodging Assistance

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

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

### Accident Hospital Care

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

### Accident Follow-Up Care

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

### Accidental Dismemberment

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

### Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
  - Loss of both hands or both feet
  - Loss or loss of use of one arm and one leg or
  - Loss or loss of use of both arms or both legs
  - Loss of the sight of both eyes
  - Loss of the hearing of both ears
  - Loss of the ability to speak
- Named Insured ..... \$25,000    Spouse .....\$25,000    Child(ren).....\$12,500

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

### Accidental Death

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



### Health Screening Benefit

● \$50 per covered person per calendar year

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

**Tests include:**

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

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

**Who will be covered? (check one)**

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

**When are covered accident benefits available? (check one)**

On and Off -Job Benefits     
  Off -Job Only Benefits

Accident 1.0-Preferred with Health Screening Benefit

**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.

**Colonial Life**  
 1200 Colonial Life Boulevard  
 Columbia, South Carolina 29210  
 coloniallife.com

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### Accident 1.0 – Preferred with Health Screening Monthly Premiums

<b>Named Insured</b>	\$21.15
<b>Employee &amp; Spouse</b>	\$28.97
<b>One-Parent Family</b>	\$32.67
<b>Two-Parent Family</b>	\$40.48





# STATE OF NORTH CAROLINA TEACHERS' AND STATE EMPLOYEES' HEALTH PLAN

The following summary is included in this benefit booklet **for informational purposes only**. Open enrollment for the State of North Carolina Teachers' and State Employees' Health Plan is not part of this Flexible Benefits Plan Open Enrollment Period.

## 2018 STATE HEALTH PLAN COMPARISON

Active and Non-Medicare Subscribers

PLAN DESIGN FEATURES	80/20 PLAN		70/30 PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family	\$1,080 Individual \$3,240 Family	\$2,160 Individual \$6,480 Family
Coinsurance	20% of eligible expenses after deductible	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	30% of eligible expenses after deductible	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Medical Coinsurance Maximum	N/A	N/A	\$4,388 Individual \$13,164 Family	\$8,776 Individual \$26,328 Family
Medical Out-of-Pocket Maximum	\$4,350 Individual \$10,300 Family	\$8,700 Individual \$26,100 Family	N/A	N/A
Pharmacy Out-of-Pocket Maximum	\$2,500 Individual \$4,000 Family	\$2,500 Individual \$4,000 Family	\$3,360	
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	\$6,850 Individual \$14,300 Family	\$11,200 Individual \$30,100 Family	N/A	N/A
Affordable Care Act (ACA) Preventive Services	\$0 (covered at 100%)	40% after deductible dependent on service	\$40 for primary doctor; \$94 for specialist	50% after deductible dependent on service
Office Visits	\$25 for primary doctor; \$10 if you use PCP on ID card; \$85 for specialist; \$45 if you use Blue Options Designated specialist	40% after deductible	\$40 for primary doctor; \$94 for specialist	50% after deductible
Urgent Care	\$70	\$70	\$100	\$100



PLAN DESIGN FEATURES	80/20 PLAN		70/30 PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Copay waived w/admission or observation stay)	\$300 copay, then 20% after deductible	\$300 copay, then 20% after deductible	\$337 copay, then 30% after deductible	\$337 copay, then 30% after deductible
Inpatient Hospital	\$450 copay, then 20% after deductible; copay not applied if you use a Blue Options Designated Hospital	\$450 copay, then 40% after deductible	\$337 copay, then 30% after deductible	\$337 copay, then 50% after deductible
PRESCRIPTION DRUGS				
Tier 1 (Generic)	\$5 copay per 30-day supply		\$16 copay per 30-day supply	
Tier 2 (Preferred Brand & High-Cost Generic)	\$30 copay per 30-day supply		\$47 copay per 30-day supply	
Tier 3 (Non-preferred Brand)	Deductible/coinsurance		\$74 copay per 30-day supply	
Tier 4 (Low-Cost Generic Specialty)	\$100 copay per 30-day supply		10% up to \$100 per 30-day supply	
Tier 5 (Preferred Specialty)	\$250 copay per 30-day supply		25% up to \$103 per 30-day supply	
Tier 6 (Non-preferred Specialty)	Deductible/coinsurance		25% up to \$133 per 30-day supply	
Preferred Diabetic Testing Supplies **	\$5 copay per 30-day supply		\$10 copay per 30-day supply	
ACA Preventive Medications	\$0	\$0	N/A	N/A

\*\* Preferred Brand are the OneTouch Test Strips. Non-preferred diabetic testing supplies are considered a Tier 3 member copay.



# MEDICAL BRIDGE INDEMNITY BENEFIT

Individual Medical Bridge Plan Provided by Colonial Life

The following information highlights the benefits of the current Medical Bridge policy available through your benefits package. If you enrolled in a Medical Bridge Plan prior to this year, you may have different benefits and features than those shown here. You should refer to your personal policy for your exact benefits and features. Your Benefits Representative can provide you with further information on which plan you have, and assist with any questions. Please meet with your Benefits Representative during your enrollment period or call the Pierce Group Service Center at 1-888-662-7500 for any assistance.



## Hospital Confinement Indemnity Insurance Plan 3



For more information,  
talk with your  
benefits counselor.

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

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

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

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

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

Diagnostic procedure  
■ Tier 1 ..... \$250  
■ Tier 2 ..... \$500  
Maximum of \$500 per covered person per calendar year for all covered diagnostic procedures combined

Outpatient surgical procedure  
■ Tier 1 ..... \$ \_\_\_\_\_  
■ Tier 2 ..... \$ \_\_\_\_\_  
Maximum of \$ \_\_\_\_\_ per covered person per calendar year for all covered outpatient surgical procedures combined

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

### Tier 1 diagnostic procedures

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

### Tier 2 diagnostic procedures

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



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

**Tier 1 outpatient surgical procedures**

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

**Tier 2 outpatient surgical procedures**

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

**EXCLUSIONS**

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

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

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The benefits of good hard work.

## Hospital Confinement Indemnity Insurance Health Screening



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

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

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

For more information,  
talk with your  
benefits counselor.

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

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# Hospital Confinement Indemnity Insurance Medical Treatment Package



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 3 provides the following benefits:

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

For more information,  
talk with your  
benefits counselor.

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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.

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 Optional Riders



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

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

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

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

For more information,  
talk with your  
benefits counselor.

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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-existing conditions are those conditions whether diagnosed or not, for which a covered person received medical advice, diagnosis or care, or treatment was received or recommended within the one-year period immediately preceding the effective date of the policy. If a covered person is 65 or older when the policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.

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

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# GROUP CRITICAL CARE BENEFIT

Group Critical Care Plan Provided by Colonial Life

The following information highlights the benefits of the current Group Critical Care policy available through your benefits package. If you enrolled in a Critical Care Plan prior to this year, you may have different benefits and features than those shown here. You should refer to your personal policy for your exact benefits and features. Your Benefits Representative can provide you with further information on which plan you have, and assist with any questions.

Please meet with your Benefits Representative during your enrollment period or call the Pierce Group Service Center at 1-888-662-7500 for any assistance.



## Group Specified Disease Insurance Plan 1 Full



For more information,  
talk with your  
benefits counselor.

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If you're diagnosed with a covered specified disease or cancer, group specified disease insurance\* from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

\*The policy name is Cancer and Specified Disease Group Insurance.

Face amount: \$ \_\_\_\_\_

### Plan features

- A lump-sum payment that can be used as you see fit
- Adjustable face amount to best meet your personal needs
- Ongoing benefits for cancer treatment and care
- May pay multiple times for a covered specified disease
- Guaranteed renewable
- Portable

### Specified disease benefit

For the diagnosis of this covered specified disease condition: <sup>1</sup>	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Coma	100%
Permanent paralysis due to a covered accident	100%
Blindness	100%
Occupational infectious HIV or occupational infectious hepatitis B, C or D	100%
Coronary artery bypass graft surgery/disease <sup>2</sup>	25%

### Subsequent diagnosis of a different specified disease<sup>3</sup>

If you receive a benefit for a specified disease, and later you are diagnosed with a different specified disease, the original percentage of the face amount is payable for that particular specified disease.

### Subsequent diagnosis of the same specified disease<sup>3</sup>

If you receive a benefit for a specified disease, and later you are diagnosed with the same specified disease, 25% of the original face amount is payable. Specified disease conditions that do not qualify are: coronary artery bypass graft surgery/coronary artery disease<sup>2</sup> and occupational infectious HIV or occupational infectious hepatitis B, C or D.





**Group Critical Care Benefit  
Plan 1 – Cancer & Specified Disease**

**Diagnosis of cancer benefit**

Covered cancer benefits	
For this condition: <sup>1</sup>	The amount payable is:
Diagnosis of cancer (internal or invasive)	100% of the face amount
Diagnosis of carcinoma in situ	25% of the face amount
Skin cancer	\$500

**Cancer treatment and care benefit: \$\_\_\_\_\_ per calendar month for \_\_\_\_ months**

This benefit is payable if you incur charges for one or more of the following for your treatment or care of cancer (internal or invasive) or carcinoma in situ:

- Hospice care
- Radiation
- Confinement
- Surgery
- Chemotherapy

**Cancer vaccine benefit: ..... \$50**

This benefit is payable if you or your covered family members incur a charge for any FDA-approved cancer vaccine while your certificate is in force.



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

2 Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.

3 Dates of diagnoses of a covered specified disease must be separated by at least 180 days.

THIS POLICY PROVIDES LIMITED BENEFITS.

**EXCLUSIONS AND LIMITATIONS FOR SPECIFIED DISEASE**

We will not pay the Specified Disease Benefit or Benefit Payable Upon Subsequent Diagnosis of a Specified Disease that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; 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 specified disease.

**EXCLUSIONS AND LIMITATIONS FOR CANCER**

We will not pay the Diagnosis of Cancer Benefit, Diagnosis of Carcinoma in Situ Benefit, the Cancer Treatment and Care Benefit or the Skin Cancer Benefit for a covered person's cancer (internal or invasive), carcinoma in situ or skin 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 cancer (internal or invasive), carcinoma in situ or skin cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while you are covered under the policy, and who are continuously covered from the date of birth or adoption.

This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C-GR-NC. Please see your Colonial Life benefits counselor for details.

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## Group Specified Disease Insurance First Diagnosis Building Benefit Rider (Specified Disease and Cancer)



A specified disease can have a big impact on your finances. To help protect your way of life, you can add the first diagnosis building benefit rider to your group specified disease coverage. Available at an additional cost, the rider provides a lump-sum benefit when a covered specified disease<sup>1</sup> or cancer<sup>2</sup> (internal or invasive) is first diagnosed.

**First diagnosis building benefit rider**  
Payable once per covered person per lifetime

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

The rider covers the same family members as your group specified disease insurance. The benefit amount accumulates each year the rider is in force before a diagnosis is made, up to a maximum of 10 years.

If you are diagnosed with a covered specified disease or cancer (internal or invasive) before the end of the first rider year, the rider will pay one-half of the annual building benefit amount.

For more information,  
talk with your  
benefits counselor.

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1 Conditions that do not apply to the rider include coronary artery bypass graft surgery/coronary artery disease. Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.

2 Cancer conditions that do not apply to the rider include skin cancer and carcinoma in situ.

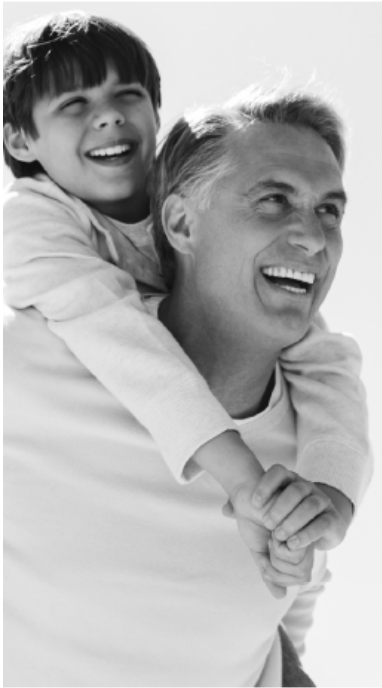
The certificate to which the rider is attached has exclusions and limitations. This is not an insurance contract and only the actual certificate provisions will control. Applicable to rider form R-GCC1.0-BB-NC. Please see your Colonial Life benefits counselor for details.

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# Group Specified Disease Insurance Plan 3 Full



If you're diagnosed with a covered specified disease, group specified disease insurance\* from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

\*The policy name is Specified Disease Group Insurance.

Face amount: \$\_\_\_\_\_

### Plan features

- A lump-sum payment that can be used as you see fit
- Adjustable face amount to best meet your personal needs
- May pay multiple times for a covered specified disease
- Guaranteed renewable
- Portable

### Specified disease benefit

For the diagnosis of this covered specified disease condition: <sup>1</sup>	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Coma	100%
Permanent paralysis due to a covered accident	100%
Blindness	100%
Occupational infectious HIV or occupational infectious hepatitis B, C or D	100%
Coronary artery bypass graft surgery/disease <sup>2</sup>	25%

### Subsequent diagnosis of a different specified disease<sup>3</sup>

If you receive a benefit for a specified disease, and later you are diagnosed with a different specified disease, the original percentage of the face amount is payable for that particular specified disease.

### Subsequent diagnosis of the same specified disease<sup>3</sup>

If you receive a benefit for a specified disease, and later you are diagnosed with the same specified disease, 25% of the original face amount is payable. Specified disease conditions that do not qualify are: coronary artery bypass graft surgery/coronary artery disease<sup>2</sup> and occupational infectious HIV or occupational infectious hepatitis B, C or D.

For more information,  
talk with your  
benefits counselor.

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- 1 Please refer to the certificate for complete definitions of covered conditions.
- 2 Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.
- 3 Dates of diagnoses of a covered specified disease must be separated by at least 180 days.

THIS POLICY PROVIDES LIMITED BENEFITS.

**EXCLUSIONS AND LIMITATIONS FOR SPECIFIED DISEASE**

We will not pay the Specified Disease Benefit or Benefit Payable Upon Subsequent Diagnosis of a Specified Disease that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; 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 specified disease.

This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C-GR-NC. Please see your Colonial Life benefits counselor for details.

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## Group Specified Disease Insurance First Diagnosis Building Benefit Rider (Specified Disease)



A specified disease can have a big impact on your finances. To help protect your way of life, you can add the first diagnosis building benefit rider to your group specified disease coverage. Available at an additional cost, the rider provides a lump-sum benefit when a covered specified disease\* is first diagnosed.

**First diagnosis building benefit rider**  
Payable once per covered person per lifetime

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

The rider covers the same family members as your group specified disease insurance. The benefit amount accumulates each year the rider is in force before a diagnosis is made, up to a maximum of 10 years.

If you are diagnosed with a covered specified disease before the end of the first rider year, the rider will pay one-half of the annual building benefit amount.

For more information,  
talk with your  
benefits counselor.

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\* Conditions that do not apply to the rider include coronary artery bypass graft surgery/coronary artery disease. Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.

The certificate to which the rider is attached has exclusions and limitations. This is not an insurance contract and only the actual certificate provisions will control. Applicable to rider form R-GCC1.0-BB-NC. Please see your Colonial Life benefits counselor for details.

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## Specified Disease Insurance Health Screening Benefit



The optional health screening benefit can help you reduce the risk of serious illness through early detection.

Health screening benefit.....\$ \_\_\_\_\_  
Maximum of one screening test per covered person per calendar year.

- 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

For more information,  
talk with your  
benefits counselor.

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For cost and complete details, see your Colonial Life benefits counselor. Applicable to form CI-1.0-NC and GCCL0-P-NC.

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# TERM LIFE INSURANCE

Term Life 1000 Plan Provided by Colonial Life

The following information highlights the benefits of the current Term Life policy available through your benefits package. If you enrolled in a Term Life Plan prior to this year, you may have different benefits and features than those shown here. You should refer to your personal policy for your exact benefits and features. Your Benefits Representative can provide you with further information on which plan you have, and assist with any questions. Please meet with your Benefits Representative during your enrollment period or call the Pierce Group Service Center at 1-888-662-7500 for any assistance.

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The benefits of good hard work.™



## Term Life Insurance

### Help protect the people who depend on you

If something happened to you, the last thing your family should have to worry about is financial burdens. Funeral expenses, medical bills and taxes could be just the beginning. How would they cover ongoing living expenses, such as a mortgage, utilities and health care?

Plan for the future with term life insurance from Colonial Life & Accident Insurance Company.

#### The advantages of term life insurance

- Level death benefit.
- Lower cost option compared with cash value insurance.
- Coverage for specified periods of time, which can be during high-need years.
- Benefit for the beneficiary that is typically free from income tax.

#### Benefits and features

- Guaranteed premiums do not increase during the term.
- Coverage is guaranteed renewable to age 95 as long as premiums are paid when due.
- You can convert it to cash value insurance.
- Portability allows you to take it with you if you change jobs or retire.
- An Accelerated Death Benefit is included.



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

Talk with your Colonial Life benefits counselor for information about what level of coverage would work best for you.

TERM LIFE 1000





## Benefits worksheet

For use with your Colonial Life  
benefits counselor

### HOW MUCH COVERAGE DO YOU NEED?

**YOU** \$ \_\_\_\_\_  
FACE AMOUNT

#### Select the term period

- 10-year term  
 20-year term  
 30-year term

**SPOUSE** \$ \_\_\_\_\_  
FACE AMOUNT

#### Select the term period

- 10-year term  
 20-year term  
 30-year term

#### Select any optional riders:

- Spouse Term Life Rider  
\$ \_\_\_\_\_ face amount  
for \_\_\_\_\_-year term period
- Children's Term Life Rider  
\$ \_\_\_\_\_ face amount
- Waiver of Premium Benefit Rider
- Accidental Death Benefit Rider

To learn more,  
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### Cash value policy conversion

You can convert your policy to a Colonial Life cash value life insurance policy any time through age 75 (unless you have used the Accelerated Death Benefit or Waiver of Premium Benefit Rider) with no evidence of insurability. Premiums will be based on your age at the time you convert your policy.

### Accelerated Death Benefit

If you are diagnosed with a terminal illness, you can request up to 75% of the policy's death benefit, not to exceed \$150,000. We deduct a fee only if you use the benefit, and your death benefit will then be reduced by the amount you receive. In addition, there may be tax consequences for receiving the accelerated benefit; ask your tax advisor for advice. Please refer to your policy for details.

### Spouse coverage options

Two options are available for spouse coverage at an additional cost:

- 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.
- 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).

### Dependent coverage

You may add a Children's Term Life Rider to cover all of your eligible dependent children with up to \$10,000 in coverage each for one premium. The Children's Term Life Rider may be added to either the primary or spouse policy, not both.

### Waiver of Premium Benefit Rider

This rider waives all premiums (for the policy and any riders) if you become totally and permanently disabled before the age of 65. To be considered permanent, your total disability must continue with no interruptions for at least six consecutive months. Premiums waived by this rider do not have to be repaid. This rider is available for the spouse policy as well, subject to home office approval.

### Accidental Death Benefit Rider

This rider provides an additional benefit to the beneficiary if the insured dies as a result of an accident before age 70. The benefit doubles if the injury resulting in death occurs while insured is a fare-paying passenger on a public conveyance, such as a commercial aircraft or taxicab. An additional seatbelt benefit is also payable.

#### EXCLUSIONS AND LIMITATIONS

If the insured commits suicide within two years (one year in CO and ND) from the coverage effective date, whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid, without interest. In MO, should death occur as a result of suicide, our company is responsible only for the return of premiums paid when application is made with intent to commit suicide.

You will receive a policy summary or illustration (whichever is applicable to your state) when your policy is issued if this policy has exclusions, limitations or reductions of benefits. For costs and complete details, call or write your Colonial Life benefits counselor or the company. This brochure is applicable to policy forms TERM1000, R-TERM1000-ADB, R-TERM1000-CTR, R-TERM1000-STR, R-TERM1000-WAIVER and applicable state variations.

See your Colonial Life benefits counselor for additional information specific for your state. This coverage contains limitations and exclusions that may affect benefits payable. Product may vary by state.

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# WHOLE LIFE INSURANCE

Whole Life 1000 Plan Provided by Colonial Life

The following information highlights the benefits of the current Whole Life policy available through your benefits package. If you enrolled in a Whole Life Plan prior to this year, you may have different benefits and features than those shown here. You should refer to your personal policy for your exact benefits and features. Your Benefits Representative can provide you with further information on which plan you have, and assist with any questions.

Please meet with your Benefits Representative during your enrollment period or call the Pierce Group Service Center at 1-888-662-7500 for any assistance.

**Colonial Life.**  
The benefits of good hard work.™



## Whole Life Insurance

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

You like to think that you'll be there for your family in the years to come. But if something happened to you, would your family have the income it needs?

It's not easy to think about such serious circumstances, but it's important to make sure your family is financially protected. You can gain peace of mind with Colonial Life's Whole Life Insurance.

### What is whole life insurance?

Whole life insurance can help provide protection for you and those who depend on you. You won't have to worry about becoming uninsurable later in life, and your premiums won't increase as you get older.

With whole life insurance, you receive a guaranteed death benefit, which can help with funeral costs and other immediate expenses. Also, throughout the life of the policy, you can access its cash value through a policy loan, and use the money for emergencies.

### What are the advantages of Colonial Life's Whole Life Insurance?

- Your premiums will never increase because of changes in your health or age.
- You can take the policy with you even if you change jobs or retire, with no increase in premium.
- A guaranteed purchase option means you can purchase additional whole life coverage — without having to answer health questions — at three different points in the future.
- With the accelerated death benefit, you can request 75 percent of your policy's death benefit if you are diagnosed with a terminal illness.
- An immediate \$3,000 claim payment can help your designated beneficiary pay for funeral costs or other expenses.



**50% of U.S. households  
(58 million) say they need  
more life insurance.**

Facts About Life, LIMRA 2013



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

Talk with your Colonial Life benefits counselor for information about what level of coverage would work best for you.

WHOLE LIFE 1000





## Benefits worksheet

For use with your Colonial Life benefits counselor

### HOW MUCH COVERAGE DO YOU NEED?

YOU \$ \_\_\_\_\_  
FACE AMOUNT

Select the option:

- Paid-Up at Age 65  
 Paid-Up at Age 95

SPOUSE \$ \_\_\_\_\_  
FACE AMOUNT

Select the option:

- Paid-Up at Age 65  
 Paid-Up at Age 95

Select any optional riders:

- Spouse Term Life Rider  
\$ \_\_\_\_\_ face amount  
for \_\_\_\_\_-year term period
- Children's Term Life Rider  
\$ \_\_\_\_\_ face amount
- Waiver of Premium Benefit Rider

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

ColonialLife.com



## Product options

### Paid-Up at Age 65 or Paid-Up at Age 95

These two plan design options allow you to select what age your premium payments will end. You can choose to have your policy paid up when you reach age 65 or 95.

### Accelerated Death Benefit

If you are diagnosed with a terminal illness, you can request up to 75 percent of the policy's death benefit, up to \$150,000.

### Guaranteed Purchase Option

If you are age 55 or younger when you purchase the policy, you have the option to purchase additional whole life coverage – without having to answer health questions – at three different points in the future. You may purchase up to your initial face amount, not to exceed a total combined maximum of \$100,000 for all options.

### \$3,000 Immediate Claim Payment

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

## Additional coverage options

### Spouse Whole Life Policy

This policy offers a guaranteed death benefit, guaranteed level premiums and guaranteed cash value accumulation – whether or not you buy a policy on yourself.

### Spouse Term Life Rider

You can purchase term life coverage for your spouse, with a maximum death benefit of up to \$50,000. 10-year and 20-year coverage periods are available, based on the policy you select. You can choose to convert this coverage to a cash value policy within certain time periods later on – without having to answer health questions.

### Dependent Coverage

You may purchase up to \$10,000 in term life coverage for each of your eligible dependent children and pay one premium. You can later convert this coverage to a cash value life insurance policy – without having to answer health questions – upon your 70th birthday or the child's 25th birthday, whichever comes first. You can add this additional coverage to either the primary or the spouse policy, but not both.

### Waiver of Premium Benefit Rider

Your premiums on the whole life policy and any riders attached to it will be waived if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period (the amount of time until benefits are payable).

### EXCLUSIONS AND LIMITATIONS

If the insured commits suicide within two years (one year in ND) from the coverage effective date or the date of reinstatement (not applicable in AR), whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid, minus any loans and loan interest to you. Product may vary by state. For costs and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This product is underwritten by Colonial Life & Accident Insurance Company. This brochure is applicable to policy forms ICC07-WL-NGPO-65/WL-NGPO-65, ICC07-WL-NGPO-95/WL-NGPO-95, ICC08-WL-GPO-65/WL-GPO-65, ICC08-WL-GPO-95/WL-GPO-95 and rider forms ICC07-R-WL-CTR/R-WL-CTR, ICC07-R-WL-STR-10/R-WL-STR-10, ICC07-R-WL-STR-20/R-WL-STR-20, ICC07-R-WL-WOP/R-WL-WOP and applicable state variations.

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# Whole Life Insurance

## Long-Term Care Benefit Rider

### Prepare now for long-term care costs

The day you may need long-term care might seem like a long way off, but unexpected events and challenging times could come at any point. A little planning now could go a long way in helping protect what you've worked so hard to build.

#### You could need long-term care at any age:

- You could have an accident or illness and need home health care or related services.
- When you get older, you could need nursing home services or home health care.

Many long-term care costs aren't covered by health insurance. Would you be able to manage these expenses without having to pull from your savings or rely on financial aid from others?

**Whole Life Insurance from Colonial Life & Accident Insurance Company includes a long-term care benefit rider option to help you safeguard your assets. It can provide a monthly benefit for long-term care services to help protect your family's way of life.**



### Support during challenging times

Eric and his wife, Lisa, work full-time jobs to support their two children. The couple recently purchased a new home to accommodate their growing family. After a serious accident, Eric needed a home health care professional to provide medical assistance while he recovered. To cover these expenses, he was going to have to pull from savings or borrow money from family.

Fortunately, Eric had a whole life insurance policy with a long-term care benefit rider. His policy had a \$100,000 death benefit, and he needed assistance for three months.

He was able to receive a 4% monthly payment from his whole life policy's death benefit, which helped with his long-term care costs.

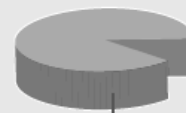
### A monthly payment to help you

You may be eligible for long-term care benefits if you require substantial supervision due to severe cognitive impairment or if you're unable to perform at least two of the six Activities of Daily Living (ADLs). The monthly benefit varies based on your care setting.

Care setting	Monthly benefit*
Long-term care facility (example: nursing home)	6% of Death Benefit
Assisted living facility	6% of Death Benefit
Home health care agency or licensed home health care professional	4% of Death Benefit
Adult day care	4% of Death Benefit

\*Monthly benefit provided for each benefit period, minus any policy loans, as of the end of the 90-day elimination period.

**\$100,000 Death Benefit**



**\$88,000**  
Remaining death benefit

**-\$12,000**  
Three \$4,000 monthly benefits



For illustrative purposes only





Talk with your Colonial Life benefits counselor about how a long-term care benefit rider can help provide you valuable financial security.

**Colonial Life.**  
The benefits of good hard work.™

These coverages may not be available in all states. Product benefits and benefit amounts vary by state. This coverage has exclusions and limitations that may affect benefits payable. For complete details, see the outline of coverage form, ICC14-WL-LTC-O.

ColonialLife.com

ICC14-101430

## A reliable backup plan

A whole life insurance policy with a long-term care benefit rider can:

- Provide access to a portion of your whole life policy's death benefit to help you pay for services you may need for a chronic illness, serious accident, sudden illness or cognitive impairment.
- Offer coverage for various long-term care settings and services, including in-home care and assisted living facilities.
- Forgive premiums on your whole life policy while long-term care benefits are paid under the rider.

While the long-term care benefit rider isn't meant to cover all long-term care expenses, it's a more affordable way to get extra financial protection that could help you during challenging times.

### LIMITATIONS AND EXCLUSIONS

**Pre-existing Condition Limitations** – No benefits will be paid for any benefit period that results from a pre-existing condition, and that starts during the first six months after the effective date of the rider. **Pre-existing Condition** means a condition for which medical advice or treatment was recommended by, or received, from a provider of health care services, within the six months preceding the rider's effective date.

**Other Limitations or Conditions on Eligibility for Benefits** – We will not pay benefits for confinement or services:

- resulting from alcoholism, and drug addiction;
- for which there is no charge in the absence of insurance;
- provided by a family member;
- received while residing or confined outside the United States and Canada; and
- due to chronic illnesses resulting from:
  - war or any act of war, whether declared or undeclared, or active duty in the armed forces of any nation or international governmental authority or units auxiliary thereto or the National Guard or similar government organizations;
  - intentionally self-inflicted injuries, attempted suicide or suicide;
  - participation in a felony, riot, or insurrections; and
  - aviation (if a non-fare paying passenger).

**Non-Duplication of Benefits** – Qualified Long-Term Care Services do not include services for which charges are covered under any of the following:

- treatment provided in a government facility (unless otherwise required by law);
- services for which benefits are available under Medicare or other government programs (except Medicaid); and
- any state or federal workers' compensation, employer's liability or occupational disease law, or under any motor vehicle no-fault law.

The rider may not cover all of the expenses associated with your long-term care needs.

**Renewability and Termination** – The rider is guaranteed renewable, meaning you have the right, subject to the terms of your rider, to continue it as long as you pay your premiums on time.

Benefit payments under the rider will end upon the earliest of the following:

- the date the insured is no longer chronically ill;
- the date the insured's licensed health care practitioner's certification expires;
- the date the insured is no longer receiving qualified long-term care services; or
- the date the benefit period maximum is reached.

**Change in Premiums** – We reserve the right to change premiums for this rider. The premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued. Premiums cannot be increased because of a change in the age or health of the insured.

**Grace Period** – After you have paid the first premium, you have a 31-day grace period in which to pay any premium, which is due. The grace period begins on the due date of the premium and ends 31 days later. The policy remains in force during the grace period.

**Underwriting** – Health questions or a medical exam may be required.

**Federal Tax** – The rider is intended to be federally tax-qualified.

Applicable to rider form, ICC14-WL-LTC. This brochure is not complete without the corresponding outline of coverage form, ICC14-WL-LTC-O.

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7-14 | 101430



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The benefits of good hard work.®



## Juvenile Whole Life Insurance

### A lower rate for life

The whole life insurance you buy for a child or grandchild can begin a lifetime of protection at affordable rates.

Juvenile whole life insurance offers you a way to help protect your children against higher insurance rates they may face as adults. You can feel good knowing you provided them with a base of coverage they can carry into adulthood.



45% of those who purchase juvenile life insurance do so to lock in a low rate.

LIMRA, 2015 Insurance Barometer Study, 2015



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

Talk with your Colonial Life benefits counselor for information about how much coverage would work best for you.

### Why get juvenile whole life insurance?

Each year without a whole life policy, the monthly cost for coverage increases. The younger children are when you get them coverage, the lower the base rate will be for the life of the policy.

This also protects them against the chance that an unexpected accident or illness could make life insurance more expensive – or even unavailable – later on.

#### Coverage features

- Each policy covers one child. You can purchase this coverage until the child turns 26.
- The policy accumulates cash value at a guaranteed rate over the life of the coverage.
- The policy stays in force as long as you continue making payments.
- You can add the accidental death benefit rider at any time.
- After your child's 18th birthday, you can:
  - Pass ownership to your child.
  - Enhance the coverage with other optional riders.





**GIVE A GIFT THAT LASTS A LIFETIME**



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

**18<sup>TH</sup> BIRTHDAY**

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



**FIRST JOB**  
Provide a base to build on as they establish themselves.

**WEDDING**

They can purchase coverage on a new spouse.



**CHILDREN**  
They can extend coverage as their family grows.

**RETIREMENT**

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



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

ColonialLife.com



**Additional features**

**Paid-up at age 65**

The premium payments for the juvenile policy stop at age 65 even though coverage continues on the insured child up to age 100.

**\$3,000 immediate claim payment**

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

**Accelerated death benefit**

If the insured child is diagnosed with a terminal illness, you can often request up to 75 percent of the policy's death benefit, up to \$150,000.

**Optional rider**

**Accidental death benefit rider**

When you purchase this rider, it pays an additional benefit if the insured dies as a result of an accident before age 70. The benefit doubles if the accident occurs while the insured is a fare-paying passenger. An additional 25% of the accidental death benefit will be paid if the insured dies due to an injury sustained while driving or riding in a private vehicle and wearing a seat belt.

**Additional options available at age 18**

(or after policy ownership has been passed to child)

**Guaranteed purchase option**

When you purchase the policy, your child has the option to purchase additional whole life coverage – without having to answer health questions – at age 18, 21 and 24. They may purchase up to the initial face amount, not to exceed a total combined maximum of \$100,000 for all options.

**Spouse term life rider**

Your child can purchase term life coverage for a spouse, with a maximum death benefit of up to \$50,000. 10-year and 20-year coverage periods are available. They can choose to convert this coverage to a cash value policy within certain time periods later on – without having to answer health questions.

**Children's term life rider**

Your child may purchase up to \$10,000 in term life coverage for all of their eligible dependent children and pay one premium. They can later convert this coverage to a cash value life insurance policy – without having to answer health questions – upon their 70th birthday or the child's 25th birthday, whichever comes first. They can add this additional coverage to either the primary or the spouse policy, but not both.

**EXCLUSIONS AND LIMITATIONS**

If the insured commits suicide within two years (one year in ND) from the coverage effective date or the date of reinstatement (not applicable in AR), whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid, minus any loans and loan interest to you. Product may vary by state. For costs and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This product is underwritten by Colonial Life & Accident Insurance Company.

This brochure is applicable to policy forms ICC16-WL1000J/WL1000J, rider forms ICC16-WL-ACDTH/WL-ACDTH and applicable state variations.

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# GROUP TERM LIFE INSURANCE

Group Term Life Benefits Provided by The Hartford

Group Benefits from The Hartford

## Supplemental Life Insurance



Benefit Highlights

### Haywood County Schools

<b>What is supplemental life insurance?</b>	<p>Supplemental life insurance is coverage that you pay for.</p> <p>Supplemental life insurance pays your beneficiary (please see below) a benefit if you die while you are covered.</p> <p>This highlight sheet is an overview of your supplemental life insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.</p>
<b>Am I eligible?</b>	You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis.
<b>When can I enroll?</b>	You can enroll within 31 days of the date you have a change in family status, or within 31 days of the completion of your eligibility waiting period as stated in your group policy.
<b>When is it effective?</b>	Coverage goes into effect subject to the terms and conditions of the policy. You must be actively at work with your employer on the day your coverage takes effect.
<b>How much supplemental life insurance can I purchase?</b>	<p>You can purchase supplemental life insurance in increments of \$10,000.</p> <p>The maximum amount you can purchase cannot be more than \$250,000. Annual earnings are as defined in The Hartford's contract with your employer.</p>
<b>Am I guaranteed coverage?</b>	If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$100,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.
<b>What is a beneficiary?</b>	Your beneficiary is the person (or persons) or legal entity (entities) who receives a benefit payment if you die while you are covered by the policy. You must select your beneficiary when you complete your enrollment application; your selection is legally binding.
<b>Are there other limitations to enrollment?</b>	<p>If you do not enroll within 31 days of your first day of eligibility, you will be considered a late entrant. Typically, late entrants may need to show evidence of insurability and may be responsible for the cost of physical exams or other associated costs if they are required.</p> <p>This coverage, like most group benefit insurance, requires that a certain percentage of eligible employees participate. If that group participation minimum is not met, the insurance coverage that you have elected may not be in effect.</p>

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company, Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT.

Haywood County Schools Life NE-FS BHS  
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Creation Date: 10/5/2016

Page 1 of 3

Version 11/12

Prepare today.  
Help protect tomorrow.

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<p><b>Spouse supplemental life insurance</b></p>	<p>If you elect supplemental life insurance for yourself, you may choose to purchase spouse supplemental life insurance in increments of \$10,000, to a maximum of \$50,000.</p> <p>Coverage cannot exceed 100% of the amount of your employee voluntary/supplemental life insurance coverage. You may not elect coverage for your spouse if they are in active full-time military service or is already covered as an employee under this policy.</p> <p>If your spouse is confined in a hospital or elsewhere because of disability on the date his or her insurance would normally have become effective, coverage (or an increase in coverage) will be deferred until that dependent is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days.</p> <p>If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$20,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.</p>
<p><b>Child(ren) supplemental life insurance</b></p>	<p>If you elect supplemental life insurance for yourself, you may choose to purchase child(ren) supplemental life insurance coverage in increments of \$5,000, to a maximum of \$25,000 for each child – no medical information is required.</p> <ul style="list-style-type: none"> <li>• If your dependent child(ren) is confined in a hospital or elsewhere because of disability on the date his or her insurance would normally have become effective, coverage (or an increase in coverage) will be deferred until that dependent is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days.</li> </ul>
<p><b>Does my coverage reduce as I get older?</b></p>	<p>The benefit reduction schedule is 35% at age 70, 55% at age 75, and 70% at age 80. All coverage cancels at retirement.</p>
<p><b>Can I keep my Life coverage if I leave my employer?</b></p>	<p>Yes, subject to the contract, you have the option of:</p> <ul style="list-style-type: none"> <li>• Converting your group life coverage to your own individual policy (policies).</li> <li>• If you leave your employer, portability is an option that allows you to continue your life insurance coverage. To be eligible, you must terminate your employment prior to Social Security Normal Retirement Age. This option allows you to continue all or a portion of your life insurance coverage under a separate portability term policy. Portability is subject to a minimum of \$5,000 and a maximum of \$250,000 and does not include coverage for your dependents. To elect portability, you must apply and pay the premium within 31 days of the termination of your life insurance. Evidence of insurability will not be required.</li> </ul>
<p><b>What is the living benefits option?</b></p>	<p>If you are diagnosed as terminally ill with a 12 month life expectancy, you may be eligible to receive payment of a portion of your life insurance. The remaining amount of your life insurance would be paid to your beneficiary when you die.</p>
<p><b>Do I still pay my life insurance premiums if I become disabled?</b></p>	<p>If you become totally disabled before age 60 and your disability lasts for at least 9 months, your life insurance premium may be waived. The premium for your dependent's coverage will also be waived if you are disabled and approved for waiver of premium. Coverage for your dependents will end if the policy terminates.</p>





## Group Term Life Insurance

### Important Details

As is standard with most term life insurance, this insurance coverage includes certain limitations and exclusions:

- the amount of your coverage may be reduced when you reach certain ages.
- death by suicide (two years).

Other exclusions may apply depending upon your coverage. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

This benefit highlights sheet is an overview of the insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the benefit highlights sheet and the insurance policy, the terms of the insurance policy apply.

## The Hartford Group Term Life

<u>Employee election up to GI</u>	<u>12-month Premium</u>	<u>11-month Premium</u>	<u>10-month Premium</u>
\$10,000	\$1.80	\$1.96	\$2.16
\$20,000	\$3.60	\$3.93	\$4.32
\$30,000	\$5.40	\$5.89	\$6.48
\$40,000	\$7.20	\$7.85	\$8.64
\$50,000	\$9.00	\$9.82	\$10.80
\$60,000	\$10.80	\$11.78	\$12.96
\$70,000	\$12.60	\$13.75	\$15.12
\$80,000	\$14.40	\$15.71	\$17.28
\$90,000	\$16.20	\$17.67	\$19.44
\$100,000	\$18.00	\$19.64	\$21.60

<u>Spouse Election up to GI</u>	<u>12-month Premium</u>	<u>11-month Premium</u>	<u>10-month Premium</u>
\$10,000	\$5.60	\$6.11	\$6.72
\$20,000	\$11.20	\$12.22	\$13.44

<u>Dependent Child Election up to GI</u>	<u>12-month Premium</u>	<u>11-month Premium</u>	<u>10-month Premium</u>
\$5,000	\$1.00	\$1.09	\$1.20
\$10,000	\$2.00	\$2.18	\$2.40
\$15,000	\$3.00	\$3.27	\$3.60
\$20,000	\$4.00	\$4.36	\$4.80
\$25,000	\$5.00	\$5.45	\$6.00



Group Benefits from The Hartford

Additional Services



Benefit Highlights

Haywood County Schools

**Does my life insurance coverage include any additional services?**

Should you choose to enroll, your life coverage comes with value added services that help with challenges that come before and after a claim.

- **Funeral Planning and Concierge Services** <sup>1</sup> provides a suite of online tools to guide you through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers—often resulting in significant financial savings.

For more information on Funeral Planning and Concierge Services  
Call 1-866-854-5429  
Or visit [www.everestfuneral.com/hartford](http://www.everestfuneral.com/hartford) Use Code: **HFEVLC**

- **EstateGuidance** <sup>2</sup> **Will Services** helps you protect your family's future by creating a will online—backed by online support from licensed attorneys. Your will is customized and legally binding.

For more information on EstateGuidance<sup>®</sup> Will Services  
Visit [www.estateguidance.com/wills](http://www.estateguidance.com/wills) Use Code: **WILLHLF**

- **Beneficiary Assist** <sup>2</sup> **Counseling Services** offers compassionate expertise to help you or your beneficiaries (those you name in your policy) cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with a counselor, attorney or financial planner for up to a year, and five face-to-face sessions.

For more information on Beneficiary Assist<sup>®</sup> Counseling Services  
Call 1-800-411-7239

- **Travel Assistance Services with ID Theft Protection and Assistance** <sup>3</sup> includes pre-trip information to help you feel more secure while traveling. It can also help you access medical professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less when unexpected detours arise. The ID theft services are available to you and your family at home or when you travel.

For more information on Travel Assistance Services or ID Theft Services  
Call 1-800-243-6108  
Collect from other locations: 202-828-5885  
Fax: 202-331-1528  
Or email [idtheft@europassistance-usa.com](mailto:idtheft@europassistance-usa.com)

Travel Assistance Identification Number: **GLD-09012**

You'll be asked to provide your employer's name, a phone number where you can be reached, nature of the problem, Travel Assistance Identification Number, and your company policy number which can be obtained through your Human Resources/Personnel department.

If you have a serious medical emergency, please obtain emergency medical services first, and then contact Europ Assistance USA for follow-up.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company, Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT.

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## Group Term Life Insurance

<p><b>Can I use any of the additional services with my parents and step-parents?</b></p>	<ul style="list-style-type: none"> <li>• <b>Parent Conversations:</b> When you purchase supplemental life insurance, the Estate Guidance® Will Services and Funeral Planning and Concierge Services<sup>1</sup> may be used with your parents, as well as your spouse's parents. Parent Conversations can be a crucial benefit. There are many reasons to consider it: <ul style="list-style-type: none"> <li>• It helps clarify and document your parents' or step-parents' end-of-life decisions</li> <li>• Eases the stress involved in caring for aging parents</li> <li>• Places a sensitive subject within the positive context of a benefit</li> <li>• Provides you with support at a time of transition and loss</li> </ul> </li> </ul> <p>For more information on Funeral Planning and Concierge Services for your parents or step-parents Call 1-866-854-5429 Or visit <a href="http://www.everestfuneral.com/hartford">www.everestfuneral.com/hartford</a> Use Code: <b>HFEVLC</b></p> <p>For more information on EstateGuidance® Will Services Visit <a href="http://www.estateguidance.com/wills">www.estateguidance.com/wills</a> Use Code: <b>WILLHLF</b></p>
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### Important Details

<sup>1</sup> Funeral Planning and Concierge Services are offered through Everest Funeral Package, LLC (Everest). Everest is not affiliated with The Hartford and is not a provider of insurance services. Everest and its affiliates have no affiliation with Everest ReGroup, Ltd., Everest Reinsurance Company or any of their affiliates.

<sup>2</sup> EstateGuidance® and Beneficiary Assist® services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. A simple will does not cover credit shelter trust, printing or certain other features. These features are available at an additional cost to you.

<sup>3</sup> Travel Assistance and ID Theft Protection and Assistance are provided by Europ Assistance USA. Europ Assistance is not affiliated with The Hartford and is not a provider of insurance services.

This benefit highlights sheet is an overview of the non-insurance services being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the services as actually provided. Only the service provider can fully describe all of the provisions, terms, conditions, limitations and exclusions of your non-insurance service coverage.

Haywood County Schools Value Add BHS  
00067423  
Creation Date: 10/4/2016



# DENTAL INSURANCE

Dental Benefits Provided by Sun Life

## Dental PPO

### Good news about dental benefits for employees of Haywood County Schools

#### Why is dental health so important?

Regular dental care does more than just improve smiles. Along with good oral hygiene, it can help you and your family lower your chances of serious health problems.

- Gum disease has been linked to a 50 percent rise in pancreatic and kidney cancer risk and a 30 percent increase in blood cell cancers.<sup>1</sup>
- Research has shown, and experts agree, that there is an association between periodontal diseases and other chronic inflammatory conditions, such as diabetes, cardiovascular disease and Alzheimer's disease.<sup>2</sup>

#### How can I get the coverage I need?

Dental insurance offers you a convenient way to get regular dental care and can possibly help prevent life-threatening health problems. And through your employer, you can get this protection at an affordable group rate.

#### How do I know I'm eligible to participate in this plan?

You can participate in this plan if you are a full-time employee of the policyholder or an associated company, and work in the United States. Full-time means working 20 hours or more per week. Temporary or seasonal workers are not eligible.

#### Key Advantages of This Plan

- Your plan includes our Lifetime of Smiles<sup>®</sup> program, with benefits many people prefer, such as brush biopsies for the early detection of oral cancer.
- Assurant Focus Dental Network<sup>SM</sup> the PPO network for your plan, includes **85,000+** unique dentists, and offers you more options to help save on fees and can make your annual maximum go even further.<sup>3</sup>

<sup>1</sup>Journal of Periodontology, January 2011.

<sup>2</sup>American Academy of Periodontology - Website accessed June 3, 2011  
<http://www.perio.org/consumer/mbc.top2.htm>.

<sup>3</sup>The PPO network for your plan includes dentists contracted with Dental Health Alliance, L.L.C.<sup>®</sup> (DHA<sup>®</sup>) and dentists under access arrangements with other dental networks.

**Assurant Employee Benefits is the brand name used for insurance products underwritten and issued by Union Security Insurance Company.**

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## Dental Insurance

### How does my plan work?

Your plan covers a range of services for you and your family. Highlights of your benefits can be found below. Benefits are paid after any applicable deductible has been met, up to the annual maximum. For more specific information, please ask to see the certificate of insurance.

### Why is Dental insurance a smart choice?

Compare the annual cost of your Dental insurance with paying your dental expenses yourself:

National Average Retail charge<sup>1</sup> for dental procedures:

Adult Cleaning	\$86	Twice yearly =	\$172
Oral Examination	\$47	Twice yearly =	\$94
Bitewing x-rays	\$58		
<hr/>			
Total annual cost for preventive care	\$324		

Other services you may need:

Fluoride treatment	\$30
One surface filling	\$131
Root canal	\$348
Crown	\$959
Gum scaling	\$207

<sup>1</sup>Average Retail Costs were determined by Assurant Employee Benefits national claims analysis for the year 2013. The costs represent a mean average rounded to the nearest dollar representing what you may pay without plan services.

### Your Cost for Dental Insurance

12 MONTH Cost for Dental Insurance	High Plan Cost*	Low Plan Cost*
For you	\$ 50.09	\$ 28.30
For you and your spouse	\$ 98.09	\$ 55.39
For you and your children	\$113.85	\$ 78.28
For you and your family	\$161.87	\$105.34
11 MONTH Cost for Dental Insurance	High Plan Cost*	Low Plan Cost*
For you	\$ 54.64	\$ 30.87
For you and your spouse	\$107.01	\$ 60.43
For you and your children	\$124.20	\$ 85.40
For you and your family	\$176.59	\$114.92
10 MONTH Cost for Dental Insurance	High Plan Cost*	Low Plan Cost*
For you	\$ 60.11	\$ 33.96
For you and your spouse	\$117.71	\$ 66.47
For you and your children	\$136.62	\$ 93.94
For you and your family	\$194.24	\$126.41

\* Your actual cost may vary depending upon your employer's contribution towards the cost of the plan.

### How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, when you choose a dentist in the Assurant Focus Dental Network<sup>SM</sup>, your plan's PPO network, you may save money. Using a network dentist may lower your out-of-pocket costs and can make your annual maximum go further.

The dental network for your plan includes **85,000+** unique dentists contracted with Dental Health Alliance, L.L.C.<sup>®</sup> (DHA<sup>®</sup>) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com), select **For Members**, then **Find a dentist**, or call Customer Service at **888.901.6377**.

### What are my plan options?

Your employer is offering you a choice of two plans. Please review the information on the following pages and choose the **one plan** that best fits your needs.



**The High Plan**

Plan Features					
Deductible	In Network	Out-of-Network	Benefit Year Maximum	In Network	Out-of-Network
Per person, per benefit year	\$50	\$50	For each person	\$1000	\$1000
Waived for Class I Preventive	Yes	Yes			
Each person insured must satisfy the deductible					
<b>Coinsurance Percentage</b>			<b>Child Orthodontia Benefits</b>		
Class I Preventive	100%	100%	Class IV Orthodontia coinsurance	50%	50%
Class II Basic	80%	80%	Lifetime orthodontia maximum	\$1250	\$1250
Class III Major	50%	50%			

**Class I Preventive Dental Services, Including:**

- Oral evaluations – once in any 6-month period
- Routine dental cleanings – once in any 6-month period
- Fluoride treatment – once in any 6-month period. *Only for children under age 14*
- Sealants – no more than once per tooth per person, only for permanent molar teeth. *Only for children under age 16*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12-month period
- Space maintainers. *Only for children under age 19*

**Class II Basic Dental Services, Including:**

- New fillings
- Replacement fillings – once in any 24-month period per filling
- Panoramic or complete series x-rays – once in any 60-month period
- Simple extractions, removal of exposed roots, incision and drainage
- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- Minor gum disease treatment: (minor periodontics)
  - Scaling and root planing – once in any 24-month period per area
  - Localized delivery of antimicrobial agents
  - Periodontal maintenance – once in any 6 consecutive months
- Major gum disease treatment: (major periodontics)
  - Gingivectomy, osseous surgery, other major periodontic procedures – once in any 36-month period per area

**Class III Major Dental Services, Including:**

- Fixed partial dentures (bridges) and full and partial dentures (removable)
- Complex extractions
- Complex oral surgery
- Biopsy (including brush biopsy)
- General anesthesia and IV sedation when medically required
- Stainless steel crowns. *Only for children under age 19*
- Inlay, onlay, and crown restorations

**Class IV Child Orthodontia**

- Limited, interceptive, and comprehensive orthodontic treatment
- Minor treatment to control harmful habits

**Waiting Periods**

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

- No waiting period for preventive or basic services.
- 12-months for major services.
- 12-months for orthodontic services.

OR



## Dental Insurance

### The Low Plan

Plan Features					
Deductible	In Network	Out-of-Network	Benefit Year Maximum	In Network	Out-of-Network
Per person, per benefit year	\$50	\$50	For each person	\$1000	\$1000
Waived for Class I Preventive	Yes	Yes			
Each person insured must satisfy the deductible					
<b>Coinsurance Percentage</b>			<b>Orthodontia Benefits</b>		
Class I Preventive	100%	100%	Not included		
Class II Basic	80%	80%			
Class III Major	0%	0%			

#### Class I Preventive Dental Services, Including:

- Oral evaluations – once in any 6-month period
- Routine dental cleanings – once in any 6-month period
- Fluoride treatment – once in any 6-month period. *Only for children under age 14*
- Sealants – no more than once per tooth per person, only for permanent molar teeth. *Only for children under age 16*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12-month period
- Space maintainers. *Only for children under age 19*

#### Class II Basic Dental Services, Including:

- New fillings
- Replacement fillings – once in any 24-month period per filling
- Panoramic or complete series x-rays – once in any 60-month period
- Simple extractions, removal of exposed roots, incision and drainage
- Minor gum disease treatment: (minor periodontics)
  - Scaling and root planing – once in any 24-month period per area
  - Localized delivery of antimicrobial agents
  - Periodontal maintenance – once in any 6 consecutive months

#### Waiting Periods

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

- No waiting period for preventive or basic services.
- No waiting period for major services.



### Who are eligible dependents?

Those qualified to be covered under your dental plan include your spouse and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

### Dental plan provisions, limitations and exclusions

#### Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternate Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the charge for any dental treatment is expected to exceed \$300, it is recommended that a dental treatment plan be submitted to Assurant Employee Benefits for review before treatment begins.

#### Late Entrant Limitation

If you apply for dental insurance more than 31 days after a covered person first becomes eligible, the person is a late entrant. The benefits for the first 12 months of coverage for late entrants will be limited as follows:

#### Time Insured Continuously Under the Policy

Less than 12 months

At least 12 months

#### Benefits Provided for Only These Services

Preventive and all Basic Dental Services

Preventive, Basic and Major Dental Services

We will not pay for any treatment that is started or completed during the late entrant limitation period.

### Other Important Plan Provisions

Benefits are not payable for the following, unless such insurance is provided under the list of covered dental services:

Treatment or an appliance which is not dentally necessary, is experimental or temporary in nature, or does not have uniform professional endorsement, treatment related to procedures that are part of a service but are not reported as separate services, reported in a treatment sequence that is not appropriate or misreported or that represent a procedure other than the one reported, appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting, any treatment or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension, the alteration or restoration of occlusion, except for occlusal adjustment in conjunction with periodontal surgery, bite registration, bite analysis, attrition or abrasion, replacement of a lost or stolen appliance or prosthesis, educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions, completion of claim forms or missed dental appointments, personal supplies or equipment, including but not limited to water piks, toothbrushes, floss holders, or athletic mouthguards, administration of nitrous oxide or any other agent to control anxiety, treatment for a jaw fracture, treatment provided by a dentist, dental hygienist, or denturist who is an immediate family member or a person who ordinarily resides with a covered person, an employee of the policyholder, or a policyholder, hospital or facility charges for room, supplies or emergency room expenses or routine chest x-rays and medical exams prior to oral surgery, treatment provided primarily for cosmetic purposes, treatment which may not reasonably be expected to successfully correct the person's dental condition for a period of at least 3 years, crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which do not have extensive decay or fracture and can be restored with an amalgam or composite resin filling, any treatment required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joint or its associated structures, treatment for implants, implant abutments, implant supported prosthetics (crown, fixed partial denture, dentures) or any other services related to the care and treatment of the implant, treatment performed outside the United States, except for emergency dental treatment (the maximum benefit payable to any person during a benefit year for covered dental expenses related to emergency dental treatment performed outside the United States is \$100), treatment or appliances at which are covered under any Workers' Compensation Law, Employer's Liability Law or similar law (a person must promptly claim and notify us of all such benefits), treatment for which a charge would not have been made in the absence of insurance, treatment for which a covered person does not have to pay, except when payment of such benefits is required by law and only to the extent required by law.

**This notice only applies to small employers as defined by your state.** This coverage does not include and is not required to include the pediatric dental essential health benefit as required under the federal Patient Protection and Affordable Care Act.

**State variations can exist; please contact Assurant Employee Benefits for additional information.**





# VISION INSURANCE

Vision Benefits Provided by Superior

Plan 1 Exam & Materials Plan				Plan 2 Materials Only Plan			
<b>Co-Pays</b>				<b>Co-Pays</b>			
Exam		\$10		Exam		N/A	
Materials <sup>1</sup>		\$15		Materials <sup>1</sup>		\$15	
Contact Lens Fitting		\$25		Contact Lens Fitting		\$25	
<b>Monthly Premiums</b>				<b>Monthly Premiums</b>			
	<b>10</b>	<b>11</b>	<b>12</b>		<b>10</b>	<b>11</b>	<b>12</b>
Emp. Only	\$8.71	\$7.92	\$7.26	Emp. Only	\$6.14	\$5.59	\$5.12
Emp. + 1 dep	\$16.92	\$15.38	\$14.10	Emp. + 1 dep	\$11.90	\$10.82	\$9.92
Emp. + family	\$24.84	\$22.58	\$20.70	Emp. + family	\$17.47	\$15.88	\$14.56
<b>Services/Frequency</b>				<b>Services/Frequency</b>			
Exam		12 months		Exam		N/A	
Frames		24 months		Frames		24 months	
Contact Lens Fitting		12 months		Contact Lens Fitting		12 months	
Lenses		12 months		Lenses		12 months	
Contact Lenses		12 months		Contact Lenses		12 months	

Benefits	Plan 1		Plan 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam (MD)	Covered in Full	Up to \$44	N/A	N/A
Exam (OD)	Covered in Full	Up to \$39	N/A	N/A
Frames	\$100 retail allowance	Up to \$50	\$100 retail allowance	Up to \$50
Contact Lens Fitting (standard <sup>2</sup> )	Covered in Full	Not covered	Covered in Full	Not covered
Contact Lens Fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered	\$50 retail allowance	Not covered
Lenses (standard) per pair				
Single Vision	Covered in Full	Up to \$34	Covered in Full	Up to \$34
Bifocal	Covered in Full	Up to \$48	Covered in Full	Up to \$48
Trifocal	Covered in Full	Up to \$64	Covered in Full	Up to \$64
Progressives	Covered at retail lined trifocal level	Up to \$64	Covered at retail lined trifocal level	Up to \$64
Contact Lenses <sup>3</sup>	\$120 retail allowance	Up to \$100	\$120 retail allowance	Up to \$100

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

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>2</sup> See your benefits materials for definitions of standard and specialty contact lens fittings.

<sup>3</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit

## Discount Features

Look for providers in the Provider Directory who accept discounts; please verify their discounts prior to service.

### Discounts on Covered Materials

- Frames: 20% off amount over allowance
- Lens options: 20% off retail
- Progressives: 20% off amount over retail lined trifocal lens, including lens options

The following options have out-of-pocket maximums<sup>4</sup> on standard (not premium, brand, or progressive) lenses.

	Maximum Member Out-of-Pocket	
	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

<sup>4</sup> Discounts and maximums may vary by lens type. Please check with your provider.

### Discounts on Non-Covered Exam and Materials

- Exams, frames, and prescription lenses: 30% off retail
- Lens options, contacts, other prescription materials: 20% off retail
- Disposable contact lenses: 10% off retail

### Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount.

These discounts range from 5%-50%, and are the best possible discounts available to Superior Vision.

All allowances are retail; member is responsible for any amount over the allowance, minus available discounts.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan.

Please check with your Human Resources department if you have any questions.



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For questions about this program or assistance with registration please email: [info@corpshopping.com](mailto:info@corpshopping.com)

# General Notice of COBRA Continuation Coverage Rights

## **\*\* Continuation Coverage Rights Under COBRA \*\***

### **Introduction**

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

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 when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional 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.

### **What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as 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 are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- 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 any of the following qualifying events happens:

- 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."

### **When is COBRA 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. When the qualifying event is 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), the employer must notify the Plan Administrator of the qualifying event.

### **You Must Give Notice of Some Qualifying Events**

**For the 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.**

### **How is COBRA 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. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

***Disability extension of 18-month period of continuation coverage***

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage.

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

If your family experiences another qualifying event while receiving 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 notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

**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 ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), 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 the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

**Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed of 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**

Haywood County Schools  
Attn: Rhonda Hargrove  
1230 N. Main St.  
Waynesville, NC 28786

**COBRA Administrator for Dental Coverage**

**Sun Life Dental**

Attn: COBRA  
P.O Box 842573  
Kansas City, MO 64180

**COBRA Administrator for Vision Coverage**

**Superior Vision**

Attn: COBRA  
11101 White Rock Road  
Rancho Cordova, CA 95670

**COBRA Administrator for FSA Coverage**

**Ameriflex**

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

## Authorization for Colonial Life & Accident Insurance Company

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

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

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

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

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

(Printed name of individual subject to this disclosure)	(Social Security Number)	(Signature)	(Date Signed)
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If applicable, I signed on behalf of the proposed insured as \_\_\_\_\_ (indicate relationship). If legal Guardian, Power or Attorney Designee, or Conservator.

(Printed name of legal representative)	(Signature of legal representative)	(Date Signed)
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**Notice of Insurance Information Practices**

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 policyholders 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 legally necessary, we ask your permission before sharing NPI about you. Our practices apply to our former, current and future customers.

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

The law allows us to share NPI as described above (except health information) will affiliates to market financial products and services. The law does not allow you to restrict these disclosures. We may also share with companies that help us market our insurance products and services, such as vendors that provide mailing services to us. We may share with other financial institutions 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 below. The letter should include your full name, address, telephone number and policy number if we have issued a policy. If you request, we will send copies of the NPI to you. If the NPI includes health information, we may provide the health information to you through a health care provider you designate. We will also send you information related to disclosures. We may charge a reasonable fee to cover our copying costs. This section applies to NPI we collect to provide you with coverage. It does not apply to NPI we collect in anticipation of a claim or civil or criminal proceeding.

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

If we disagree with you, we will tell you we are not going to make the correction. We will give you 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 reason(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI. We will include your statement any time we disclose the disputed NPI. We will also give the statement to any person designated by you if we may have disclosed the disputed NPI to that person in the past two years.

If we decide not issued coverage to you, we will provide you with the specific reason(s) for our decision. We will also tell you how to access and correct certain NPI.

To receive our complete privacy notice, including more information about our information-sharing, access and correction practices, write to our parent company: Privacy Officer, UnumProvident Corporation, 2211 Congress Street, M347, Portland, Maine 04122. For additional information about our commitment to privacy, visit [www.coloniallife.com](http://www.coloniallife.com).  
NIP

**DISCLOSURE NOTICE CONCERNING THE MEDICAL INFORMATION BUREAU.**

Information regarding your insurability will be treated as confidential. Colonial or its reinsurer(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 reinsurers 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.

# YES! I want to keep my Colonial Life Coverage.



## My premiums are no longer being payroll-deducted.

Complete this form and mail it today – along with a check for your premium payment.

Name: \_\_\_\_\_ Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Social Security Number or Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy number(s) to be continued:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Which Colonial Life & Accident Insurance do you want to continue? (check one or more)

Accident     Disability     Hospital Income     Cancer or Critical Illness     Life

### Please choose one of the following payment options:

Deduct premiums each month from my checking account.

Attach a **voided check** with this form and circle one range of dates you would like your account to be drafted. Your draft will occur on one of the dates within the range you have selected.

Range:                    (A) 1st-5th    (B) 6th-10th    (C) 11th-15th    (D) 16th-20th    (E) 21st-26th

### Signature of Checking Account

Owner: \_\_\_\_\_

**or**

**Bill me directly.** Choose one of the following:

Quarterly (Submit a payment 3 times your monthly premium)

Semi-annually (Submit a payment 6 times your monthly premium)

Annually (Submit a payment 12 times your monthly premium)

Date: \_\_\_\_\_ Policy Owner's Signature: \_\_\_\_\_

### Return to:

Colonial Life & Accident Insurance Company

P.O. Box 1365

Columbia, South Carolina 29202

1.800.325.4368 (phone)

1.800.561.3082 (fax)

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

### **Flexible Spending Accounts – AMERIFLEX**

Mailing Address.....7 Carnegie Plaza Ste. 200, Cherry Hill, NJ 08003  
Internet Address for Ameriflex.....[www.myameriflex.com](http://www.myameriflex.com)

**For questions, duplicate cards and other service questions contact:**  
Medical or Dependent Care Customer Service.....1-888-868-3539  
Please fax claims to the number printed on your form

**For Directions on checking your Flexible Spending Account balance and history online (cardholders only) and accessing manual claim forms, please visit [www.myameriflex.com](http://www.myameriflex.com).**

**See pages 11-12 of your Benefit Booklet for information on the AmeriFlex Mobile App!**

### **North Carolina State Health Plan**

Customer Service.....1-888-234-2416  
Internet Address.....<http://shpnc.org>

### **Harmony Online Enrollment**

*See pages 4-5 for online enrollment instructions*

Technical Help Desk .....1-866-875-4772

### **Sun Life - Dental Insurance**

Customer Service.....1-800-442-7742  
Fax Claims .....1-563-242-0184  
Internet Address.....[www.sunlife.com/us](http://www.sunlife.com/us)

### **Superior - Vision Insurance**

Customer Service.....1-800-507-3800  
Internet Address.....[www.superiorvision.com](http://www.superiorvision.com)

### **The Hartford – Term Life Insurance**

Customer Service.....1-800-523-2233

*To view your benefits online visit  
**[www.piercergroupbenefits.com](http://www.piercergroupbenefits.com)**  
**[haywoodcountyschools](http://haywoodcountyschools.com)***

*or for additional information concerning plans offered to employees of Haywood County Schools, please contact our North Carolina Service Center at 1-888-662-7500, ext. 100*

## **Colonial Life**

**Visit ColonialLife.com to set up your personal account. Download the free My Colonial Life app available at the Apple iTunes store to access claims and policy information!**

**Customer Service & Wellness Screenings 1-800-325-4368**

TDD for hearing impaired customers call 1-800-798-4040

**Internet Address [www.coloniallife.com](http://www.coloniallife.com)**

**Claims Fax 1-800-880-9325**

*If you wish to file a Wellness/Cancer Screening claim for a test performed within the past 18 months, you need the name and date of the test performed as well as your doctor's name and phone number. Colonial also needs to know if this is for you or another covered individual and their name and social security number. You may:*

- ◆ **FILE BY PHONE!** Call 1-800-325-4368 and provide the information requested by Colonial's Automated Voice Response System, 24 hours per day, 7 days a week, or
- ◆ **SUBMIT ON THE INTERNET** using the Wellness Claim Form at [www.coloniallife.com](http://www.coloniallife.com), or
- ◆ Write your name, address, social security number and/or policy/certificate number on your bill and indicate "Wellness Test." Fax this to Colonial at 1-800-880-9325 or MAIL to PO Box 100195, Columbia, SC 29202

*If your Wellness/Cancer Screening test was more than 18 months ago, you must fax or mail Colonial a copy of the bill or statement from your doctor indicating the type of procedure performed, the charge incurred and the date of service. Please write your full name, social security number, and current address on the bill.*

*Please Note: If your cancer policy includes a second part to the screening benefit, bills for tests covered and a copy of the diagnostic report (reflecting the abnormal reading of your first test) must be mailed or faxed to us for benefits to be provided.*

**When you terminate employment with Haywood County Schools, you have the opportunity to continue your Colonial coverage either through direct billing or automatic payment through your bank account. Please contact Colonial at 1-800-325-4368 to request the continuation of benefits form.**



PIERCE GROUP BENEFITS

**Colonial Life**

*Making benefits count.*