PIERCE GROUP BENEFITS

EMPLOYEE BENEFITS GUIDE 2025

PLAN YEAR:
JULY 1, 2025 - JUNE 30, 2026

Franklin County
A Natural Setting for Opportunity

FRANKLIN COUNTY GOVERNMENT

EMPLOYEE BENEFITS GUIDE

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

ENROLLMENT DATES:

April 14, 2025 - May 2, 2025

PLAN YEAR & EFFECTIVE DATES:

July 1, 2025 - June 30, 2026

(HEALTH, DENTAL, VISION, HSA, COLONIAL)

January 1, 2025 - December 31, 2025

(FSA ONLY)

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

Franklin County
A Natural Setting for Opportunity

FRANKLIN COUNTY GOVERNMENT
2025 Benefits Plan
July 1, 2025 - June 30, 2026

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IMPORTANT NOTE & DISCLAIMER

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

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

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

Rev: 4/7/2025

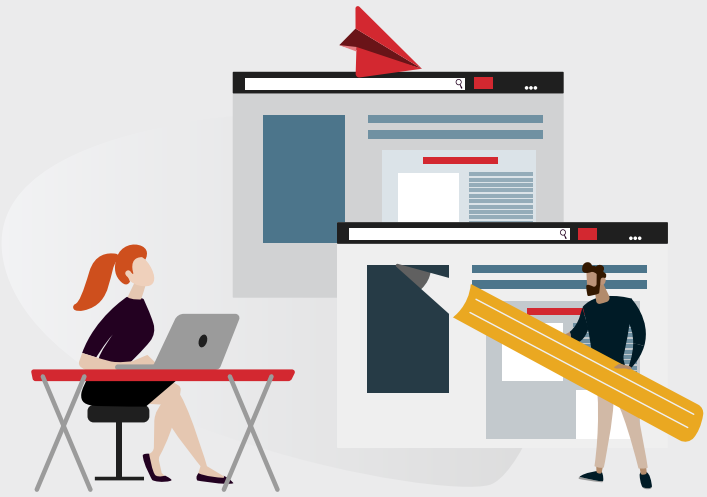
IMPORTANT CONTACT INFORMATION

	Carrier	Phone/Fax	Email/Contact Form	Website
The Local Choice (Health, Dental, Vision)	The Local Choice - Anthem	P: 800-552-2682	-	www.thelocalchoice.virginia.gov
Flexible Spending Accounts	WEX	P: 866-451-3399	wexhealthinc.my.site.com/WEXbenefitscontactus-	benefitslogin.wexhealth.com/login
Health Savings Account	Ameriflex	P: 888-868-3539	service@myameriflex.com	www.myameriflex.com
Dental Insurance (Stand-Alone Policy)	Delta Dental of VA	P: 800-237-6060	-	www.deltadentalVA.com
Vision Insurance (Stand-Alone Policy)	EyeMed Vision	P: 866-939-3633	-	www.eyemed.com
Employee Assistance Program	Carilion Clinic	P: 800-992-1931	www.carilionclinic.org/contactform	www.carilionclinic.org/EAP
To View Your Benefits Online	Pierce Group Benefits	P: 1-800-387-5955 F: 984-225-2605	service@piercegroupbenefits.com	www.PierceGroupBenefits.com/FranklinCountyGovernment
Supplemental Benefits	Colonial Life	Customer Service & Wellness Screenings 1-800-325-4368 F:1-800-880-9325 TDD For Hearing Impaired Customers 1-800-798-4040	-	www.coloniallife.com

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

ELIGIBILITY REQUIREMENTS

CURRENT EMPLOYEE?



ANNUAL ENROLLMENT DATES:

April 14, 2025 - May 2, 2025

PLAN YEAR & EFFECTIVE DATES:

July 1, 2025 - June 30, 2026
(HEALTH, DENTAL, VISION, HSA, COLONIAL)
January 1, 2025 - December 31, 2025
(FSA ONLY)

ELIGIBILITY

- **Full-time employees working 30 or more hours per week are eligible for all benefits.**

NEW HIRE?

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

All Benefits - Please reach out to your Benefits Department within 30 days of your date of hire.

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

www.PierceGroupBenefits.com/FranklinCountyGovernment

OVERVIEW OF BENEFITS

PRE – TAX BENEFITS

Health, Dental, & Vision Insurance
The Local Choice - Anthem
- Anthem Health
- Delta Dental of VA
- Anthem Blue View Vision

Health Savings Account
Ameriflex

- Individual Maximum: $4,300/year Max
-Family Maximum: $8,550/year Max
HSA plans can only be established in conjunction with a qualified High-Deductible Health Plan (HDHP)
Franklin County Government contributes $1,000 annually to individual Health Savings Accounts and $2,000 annually to dependent tier accounts.

Flexible Spending Accounts*
WEX

- Medical Reimbursement: $3,200/year Max
- Dependent Care Reimbursement: $5,000/year Max
**Included for informational purposes only.*

Dental Insurance
Delta Dental of VA
(Stand-Alone Policy)

Vision Insurance
EyeMed Vision
(Stand-Alone Policy)

Cancer Benefits
Colonial Life

Accident Benefits
Colonial Life

Medical Bridge Benefits
Colonial Life

POST – TAX BENEFITS

Disability Benefits
Colonial Life

Critical Illness Benefits
Colonial Life

Accident Benefits - Gunshot Wound Policy
Colonial Life

Life Insurance
Colonial Life
- Term Life Insurance
- Whole Life Insurance

ADDITIONAL BENEFITS

Employee Assistance Program
Carilion Clinic
(Employer-Paid Benefit)

Student Loan Assistance Program
GradFin

IMPORTANT NOTICES

When do my benefits start? The plan year for Colonial Life Insurance Products, The Local Choice (Anthem Health, Delta Dental of VA, and Anthem Blue View Vision), Ameriflex Health Savings Account, Delta Dental of VA (Stand-Alone Policy), and EyeMed Vision (Stand-Alone Policy) runs from July 1, 2025, through June 30, 2026. The plan year for WEX Flexible Spending Accounts runs from January 1, 2025, through December 31, 2025. WEX Health Flexible Spending Accounts are included in this guide for informational purposes only - elections made in October 2024 for existing employees will remain in effect for the plan year. Please Note: Dental benefits for the Stand-Alone Policy are based on the Calendar Year, running from January 1st through December 31st. Dental benefits and deductibles will reset every January 1st.

When do my deductions start? Deductions for WEX Flexible Spendings Accounts start January 2025 for enrolled employees. Deductions for The Local Choice (Anthem Health, Delta Dental of VA, and Anthem Blue View Vision), Delta Dental of VA (Stand-Alone Policy), and EyeMed Vision (Stand-Alone Policy) start June 2025 for enrolled employees. Deductions for Colonial Life Insurance Products and Ameriflex Health Savings Account start July 2025 for enrolled employees.

Why have my Accident or Medical Bridge benefits not started yet? The Health Screening Rider on the Colonial Accident and Colonial Medical Bridge plan has a 30-day waiting period for new enrollees. Coverage, therefore, will not begin until July 31, 2025.

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

How do Flexible Spending Account (FSA) funds work, and do my FSA funds have to be used by a specific deadline? Flexible Spending Account expenses must be incurred during the plan year to be eligible for reimbursement. After the plan year ends, an employee has 90 days to submit claims for incurred qualified spending account expenses (or 90 days after employment termination date). If employment is terminated before the plan year ends, the spending account also ends. Failure to use all allotted funds in the FSA account will result in a "Use It or Lose It" scenario. Your plan also includes a rollover provision! This means that if you have money left in your FSA at the end of the plan year, you can carryover up to $500 into the next plan year. Any remaining funds beyond $500 is forfeited under the "Use It or Lose It" rule.

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

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

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

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

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

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

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

MID-YEAR EVENTS

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

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

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

MID-YEAR EVENTS

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

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

ENROLLMENT INFORMATION

IN-PERSON

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

ANNUAL ENROLLMENT PERIOD:

APRIL 14, 2025 - MAY 2, 2025

BENEFIT ELECTION OPTIONS

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

- Enroll in, change, or cancel The Local Choice benefits (Health, Dental, and Vision).
- Enroll in, change, or cancel Health Savings Accounts.
- Enroll in, change, or cancel Dental Insurance (Stand-Alone Policy).*
- Enroll in, change, or cancel Vision Insurance (Stand-Alone Policy).
- Enroll in, change, or cancel Colonial coverage.

***The Dental Stand-Alone Policy for employees who have waived coverage under The Local Choice (Health, Dental, & Vision) plan. Employees enrolled in The Local Choice plan may not enroll in the Dental Stand-Alone Policies.**

ACCESS YOUR BENEFIT OPTIONS WHENEVER, WHEREVER

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

www.PierceGroupBenefits.com/FranklinCountyGovernment

Click on the video below to learn more about Health Insurance!

Anthem BlueCross BlueShield

The Local Choice

Franklin County Government 2025-2026

	High Deductible Health Plan		Key Advantage 1000	
Plan Year Deductible (applies as indicated)	*In-Network*	*Out-of-Network*	*In-Network*	*Out-of-Network*
One Person	$3,300		$1,000	$2,000
Family (two or more people)	$6,600		$2,000	$4,000
Plan Year Out-of-Pocket Expense Limit	*In-Network*	*Out-of-Network*	*In-Network*	*Out-of-Network*
Individual Out-of-Pocket Maximum	$5,000	$10,000	$5,000	$9,000
Family Out-of-Pocket Maximum	$10,000	$20,000	$10,000	$18,000
Lifetime Maximum	Unlimited For All Plans			
Covered Services	**In-Network Benefits Only**			
Doctor's Visits (Outpatient or In-Office)				
Primary Care Physician Visits - Chiropractic, Spinal Manipulations (30 visit limit)	20% Coinsurance, after deductible		$25 Copayment	
Specialist Visits - Chiropractic, Spinal Manipulations (30 visit limit)	20% Coinsurance, after deductible		$40 Copayment	
Shots - Allergy or Therapeutic Injections - Doctor's Office, ER, or Outpatient Setting	20% Coinsurance, after deductible		20% Coinsurance, after deductible	
Diagnostic Tests, Labs, and X-Rays Specific conditions/diseases at doctor's office, ER, or Outpatient Setting	20% Coinsurance, after deductible		20% Coinsurance, after deductible	
Preventive Care Visits	Covered at 100%		Covered at 100%	
Emergency Room Visits	20% Coinsurance, after deductible		20% Coinsurance, after deductible	
Hospital & Other Services (Pre-certification may be required)				
Ambulance Services	20% Coinsurance, after deductible		20% Coinsurance, after deductible	
Inpatient Hospital Services	20% Coinsurance, after deductible		20% Coinsurance, after deductible	
Outpatient Hospital Services	20% Coinsurance, after deductible		20% Coinsurance, after deductible	
Outpatient Diagnostic Test, Labs, and X-Rays	20% Coinsurance, after deductible		20% Coinsurance, after deductible	
Outpatient Therapy Services - Occupational, Speech, Physical, Cardiac, Chemotherapy, Radiation, Infusion, & Respiratory	20% Coinsurance, after deductible		20% Coinsurance, after deductible	
Diabetic Equipment	20% Coinsurance, after deductible		20% Coinsurance, after deductible	

Anthem BlueCross BlueShield / The Local Choice	Franklin County Government 2025-2026	
	High Deductible Health Plan	Key Advantage 1000
Maternity		
Prenatal & Provider Services- PCP	20% Coinsurance, after deductible	$25 Copayment
Prenatal & Provider Services - Specialist	20% Coinsurance, after deductible	$40 Copayment
Hospital Services for Delivery	20% Coinsurance, after deductible	20% Coinsurance, after deductible
Diagnostic Tests, Labs, and X-Rays	20% Coinsurance, after deductible	20% Coinsurance, after deductible
Behavioral Health		
Inpatient Treatment/Residential Treatment	20% Coinsurance, after deductible	20% Coinsurance, after deductible
Partial Hospitalization (Day) Program	20% Coinsurance, after deductible	20% Coinsurance, after deductible
Outpatient Professional Provider Services	20% Coinsurance, after deductible	$25 Copayment
Prescription Drug Benefit*		
Retail Pharmacy (up to a 34-day supply) Tier 1	20% Coinsurance, after deductible	$10 Copayment
Tier 2	20% Coinsurance, after deductible	$30 Copayment
Tier 3	20% Coinsurance, after deductible	$45 Copayment
Tier 4	20% Coinsurance, after deductible	$55 Copayment
Home Delivery Services-*Mail Order (90-day supply)*	20% Coinsurance, after deductible	2x Retail Copay
Diabetic Supplies	20% Coinsurance, after deductible	20% Coinsurance, no deductible

*You have a mandatory generic drug program. However, if there is no generic equivalent for the drug, you may get the brand and pay only the applicable benefit level. If there is a generic equivalent available, you may opt to use the brand but you'll pay the applicable brand level plus the difference between the brand and generic allowable charge.

** This plan will waive the hospital Copayment if the member enrolls in the maternity management pre-natal program within the first trimester of pregnancy, has a dental cleaning during pregnancy and satisfactorily completes the program.

Anthem Health & Wellness Programs

Anthem can help you make the most of your benefits so you can be your healthiest. Take advantage of these wellness programs and services included in your health plan.

Sydney Health mobile app

The Sydney℠ Health mobile app gives you a quick connection to benefit information, tools, and helpful resources. Download the app today and log in using your **anthem.com** username and password to:

- View your ID card.
- See all your medical and pharmacy benefits and claims.
- Easily chat with customer service.
- Connect quickly to virtual care and wellness resources.
- Track your health goals and fitness.

Simplify your healthcare by downloading Sydney Health today

Download on the App Store

ANDROID APP ON Google play

Anthem Health Guide

Anthem Health Guides are specially trained to answer your health plan questions and steer you to the right programs and support for your unique needs. Your guide will also remind you of any screenings or routine exams that are due, help you save money on your prescription drugs, compare costs for care, and find in-network doctors in your area. Call **800-552-2682**, Monday to Friday 8:00 a.m. to 6:00 p.m.

The Local Choice

Employee Assistance Program (EAP)

Life can be challenging, and Anthem EAP is here to help. Your EAP includes up to 4 free, confidential counseling sessions per issue per plan year for you, your covered dependents, and members of your household. It's also a valuable source for information about emotional well-being, childcare and elder care resources, financial and legal issues, and smoking cessation. Go to **anthemeap.com**, and log in using Commonwealth of Virginia as your company, and then select **The Local Choice**, or call **855-223-9277**.

Anthem

LiveHealth Online

Using the Sydney Health app, you can have a private, secure, video visit wherever you are with a doctor.

Urgent care virtual visits are available on demand 24/7. Virtual appointments can also be scheduled to meet with a therapist, psychologist, psychiatrist, or a sleep specialist, Monday to Friday 9 a.m. to 9 p.m. Eastern time.

No cost for Key Advantage Plans. Twenty percent coinsurance, after deductible for HDHP plans.

24/7 NurseLine

24/7 NurseLine has registered nurses ready and willing to help you at any time of the day. They are excellent resources for:

- Minor health issues that can be handled at home.
- Directing you to the correct doctor, health professional, or specialist.
- Determining which facility type is the best choice for your issue.

Call **800-337-4770** anytime day or night. Your call is always free and completely confidential.

Future Moms

Enroll in Future Moms by calling **800-828-5891** within the first 16 weeks of pregnancy for free pre- and post-natal support that can help ensure a healthy pregnancy. Once your baby is born, use LiveHealth Online for virtual visits with a certified lactation consultant, counselor, or registered dietitian at no extra cost through the Future Moms with Breastfeeding Support program. Key Advantage Expanded or Key Advantage 250 members: Enroll within the first 16 weeks and your plan will waive the hospital copayment for delivery.

ConditionCare

Extra support for members with:

- Asthma
- Diabetes
- Coronary artery disease
- Heart failure
- Chronic obstructive pulmonary disease (COPD)
- Hypertension

ConditionCare provides Nurse Care Managers who work with you or a covered family member to help you better understand and manage a condition and meet personalized health goals. Call **844-507-8472** to enroll or we may call you to see if you would like to participate.

The LOCAL CHOICE

Anthem

A10625 (11/2022)

The LOCAL CHOICE

Life just got easier

When life throws you curve balls, your Anthem Employee Assistance Program (EAP) is here to help you balance your life like a pro.

We're all ears. Sometimes meeting face to face with a professional is the best way to resolve a personal, financial or emotional issue. Your EAP covers up to 4 free counseling visits per issue per plan year. Just call 1-855-223-9277 to get started with complete confidentiality.

Think of your EAP as an extra set of hands. Your EAP goes beyond free counseling. It's a resource for so much more, including:

- Financial counseling and free online resources
- Legal services and free forms including wills, advance directives, bills of sale, etc.
- Child and elder care referral resources
- Parenting guidance
- Career development
- Pet care resources
- Online seminars for many topics

Visit AnthemEAP.com to learn about all the things your EAP can do for you.

(login: Commonwealth of Virginia - then select The Local Choice)

Anthem EAP is available to Anthem-covered employees, covered dependents, and any household members.

1-855-223-9277

AnthemEAP.com

Log in: Commonwealth of Virginia - then select The Local Choice

Anthem BlueCross BlueShield

A10164 (8/2015)

LiveHealth® ONLINE

TLC members - pay $0 for a LiveHealth Online visit!*

Use LiveHealth Online for a video visit with a doctor or therapist from your smartphone, tablet or computer to:

- **LiveHealth Online Medical** - See a board-certified doctor within minutes any time, day or night - no appointment necessary. It's a fast, easy way to get care for common medical conditions like the flu, colds, allergies, pink eye, sinus infections, and more.
- **LiveHealth Online Psychology** - Use your device to make an appointment to see a therapist or psychologist online.
- **LiveHealth Online Psychiatry** - Unlike therapists who provide counseling support, psychiatrists can also provide medication management. Schedule an appointment using your device.
- **LiveHealth Online EAP** - You can access your free EAP counseling sessions from your device. Your EAP covers up to 4 free visits per issue per plan year. Call **1-855-223-9277** to learn more.

Sign up for LiveHealth Online today.

Download the app and register on your phone or tablet, or register online at livehealthonline.com.

The Local Choice

Anthem

* TLC HDHP member cost determined by services received

You Have Two Choices for Dental Benefits

Comprehensive Dental Option

Comprehensive Dental	You Pay
Dental Plan Year Deductible	$25/one person $50/two people $75/family
Plan Year Maximum (except Orthodontics)	$1,500
Preventive Dental Care (routine oral exam and cleaning twice per plan year, x-rays, sealants and fluoride for children)	$0
Primary Dental Care (fillings, root canal, simple extractions, periodontic services, etc.)	20% coinsurance after dental deductible
Major Dental Care (crowns, inlays, onlays, dentures and fixed bridges)	50% coinsurance after dental deductible
Orthodontic Services (for children and adults)	50% coinsurance, no dental deductible, with $1,500 lifetime maximum

OR

Preventive Dental Option

This covers only preventive services, and is available for a lower premium.

Preventive Dental	You Pay
Preventive Dental Care (routine oral exam and cleaning twice per plan year, x-rays, sealants and fluoride for children)	$0 (No dental deductible or plan year maximum)

To change your current dental option, you must complete an enrollment form at open enrollment or with a qualifying event.

The Local Choice

Anthem BlueCross BlueShield

WELCOME TO BLUE VIEW VISION!

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, discounts, and much more!

Blue View Vision℠

Your Blue View Vision network

Your routine vision benefit uses the Blue View Vision network – one of the largest vision care networks in the industry with a wide selection of ophthalmologists, optometrists and opticians. The network also includes convenient retail locations, many with evening and weekend hours, including 1-800 CONTACTS, LensCrafters®, Sears Optical℠, Target Optical®, and JCPenney® Optical.

Go to **www.anthem.com/tlc** to find a Blue View Vision provider near you.

Out-of-network services

You can choose to receive care outside of the Blue View Vision network. You simply get an allowance toward services and you pay the rest. Just pay in full at the time of service and then file a claim for reimbursement. In-network benefits and discounts will not apply.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

ROUTINE VISION CARE SERVICES		IN-NETWORK	OUT-OF-NETWORK
Routine eye exam *(once per plan year)*		$15 copayment	$50 allowance
Eyeglass frames Once per plan year you may select any eyeglass frame[1] and receive the following allowance toward the purchase price:		$100 allowance then 20% off remaining balance	$80 allowance
Standard Eyeglass Lenses ***Polycarbonate lenses included for children under 19 years old.*** Once per plan year you may receive any one of the following lens options:			
	• Standard plastic single vision lenses *(1 pair)*	$20 copay; then covered in full	$50 allowance
	• Standard plastic bifocal lenses *(1 pair)*	$20 copay; then covered in full	$75 allowance
	• Standard plastic trifocal lenses *(1 pair)*	$20 copay; then covered in full	$100 allowance
Upgrade Eyeglass Lenses (available for additional cost) When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lenses copayment applies, plus the cost of the upgrade.	**Lens Options**	**Member cost for upgrades**	Discounts on lens upgrades are not available out-of-network
	• UV Coating	$15	
	• Tint *(Solid and Gradient)*	$15	
	• Standard Scratch-Resistance	$15	
	• Standard Polycarbonate	$40	
	• Standard Progressive *(add-on to bifocal)*	$65	
	• Standard Anti-Reflective Coating	$45	
	• Other Add-ons and Services	20% off retail price	
Contact lenses Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglasses and receive an allowance toward the cost of a supply of contact lenses once per plan year.	• Elective Conventional Lenses[2]	$100 allowance then 15% off the remaining balance	$80 allowance
	• Elective Disposable Lenses[2]	$100 allowance *(no additional discount)*	$80 allowance
	• Non-Elective Contact Lenses[2]	$250 allowance	$210 allowance

[1] Discount is not available on certain frame brands in which the manufacturer imposes a no discount policy.

[2] Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are medically necessary when glasses are not an option for vision correction, such as after cataract surgery.

ROUTINE VISION CARE SERVICES (continued)

Contact lens fitting and follow-up
A contact lens fitting, and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.

	IN-NETWORK You pay up to $55	OUT-OF NETWORK Discounts not available out-of-network
• Standard contact fitting*		
• Premium contact lens fitting**	10% off retail price	

*A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

**A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

ADDITIONAL SAVINGS ON EYEWEAR & ACCESSORIES

After you use your initial frame or contact lens benefit allowance, you can take advantage of discounts on additional prescription eyeglasses, contact lenses, and eyewear accessories courtesy of Blue View Vision network providers.

	MEMBER DISCOUNTS
Additional Pairs of Complete Eyeglasses As many pairs as you like	40% discount off retail*
Conventional Contact Lenses Materials Only	15% off retail price
Additional Eyewear & Accessories Includes eyeglass frames and eyeglass lenses purchased separety, some non-prescription sunglasses, eye glass cases, lens cleaning supplies, contact lens solutions, etc.	20% off retail price

The Additional Savings Program is subject to change without notice.

LASIK VISION CORRECTION

Glasses or contacts may not be the answer for everyone. That's why we offer further savings with discounts on refractive surgery. Pay a discounted amount per eye for LASIK Vision correction. For more information, go to **www.anthem.com/tlc** and select Discounts under the Health and Wellness tab.

NON-ROUTINE VISION SERVICES

The Blue View Vision network is for routine eye care only. Non-routine vision care is covered under your medical benefits. Refer to your COVA Care member handbook for more information.

OUT-OF-NETWORK

If you choose an out-of-network provider, you must complete the Blue View out-of-network claim form and submit it with your receipt. You will be reimbursed according to the out-of-network reimbursement schedule. Go to **www.anthem.com/tlc** and select Forms under the Resources & Tools tab. Your out-of-pocket expenses related to the vision benefits do not count toward your annual out of pocket limit and are never waived, even if your annual out-of-pocket limit is reached.

QUESTIONS? Contact Anthem member services at 1-800-552-2682.

Key Advantage 1000

Blue View Vision℠

WELCOME TO BLUE VIEW VISION!

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, discounts, and much more!

Your Blue View Vision network

Your routine vision benefit uses the Blue View Vision network – one of the largest vision care networks in the industry with a wide selection of ophthalmologists, optometrists and opticians. The network also includes convenient retail locations, many with evening and weekend hours, including 1-800 CONTACTS, LensCrafters®, Sears Optical℠, Target Optical®, and JCPenney® Optical.

Go to **www.anthem.com/tlc** to find a Blue View Vision provider near you.

Out-of-network services

You can choose to receive care outside of the Blue View Vision network. You simply get an allowance toward services and you pay the rest. Just pay in full at the time of service and then file a claim for reimbursement. In-network benefits and discounts will not apply.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

ROUTINE VISION CARE SERVICES		IN-NETWORK	OUT-OF-NETWORK
Routine eye exam *(once per plan year)*		$40 copayment	$50 allowance
Eyeglass frames Once per plan year you may select any eyeglass frame[1] and receive the following allowance toward the purchase price:		$100 allowance then 20% off remaining balance	$80 allowance
Standard Eyeglass Lenses ***Polycarbonate lenses included for children under 19 years old.*** Once per plan year you may receive any one of the following lens options:			
	• Standard plastic single vision lenses *(1 pair)*	$20 copay; then covered in full	$50 allowance
	• Standard plastic bifocal lenses *(1 pair)*	$20 copay; then covered in full	$75 allowance
	• Standard plastic trifocal lenses *(1 pair)*	$20 copay; then covered in full	$100 allowance
Upgrade Eyeglass Lenses (available for additional cost) When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lenses copayment applies, plus the cost of the upgrade.	**Lens Options**	**Member cost for upgrades**	Discounts on lens upgrades are not available out-of-network
	• UV Coating	$15	
	• Tint *(Solid and Gradient)*	$15	
	• Standard Scratch-Resistance	$15	
	• Standard Polycarbonate	$40	
	• Standard Progressive *(add-on to bifocal)*	$65	
	• Standard Anti-Reflective Coating	$45	
	• Other Add-ons and Services	20% off retail price	
Contact lenses Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglasses and receive an allowance toward the cost of a supply of contact lenses once per plan year.	• Elective Conventional Lenses[2]	$100 allowance then 15% off the remaining balance	$80 allowance
	• Elective Disposable Lenses[2]	$100 allowance *(no additional discount)*	$80 allowance
	• Non-Elective Contact Lenses[2]	$250 allowance	$210 allowance

[1] Discount is not available on certain frame brands in which the manufacturer imposes a no discount policy.

[2] Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are medically necessary when glasses are not an option for vision correction, such as after cataract surgery.

ROUTINE VISION CARE SERVICES (continued)

Contact lens fitting and follow-up
A contact lens fitting, and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.

	IN-NETWORK	OUT-OF NETWORK
	You pay up to $55	Discounts not available out-of-network
• Standard contact fitting*		
• Premium contact lens fitting**	10% off retail price	

*A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

**A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

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Additional Pairs of Complete Eyeglasses As many pairs as you like	40% discount off retail*
Conventional Contact Lenses Materials Only	15% off retail price
Additional Eyewear & Accessories Includes eyeglass frames and eyeglass lenses purchased separety, some non-prescription sunglasses, eye glass cases, lens cleaning supplies, contact lens solutions, etc.	20% off retail price

The Additional Savings Program is subject to change without notice.

LASIK VISION CORRECTION

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NON-ROUTINE VISION SERVICES

The Blue View Vision network is for routine eye care only. Non-routine vision care is covered under your medical benefits. Refer to your COVA Care member handbook for more information.

OUT-OF-NETWORK

If you choose an out-of-network provider, you must complete the Blue View out-of-network claim form and submit it with your receipt. You will be reimbursed according to the out-of-network reimbursement schedule. Go to **www.anthem.com/tlc** and select Forms under the Resources and Tools tab. Your out-of-pocket expenses related to the vision benefits do not count toward your annual out of pocket limit and are never waived, even if your annual out-of-pocket limit is reached.

QUESTIONS? Contact Anthem member services at 1-800-552-2682.

Franklin County Government
July 1, 2025 - June 30, 2026
Contribution Schedule
The Local Choice Package includes health, dental, and vision coverage

	High Deductible Health Plan with Comprehensive Dental and Vision (HDHP)				
	Employee Only	**Employee + Child**	**Employee + Children**	**Employee + Spouse**	**Employee + Family**
Total Monthly Premium	$698.00	$1,291.00	$1,885.00	$1,291.00	$1,885.00
Employer Monthly Contribution	$628.24	$1,088.68	$1,601.77	$1,001.01	$1,453.37
Employee Monthly Contribution	**$69.76**	**$202.32**	**$283.23**	**$289.99**	**$431.63**

**Franklin County Government will contribute $1,000 to an HSA for employees enrolled in individual health coverage and $2,000 for employees enrolled in dependent health coverage

	Key Advantage 1000 with Comprehensive Dental and Vision (PPO)				
	Employee Only	**Employee + Child**	**Employee + Children**	**Employee + Spouse**	**Employee + Family**
Total Monthly Premium	$822.00	$1,521.00	$2,219.00	$1,521.00	$2,219.00
Employer Monthly Contribution	$729.48	$1,252.68	$1,843.36	$1,136.40	$1,646.56
Employee Monthly Contribution	**$92.52**	**$268.32**	**$375.64**	**$384.60**	**$572.44**

Click on the video below to learn more about Dental Insurance!

Benefits for County of Franklin

• Effective Date: July 1st, 2025

Annual Deductible *(Applies to basic and major services)*	**$50** per person; **$150** per family, per contract year
Annual Maximum	**$2,000** per person, per contract year
Orthodontic Lifetime Maximum	**$2,000** per person

For the services listed below, Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

Benefits and Limitations*	Coinsurances		
	In-Network		Out-of-Network
	Delta Dental PPO™	Delta Dental Premier®	
Diagnostic and Preventive Services	**100%**	**100%**	**100%**
• **Oral exams and cleanings** — Twice in a 12-month period. Periodontal cleaning is considered a regular cleaning and counts as a regular cleaning under your plan. • **Fluoride applications** — Once in a 12-month period for enrollees under age 19. • **X-rays** — Bitewing X-rays are limited to once in a 12-month period; limited to a maximum of four films or a set (seven to eight films) of vertical bitewings. Full-mouth X-rays are limited to once in a five-year period. • **Sealants** — One per tooth for members under age 16 on first and second permanent molars.			
Basic Services	**80%**	**80%**	**80%**
• **Fillings** — One per surface in a 24-month period. • **Endodontic services** — Root canal therapy. • **Periodontic services** — Treatment for gum disease. • **Simple extractions** • **Oral surgery** — Surgical extractions and other surgical procedures. • **Denture repair and recementation**			
Major Services	**50%**	**50%**	**50%**
• **Crowns** — One per tooth in a 60-month period for members age 12 and older. • **Prosthodontics/dentures and bridges** — Once in a 60-month period for members age 16 and older. • **Implants** — One per site for members age 16 and older.			
Orthodontic Services *	**50%**	**50%**	**50%**
• **Treatment for the proper alignment of teeth** — For subscriber and covered dependents.			

**Waiting periods may apply. Benefit waiting periods may be waived for new enrollees if the account is replacing a prior dental plan that covered these services. The enrollee may need to provide proof of prior credible coverage to qualify.*

Continued on next page

Additional benefits included in your plan:

MaxOver™ — Allows a portion of a member's annual maximum to roll over to next year to use for future dental services.

Healthy Smile, Healthy You® — Provides additional cleanings, fluoride and/or sealants for members with certain health conditions. Visit DeltaDentalVA.com to learn more or to download an enrollment form.

Right Start 4 Kids® — Covers children up to age 13 at 100% with no deductible when you visit an in-network dentist. (For services outlined in the plan, up to the annual maximum. Subject to any limitations, exclusions and waiting periods).

Special Health Care Needs Benefit — Provides additional benefits for members with special needs. To learn more about this benefit please visit https://deltadentalva.com/special-health-care-needs-resources.html.

Coverage is available for:

• Dependent children, only to the end of the month when they reach age 26 (the "limiting age").

Convenient, Eco-Friendly Options Available:

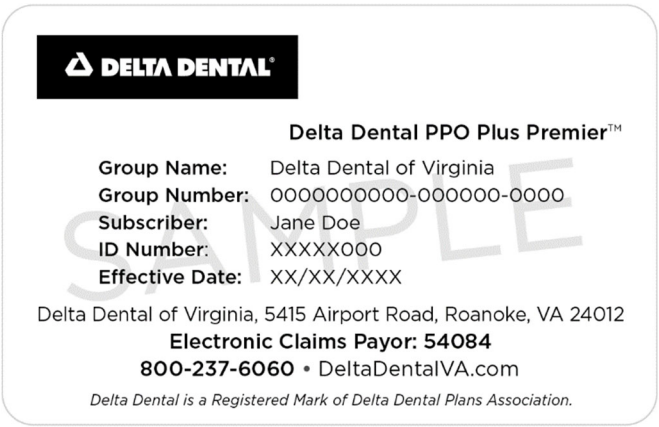
At Delta Dental of Virginia, we are committed to taking actionable measures to minimize our environmental footprint.

Join us as we step toward reducing paper waste and promoting sustainability by signing up to receive your Delta Dental of Virginia explanation of benefits (EOB) digitally at DeltaDentalVA.com/members.

Choosing a dentist

You may select the dentist of your choice. However, to get the most value from your dental benefits, make sure your dentist participates in the network listed at the top of your Delta Dental ID card. With Delta Dental PPO Plus Premier™, you have the option of visiting any dentist. However, your out-of-pocket costs may be lowest if you see a Delta Dental PPO™ network dentist and highest if you choose an out-of-network dentist. Delta Dental network dentists agree to discount their fees, submit claims on your behalf and not bill you for the difference. Visit **DeltaDentalVA.com** to find a participating dentist in your area.

If you visit an out-of-network dentist, Delta Dental will pay its portion of the bill and you are responsible for any coinsurance and deductible (if applicable), as well as the difference between the nonparticipating dentist's charge and Delta Dental's payment. Payment will be made to you, unless state law requires otherwise.



This fact sheet is a brief description of dental services covered under your plan and is not designed to serve as an Evidence of Coverage. If you have questions about specific benefits or limitations under your plan, call Delta Dental's Benefit Services at 800.237.6060 or visit **DeltaDentalVA.com/members** to register for an account.

Click on the video below to learn more about Vision Insurance!

County of Franklin

40% OFF
additional complete pair of prescription eyeglasses

20% OFF
non-covered items, including non-prescription sunglasses

Find an eye doctor
(Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up
You may have additional benefits. Log into **eyemed.com/member** to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	$0 copay	Up to $40
Retinal Imaging	Up to $39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to $40	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	$0 copay; 20% off balance over $175 allowance	Up to $123
LENSES		
Single Vision	$0 copay	Up to $30
Bifocal	$0 copay	Up to $50
Trifocal	$0 copay	Up to $70
Lenticular	$0 copay	Up to $70
Progressive - Standard	$65 copay	Up to $50
Progressive - Premium Tier 1 - 3	$85 - 110 copay	Up to $50
Progressive - Premium Tier 4	$65 copay; 20% off retail price less $120 allowance	Up to $50
LENS OPTIONS		
Anti Reflective Coating - Standard	$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered
Photochromic - Non-Glass	$75	Not covered
Polycarbonate - Standard	$40	Not covered
Scratch Coating - Standard Plastic	$0 copay	Up to $12
Tint - Solid and Gradient	$0 copay	Up to $12
UV Treatment	$0 copay	Up to $12
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	$0 copay; 15% off balance over $175 allowance	Up to $175
Contacts - Disposable	$0 copay; 100% of balance over $175 allowance	Up to $175
Contacts - Medically Necessary	$0 copay	Up to $300
OTHER		
Hearing Care from Amplifon Network	Up to 66% off hearing aids; call 1-877-203-0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	**ALLOWED FREQUENCY - ADULTS**	**ALLOWED FREQUENCY - KIDS**
Exam	Once every 12 months from the date of service	Once every 12 months from the date of service
Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service
Frame	Once every 12 months from the date of service	Once every 12 months from the date of service
Contact Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service

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

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28.

Ready to live your best EyeMed life?

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

Your network is the place to start

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

Keep your eyes open for extra discounts*

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

Remember, you're never alone

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

*Discounts are not insurance. Available at participating providers.

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

Create a member account at eyemed.com/member

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

This information is available broadly and is not plan or state specific.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION EST. 1961 TARGET OPTICAL

PDF-2301-M-651

Franklin County Government

July 1, 2025 - June 30, 2026

Contribution Schedule

Dental and Vision Stand-alone Plan

DELTA DENTAL	Dental Stand-alone
Employee Only	$31.65
Employee + Child	$70.67
Employee + Spouse	$67.54
Employee + Family	$114.62

aetna	Vision Stand-alone
Employee Only	$6.49
Employee + Child(ren)	$13.02
Employee + Spouse	$12.36
Employee + Family	$19.13

Dental Stand-alone plan is only available for employees who are not covered by a The Local Choice Health/Dental/Vision policy. They are not stackable.

Vision Stand-alone plans is stackable with The Local Choice Health/Dental/Vision policy. TLC will be considered primary coverage. Coordination of benefits is at the carriers discresion.

Click on the video below to learn more about Health Savings Accounts!

Health Savings Account

A personal tax-free savings account for healthcare expenses and investing

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

How It Works

You can enroll in a Health Savings Account (HSA) to experience tax savings on qualified healthcare expenses such as copays, deductibles, prescriptions, over-the-counter drugs and medications, and prescriptions. There is no use-or-lose rule, meaning you can save and invest when you can or spend on eligible healthcare expenses as needed.

To enroll in a HSA, you must already be enrolled in an HSA-qualifying high deductible health plan (HDHP).

As a married couple, one spouse cannot be enrolled in an FSA at the same time the other is contributing to an HSA.

The Value & Perks

- **Triple Tax Savings:** Every dollar you contribute to an HSA lowers your taxable income, funds grow tax-free, and withdrawals for qualified expenses are tax-free.

- **Employee-Owned:** It's a personal savings account owned by you. Which means you can keep it even if you switch health plans, change jobs, or retire. You'll receive an Ameriflex Debit Mastercard linked to your HSA that can be used for eligible purchases everywhere Mastercard is accepted.

- **Investing & Saving:** You can save and invest your funds with over 30 investment options. HSA funds roll over year to year, allowing long-term growth if there are no immediate spending needs.

- **Catch-Up Contributions:** Individuals ages 55 and older who are not enrolled in Medicare can make an additional $1,000 catch-up contribution to their HSA.

Eligible HSA Expenses

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

Deductibles & copays

Prescriptions

Dental work & orthodontia

Glasses, contacts & LASIK

Band-aids

Sunscreen

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

Online Account Instructions

How to Access Your Ameriflex Account:

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

How to Register Online For Your Ameriflex Spending Account:

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

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

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

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

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

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

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

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

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

Step 4: Verify and submit setup information,

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

Want to Manage Your Account on the go?

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

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

THE HSA STORE

Save even more with your HSA through our partnership.

Get $20 off any order of $150 with code **PBG20HSA**

Shop Now

Resources Available Through The HSA Store

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

Eligibility List
Search comprehensive list of eligible products and services.

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

Learning Center
Easy tips and resources for utilizing an HSA.

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

Your Health, Your Funds, Your Choice

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

Click or Scan to Shop Now

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

Colonial Life
The benefits of good hard work.®

Cancer Insurance

How would cancer impact your way of life?

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

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

Help when you need it most

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

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

One family's journey

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

DOCTOR'S SCREENING

Wellness benefit

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

SECOND OPINION

Travel expenses

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

SURGERY

Out-of-pocket costs

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

For illustrative purposes only

With cancer insurance:

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

ONLY 5% of ALL CANCERS are hereditary.

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

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

TREATMENT

Experimental care

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

RECOVERY

Follow-up evaluations

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

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

Treatment benefits (inpatient or outpatient)

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

Surgery benefits

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

Travel benefits

- Transportation
- Companion transportation
- Lodging

Inpatient benefits

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

Additional benefits

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

LIFETIME RISK OF DEVELOPING CANCER

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

Colonial Life
The benefits of good hard work.®

ColonialLife.com

Optional riders

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

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

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

PRE-EXISTING CONDITION LIMITATION

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

EXCLUSIONS

We will not pay benefits for cancer or skin cancer:

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

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

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Cn

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Cancer Insurance

Level 4 Benefits

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

For more information, talk with your benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air ambulance Transportation to or from a hospital or medical facility *[max. of two trips per confinement]*	**$2,000 per trip**
Ambulance Transportation to or from a hospital or medical facility *[max. of two trips per confinement]*	**$250 per trip**
Anesthesia Administered during a surgical procedure for cancer treatment	
■ General anesthesia	**25% of surgical procedures benefit**
■ Local anesthesia	**$50 per procedure**
Anti-nausea medication Doctor-prescribed medication for radiation or chemotherapy *[$240 monthly max.]*	**$60 per day administered or per prescription filled**
Blood/plasma/platelets/immunoglobulins A transfusion required during cancer treatment *[$10,000 calendar year max.]*	**$250 per day**
Bone marrow donor screening Testing in connection with being a potential donor *[once per lifetime]*	**$50**
Bone marrow or peripheral stem cell donation Receiving another person's bone marrow or stem cells for a transplant *[once per lifetime]*	**$1,000**
Bone marrow or peripheral stem cell transplant Transplant you receive in connection with cancer treatment *[max. of two bone marrow transplant benefits per lifetime]*	**$10,000 per transplant**
Cancer vaccine An FDA-approved vaccine for the prevention of cancer *[once per lifetime]*	**$50**
Companion transportation Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment *[up to $1,500 per round trip]*	**$0.50 per mile**
Egg(s) extraction or harvesting/sperm collection and storage Extracted/harvested or collected before chemotherapy or radiation *[once per lifetime]*	
■ Egg(s) extraction or harvesting/sperm collection	**$1,500**
■ Egg(s) or sperm storage (cryopreservation)	**$500**
Experimental treatment Hospital, medical or surgical care for cancer *[$15,000 lifetime max.]*	**$300 per day**
Family care Inpatient or outpatient treatment for a covered dependent child *[$3,000 calendar year max.]*	**$60 per day**
Hair/external breast/voice box prosthesis Prosthesis needed as a direct result of cancer	**$500 per calendar year**
Home health care services Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment *[up to 100 days per covered person per lifetime]*	**$175 per day**
Hospice (initial or daily care) An initial, one-time benefit and a daily benefit for treatment *[$15,000 lifetime max. for both]*	
■ Initial hospice care *[once per lifetime]*	**$1,000**
■ Daily hospice care	**$50 per day**

BENEFIT DESCRIPTION	BENEFIT AMOUNT

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

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

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

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

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

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

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

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

Reconstructive surgery ..... **$60 per surgical unit**
A surgery to reconstruct anatomic defects that result from cancer treatment
[min. $350 per procedure, up to $3,000, including 25% for general anesthesia]

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

Skilled nursing care facility ..... **$175 per day**
Confinement to a covered facility after hospital release *[up to 100 days per covered person per lifetime]*

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

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

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

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

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

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

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

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Cancer Insurance

Wellness Benefits

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

For more information, talk with your benefits counselor.

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Part one: Cancer wellness/health screening

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

Cancer wellness tests

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

Health screening tests

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

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

Provided when a doctor performs a diagnostic test or surgical procedure 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.

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).

Individual Cancer Insurance Description of Benefits

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

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

Cancer Insurance Benefits	Level 1	Level 2	Level 3	Level 4
Radiation/Chemotherapy				
Benefit payable period can exceed but will not be less than 365 days per covered person per lifetime				
Injected chemotherapy by medical personnel, *per day with a maximum of one per calendar week*	$250	$500	$750	$1,000
Radiation delivered by medical personnel, *per day with a maximum of one per calendar week*	$250	$500	$750	$1,000
Self-Injected Chemotherapy, *per day with a maximum of one per calendar month*	$150	$200	$300	$400
Pump Chemotherapy, *per day with a maximum of one per calendar month*	$150	$200	$300	$400
Topical Chemotherapy, *per day with a maximum of one per calendar month*	$150	$200	$300	$400
Oral Hormonal Chemotherapy (1-24 months), *per day with a maximum of one per calendar month*	$150	$200	$300	$400
Oral Hormonal Chemotherapy (25+ months), *per day with a maximum of one per calendar month*	$100	$150	$250	$350
Oral Non-Hormonal Chemotherapy, *per day with a maximum of one per calendar month*	$150	$200	$300	$400
Reconstructive Surgery, per surgical unit	$40	$40	$60	$60
Minimum per procedure	$100	$150	$250	$350
Maximum per procedure, including 25% for general anesthesia	*$2,500*	*$2,500*	*$3,000*	*$3,000*
Second Medical Opinion, per lifetime	$150	$200	$300	$300
Skilled Nursing Care Facility, per day, up to days confined	$50	$75	$125	$175
Benefit payable for at least and not more than 100 days per covered person per lifetime				
Skin Cancer Initial Diagnosis	$300	$300	$400	$600
Supportive/Protective Care Drugs/Colony Stimulating Factors, per day	$50	$100	$150	$200
Maximum per year	*$400*	*$800*	*$1,200*	*$1,600*
Surgical Procedures	$40	$50	$60	$70
Minimum per procedure	$100	$150	$250	$350
Maximum per procedure	*$2,500*	*$3,000*	*$5,000*	*$6,000*
Transportation	$0.50	$0.50	$0.50	$0.50
Maximum per round trip	*$1,000*	*$1,000*	*$1,200*	*$1,500*
Waiver of Premium	Yes	Yes	Yes	Yes
Policy-Wellness Benefits				
Bone Marrow Donor Screening, per lifetime	$50	$50	$50	$50
Cancer Vaccine, per lifetime	$50	$50	$50	$50
Part 1: Cancer Wellness/Health Screening, per year	One amount per account: $0, $25, $50, $75 or $100			
Part 2: Cancer Wellness/Health Screening, per year	Same as Part 1			
Additional Riders may be available at an additional cost				
What is not covered by the policy				

Pre-Existing Condition Limitation

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

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

We will not pay benefits for cancer or skin cancer:

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

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

ADR1962-2018

CANCER BENEFIT PREMIUMS

LEVEL 1 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 1 with $100 Cancer Wellness/Health Screening				
12-Pay Premium	$18.10	$28.60	$18.25	$28.75
LEVEL 2 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 2 with $100 Cancer Wellness/Health Screening				
12-Pay Premium	$21.65	$33.85	$21.95	$34.15
LEVEL 3 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 3 with $100 Cancer Wellness/Health Screening				
12-Pay Premium	$26.65	$44.40	$27.10	$44.85
LEVEL 4 - Composite Rates				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Level 4 with $100 Cancer Wellness/Health Screening				
12-Pay Premium	$35.60	$59.40	$36.20	$60.00
OPTIONAL RIDERS				
	Employee	Employee/Spouse	One-Parent Family	Two-Parent Family
Specified Disease Hospital Confinement Rider				
12-Pay Premium	$1.25	$1.75	$1.25	$1.75
Initial Diagnosis of Cancer Rider (per $1,000)				
12-Pay Premium	$1.50	$2.50	$1.60	$2.60
Initial Diagnosis of Cancer Progressive Payment Rider				
12-Pay Premium	$7.80	$17.05	$7.80	$17.05

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

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

Colonial Life

Group Critical Illness Insurance

Plan 1

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

Coverage amount: _____

An unexpected moment changes life forever

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

HOW CHRIS'S COVERAGE HELPED

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

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

For illustrative purposes only.

Critical illness benefit

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

KEY BENEFITS

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

For more information, talk with your benefits counselor.

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Subsequent diagnosis of a different critical illness[2]

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

Subsequent diagnosis of the same critical illness[2]

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

Additional covered conditions for dependent children

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

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

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

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

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

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

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

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

Colonial Life

Group Critical Illness Insurance

Plan 2

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

Coverage amount: _____

Preparing for a lifelong journey

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

HOW THEIR COVERAGE HELPED

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

- *A hospital stay and treatment for corrective heart surgery*
- *Physical therapy to build muscle strength*
- *Special needs daycare*

For illustrative purposes only.

Critical illness and cancer benefits

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

KEY BENEFITS

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

For more information, talk with your benefits counselor.

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Subsequent diagnosis of a different critical illness[2]

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

Subsequent diagnosis of the same critical illness[2]

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

Reoccurrence of invasive cancer (including all breast cancer)

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

Additional covered conditions for dependent children

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

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

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

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

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

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

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

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

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

Colonial Life

Group Critical Illness Insurance

First Diagnosis Building Benefit Rider

For more information, talk with your benefits counselor.

ColonialLife.com

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

First diagnosis building benefit

Payable once per covered person per lifetime

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

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

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

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

THIS INSURANCE PROVIDES LIMITED BENEFITS.

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

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

Colonial Life

Group Critical Illness Insurance

Infectious Diseases Rider

For more information, talk with your benefits counselor.

ColonialLife.com

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

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

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

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

THIS INSURANCE PROVIDES LIMITED BENEFITS.

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

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

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

Colonial Life

Group Critical Illness Insurance

Progressive Diseases Rider

For more information, talk with your benefits counselor.

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

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

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

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

THIS INSURANCE PROVIDES LIMITED BENEFITS.

EXCLUSIONS AND LIMITATIONS FOR PROGRESSIVE DISEASES RIDER

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

PRE-EXISTING CONDITION LIMITATION

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

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

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

CRITICAL ILLNESS BENEFIT PREMIUMS

Plan 1 - Critical Illness Rates illustrated per unit. Named Insured unit value = $1000					
Issue Age	**Deduction**	**Named Insured**	**Employee & Spouse**	**One-Parent Family**	**Two Parent Family**
Non-Tobacco					
17-24	**12-Pay Premium**	$0.22	$0.31	$0.22	$0.31
25-29	**12-Pay Premium**	$0.30	$0.43	$0.30	$0.43
30-34	**12-Pay Premium**	$0.38	$0.55	$0.38	$0.55
35-39	**12-Pay Premium**	$0.57	$0.85	$0.57	$0.85
40-44	**12-Pay Premium**	$0.77	$1.14	$0.77	$1.14
45-49	**12-Pay Premium**	$1.08	$1.65	$1.08	$1.65
50-54	**12-Pay Premium**	$1.44	$2.23	$1.44	$2.23
55-59	**12-Pay Premium**	$1.90	$2.94	$1.90	$2.94
60-64	**12-Pay Premium**	$2.60	$4.02	$2.60	$4.02
65-69	**12-Pay Premium**	$2.84	$4.38	$2.84	$4.38
70-74	**12-Pay Premium**	$3.27	$5.04	$3.27	$5.04
Wellbeing Assistance Benefit **Rates by wellbeing amount = 1 unit**					
Wellbeing Amount		**Named Insured**	**Employee & Spouse**	**One-Parent Family**	**Two Parent Family**
$100	12-Pay Premium	$6.65	$10.35	$6.65	$10.35

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

CRITICAL ILLNESS BENEFIT PREMIUMS

Plan 2 - Critical Illness & Cancer Benefits Rates illustrated per unit. Named Insured unit value = $1000					
Issue Age	**Deduction**	**Named Insured**	**Employee & Spouse**	**One-Parent Family**	**Two Parent Family**
Non-Tobacco					
17-24	**12-Pay Premium**	$0.40	$0.57	$0.40	$0.57
25-29	**12-Pay Premium**	$0.57	$0.83	$0.57	$0.83
30-34	**12-Pay Premium**	$0.75	$1.09	$0.75	$1.09
35-39	**12-Pay Premium**	$1.15	$1.70	$1.15	$1.70
40-44	**12-Pay Premium**	$1.55	$2.30	$1.55	$2.30
45-49	**12-Pay Premium**	$2.21	$3.32	$2.21	$3.32
50-54	**12-Pay Premium**	$2.86	$4.34	$2.86	$4.34
55-59	**12-Pay Premium**	$3.76	$5.71	$3.76	$5.71
60-64	**12-Pay Premium**	$5.13	$7.79	$5.13	$7.79
65-69	**12-Pay Premium**	$6.29	$9.57	$6.29	$9.57
70-74	**12-Pay Premium**	$6.29	$9.57	$6.29	$9.57
Wellbeing Assistance Benefit **Rates by wellbeing amount = 1 unit**					
Wellbeing Amount		**Named Insured**	**Employee & Spouse**	**One-Parent Family**	**Two Parent Family**
$100	12-Pay Premium	$6.65	$10.35	$6.65	$10.35

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

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

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The benefits of good hard work.®

Individual Short-Term Disability Insurance

ColonialLife.com

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

Can you afford to not protect your paycheck?

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

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

ESTIMATED MONTHLY EXPENSES	AMOUNT
Mortgage or rent	$
Utilities (electric/gas, phone, water, TV, Internet)	$
Transportation costs (gas, car payments)	$
Food	$
Health (medical needs and prescription drugs)	$
Other	$
TOTAL	**$**

Benefits worksheet

How much coverage do I need?

Monthly benefit amount for off-job accident and off-job sickness: _____
Choose a monthly benefit amount between $400 and $6,500.*

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

How long will I receive benefits?

Benefit period: _____ months
The partial disability benefit period is three months.

When will my total disability benefits start?

After an accident: _____ days After a sickness: _____ days

*Subject to income requirements

Product information

Total disability definition

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

How partial disability works

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

Waiver of premium

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

Geographical limitations

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

Issue age

Coverage is available from ages 17 to 74.

Keep your coverage

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

Premium

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

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For more information, talk with your benefits counselor.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of: alcoholism or drug addiction, aviation, cosmetic surgery, felonies or illegal occupations, intoxicants and narcotics, psychiatric or psychological conditions, suicide or injuries which you intentionally do to yourself, war or armed conflict. We will not pay for losses due to you giving birth within the first nine months after the coverage effective date of the policy. We will not pay for loss when the disability is a pre-existing condition as described in the policy.

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

*Premiums can be changed only if we change them on all policies of this kind in force in the state where the policy is issued.

9-16 | 101629-VA

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Individual Short-Term Disability Insurance

Health Screening Rider Benefit

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

Health screening benefit **$50**

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

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

For more information, talk with your benefits counselor.

ColonialLife.com

With the health screening benefit:

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

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

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Individual Short-Term Disability Insurance

Psychiatric and Psychological Benefit

For more information, talk with your benefits counselor.

ColonialLife.com

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

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

Psychiatric and psychological benefit

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

The psychiatric and psychological benefit is only applicable when combined with the ISTD3000 base policy. The exclusions listed on the ISTD3000 base policy apply, except for the psychiatric or psychological conditions exclusion. For cost and complete details, talk with your Colonial Life benefits counselor. Applicable to policy form ISTD3000 and rider form ISTD3000-ADIB (plus state abbreviations where applicable, for example: ISTD3000-TX and ISTD3000-ADIB-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy and rider provisions will control.

Colonial Life®

Pregnancy and having a baby

Disability insurance in Virginia

For more information, talk with your benefits counselor.

ColonialLife.com

A baby changes everything – even your financial situation.

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

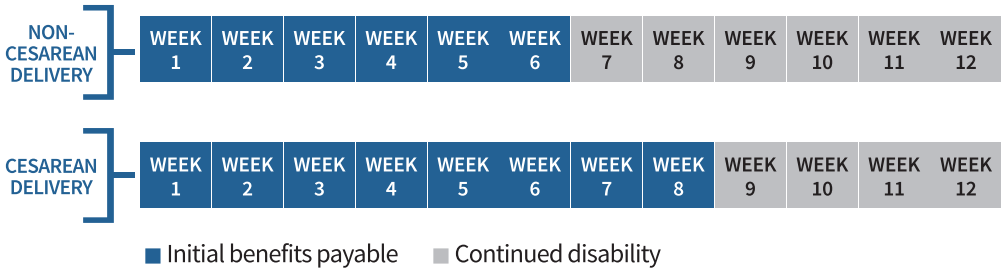
How disability insurance can help

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

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

Understanding your claim payment

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



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

Filing your disability claim

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

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

7-21 | 100103-VA

SHORT-TERM DISABILITY PREMIUMS

On/Off-Job Accident and On/Off-Job Sickness Coverage

Premiums are per $50 of On-Job Monthly Benefit and $100 of Off-Job Monthly Benefit

Benefit Period: 3 Months			
Elimination		0/7	7/7
Ages: 17-49	12-Pay Premum	$3.50	$3.15
Ages: 50-64	12-Pay Premum	$4.05	$3.79
Ages: 65-74	12-Pay Premum	$4.74	$4.48

Benefit Period: 6 Months						
Elimination		0/7	7/7	7/14	0/14	14/14
Ages: 17-49	12-Pay Premum	$4.55	$4.00	$3.12	$3.41	$2.85
Ages: 50-64	12-Pay Premum	$5.38	$5.25	$4.09	$4.27	$3.75
Ages: 65-74	12-Pay Premum	$7.63	$7.16	$5.16	$5.50	$4.94

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

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

Accident Insurance

Colonial Life®
Making benefits count.

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

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

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

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

What additional features are included?

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

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

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

What if I change employers?

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

Can my premium change?

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

How do I file a claim?

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

Accident 1.0-Preferred with Health Screening Benefit-VA

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

Initial Care

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

Common Accidental Injuries

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

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

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

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

Requires Surgery

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

Surgical Care

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

Transportation/Lodging Assistance

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

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

Accident Hospital Care

- Hospital Admission* ..... $1,000 per accident
- Hospital ICU Admission* ..... $2,000 per accident

** We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.*

- Hospital Confinement ..... $225 per day up to 365 days per accident
- Hospital ICU Confinement ..... $450 per day up to 15 days per accident

Accident Follow-Up Care

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

Accidental Dismemberment

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

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

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

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

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

Accidental Death

	Accidental Death	Common Carrier
• Named Insured	$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.

Tests include:

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

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

Who will be covered? (check one)

○ Employee Only ○ Spouse Only ○ One Child Only ○ Employee & Spouse

○ One-Parent Family, with 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

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: felonies or illegal occupations; 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 -VA. 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

ACCIDENT BENEFIT PREMIUMS

Preferred with HealthScreening - On/Off-Job Accident Coverage

	12-Pay Premium
Named Insured	$21.15
Employee & Spouse	$28.97
One-Parent Family	$32.67
Two-Parent Family	$40.48

Preferred with HealthScreening - Off-Job Only Accident Coverage

	12-Pay Premium
Named Insured	$17.92
Employee & Spouse	$23.96
One-Parent Family	$26.56
Two-Parent Family	$32.61

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

Click on the video below to learn more about the Gunshot Wound Policy!

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Gunshot Wound Policy

For more information, talk with your benefits counselor.

ColonialLife.com

You can't always prevent injuries from happening, but you can have a financial safety net in place in case they do. A gunshot wound policy from Colonial Life & Accident Insurance Company can provide a benefit to help pay your medical expenses if you receive a non-fatal gunshot wound. This policy pays a lump-sum benefit for an injury regardless of any other insurance you may have.

Gunshot wound benefit..... $_____

- **Guaranteed issue**
  You can get this coverage without answering any health questions.
- **Portability**
  You can keep coverage even if you change jobs or leave your company.
- **Guaranteed renewable**
  You can keep your coverage as long as you pay your premiums when they are due.
- **On/off-job coverage**
  You may receive benefits regardless of whether the injury occurs on or off the job.
- **Direct payment**
  Benefits are paid directly to you unless you specify otherwise. You can use these benefits however you choose.

This policy covers a non-fatal gunshot wound from a conventional firearm that requires treatment by a doctor and overnight hospitalization within 24 hours of the injury. If you are shot more than once in a 24-hour period, we will pay benefits only for the first wound.

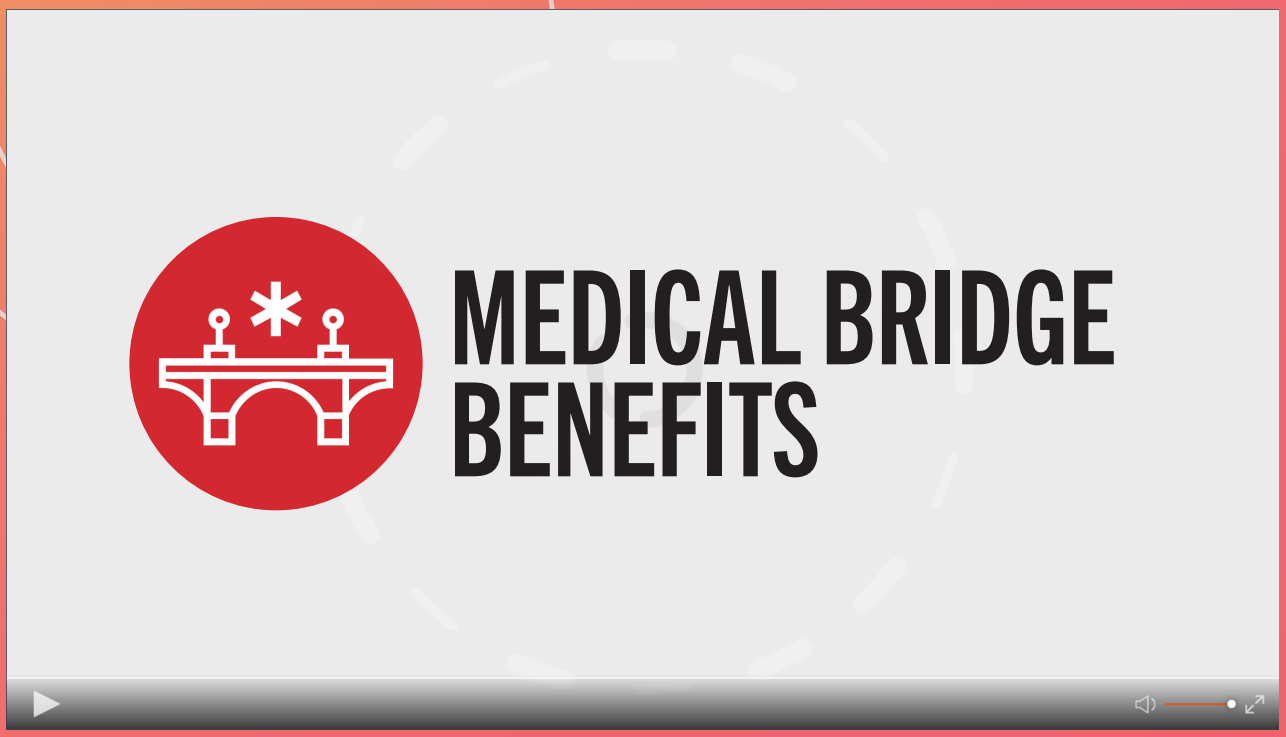
THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for an injury which is caused by or occurs as the result of: war, illegal activities, or suicide or injuries which you intentionally do to yourself.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form PYWOL (including state abbreviations where used; for example: PYWOL-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.

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



Colonial Life
The benefits of good hard work.®

Hospital Confinement Indemnity Insurance

Plan 1

For more information, talk with your benefits counselor.

ColonialLife.com

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

Hospital confinement ..... $_____

Maximum of one benefit per covered person per calendar year

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

Maximum of two visits per covered person per calendar year

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

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

Waiver of premium

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

Health savings account (HSA) compatible

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

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

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

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

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

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Hospital Confinement Indemnity Insurance
Plan 3

For more information, talk with your benefits counselor.

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

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

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

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

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

Diagnostic procedure

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

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

Outpatient surgical procedure

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

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

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

Tier 1 diagnostic procedures

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

Tier 2 diagnostic procedures

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

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

Tier 1 outpatient surgical procedures

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

Tier 2 outpatient surgical procedures

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

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EXCLUSIONS

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

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

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Hospital Confinement Indemnity Insurance

Health Screening

For more information, talk with your benefits counselor.

ColonialLife.com

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

Health screening ..... $_____

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

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

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

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Hospital Confinement Indemnity Insurance

Medical Treatment Package

For more information, talk with your benefits counselor.

ColonialLife.com

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

The medical treatment package cannot be paired with Plan 1.

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

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

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

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

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

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

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

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

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

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Hospital Confinement Indemnity Insurance

Optional Riders

For more information, talk with your benefits counselor.

ColonialLife.com

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

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

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

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

EXCLUSIONS

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

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

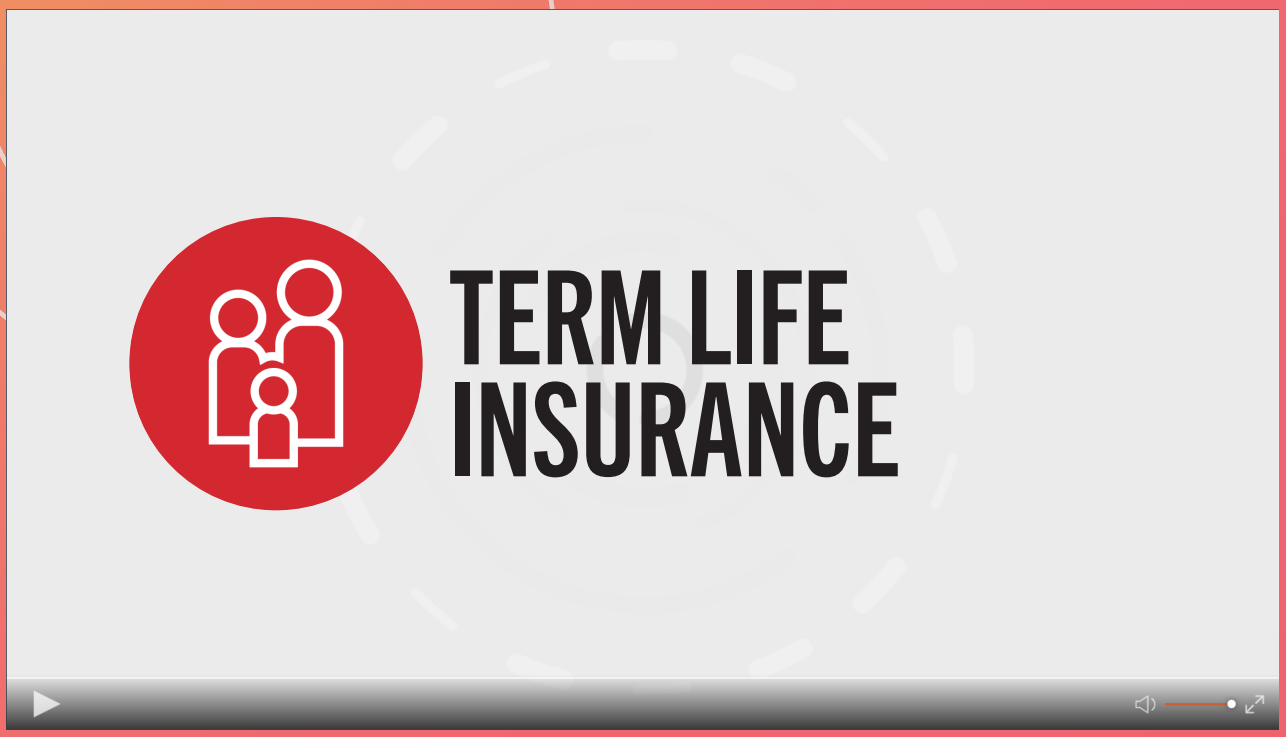
MEDICAL BRIDGE BENEFIT PREMIUMS

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

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

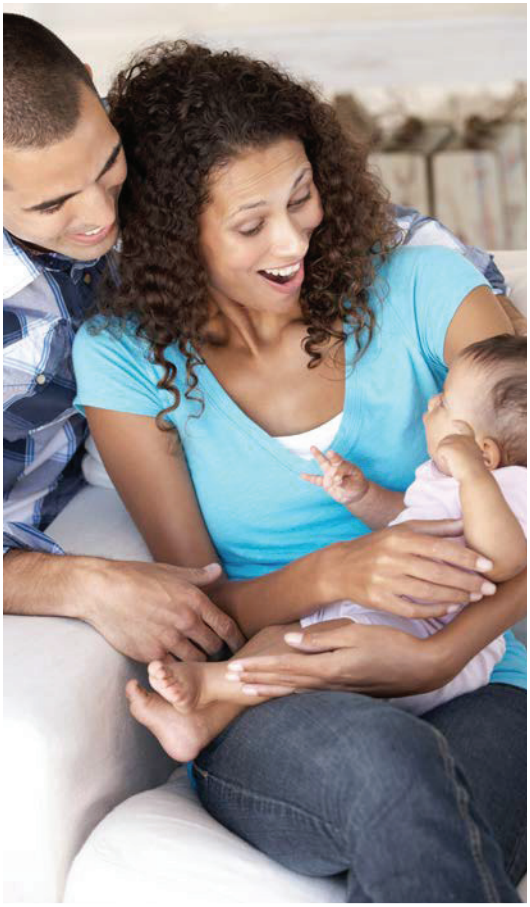
⚠ Sample rates only. Multiple choices and options available and rates may vary.

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



Colonial Life

Term Life Insurance



Talk with your Colonial Life benefits counselor to learn more.

ColonialLife.com

Life insurance protection when you need it most

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

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

With this coverage:

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

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

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

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

7-19 | NS-16570-1

How much coverage do you need?

☐ **YOU** $ _____

Select the term period:

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

☐ **SPOUSE** $ _____

Select the term period:

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

Select any optional riders:

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

☐ Children's term life rider
$ _____ face amount

☐ Accidental death benefit rider

☐ Chronic care accelerated death benefit rider

☐ Critical illness accelerated death benefit rider

☐ Waiver of premium benefit rider

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

ColonialLife.com

Optional riders

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

Spouse term life rider

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

Children's term life rider

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

Accidental death benefit rider

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

Chronic care accelerated death benefit rider

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

Critical illness accelerated death benefit rider

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

Waiver of premium benefit rider

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

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

EXCLUSIONS AND LIMITATIONS

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

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

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

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TERM LIFE INSURANCE PREMIUMS

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

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

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

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

Colonial Life

Whole Life Plus Insurance*

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

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

Benefits and features

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

Additional coverage options

Spouse term rider

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

Juvenile Whole Life Plus policy

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

Children's term rider

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

Advantages of Whole Life Plus insurance

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

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

Benefits worksheet

For use with your benefits counselor

How much coverage do you need?

☐ YOU $_____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

☐ SPOUSE $ _____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

☐ DEPENDENT STUDENT $ _____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

Select any optional riders:

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

☐ Children's term rider $ _____face amount

☐ Accelerated death benefit for long term care services rider

☐ Accidental death benefit rider

☐ Chronic care accelerated death benefit rider

☐ Critical illness accelerated death benefit rider

☐ Guaranteed purchase option rider

☐ Waiver of premium benefit rider

To learn more, talk with your benefits counselor.

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Additional coverage options (Continued)

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

Talk with your benefits counselor for more details.

Accidental death benefit rider

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

Chronic care accelerated death benefit rider

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

Critical illness accelerated death benefit rider

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

Guaranteed purchase option rider

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

Waiver of premium benefit rider

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

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

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

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

3 The rider is not available in all states.

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

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

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

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

WHOLE LIFE INSURANCE PREMIUMS

Adult Base Plan Paid-up to Age 70 Non-Tobacco Rates						
Issue Age	Pay Premium	$10,000.00	$25,000.00	$50,000.00	$100,000.00	$200,000.00
25	12-Pay Premium	$9.87	$24.69	$49.37	$98.75	$197.49
30	12-Pay Premium	$11.92	$29.79	$59.58	$119.16	$238.32
35	12-Pay Premium	$14.96	$37.39	$74.79	$149.58	$299.15
40	12-Pay Premium	$19.35	$48.37	$96.75	$193.49	$386.98
45	12-Pay Premium	$25.57	$63.93	$127.87	$255.74	$511.48
50	12-Pay Premium	$34.87	$87.18	$174.37	$348.74	$697.47

Adult Base Plan Paid-up to Age 100 Non-Tobacco Rates						
Issue Age	Pay Premium	$10,000.00	$25,000.00	$50,000.00	$100,000.00	$200,000.00
25	12-Pay Premium	$9.20	$23.00	$46.00	$92.00	$183.99
30	12-Pay Premium	$10.46	$26.14	$52.29	$104.58	$209.16
35	12-Pay Premium	$12.52	$31.29	$62.58	$125.16	$250.32
40	12-Pay Premium	$15.51	$38.77	$77.54	$155.08	$310.15
45	12-Pay Premium	$19.88	$49.71	$99.41	$198.83	$397.65
50	12-Pay Premium	$25.10	$62.75	$125.49	$250.99	$501.98
55	12-Pay Premium	$32.45	$81.12	$162.24	$324.49	$648.97
60	12-Pay Premium	$42.96	$107.39	$214.78	$429.57	$859.13

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

Colonial Life

Customer Service Guide

Getting started

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

Contact us

Online

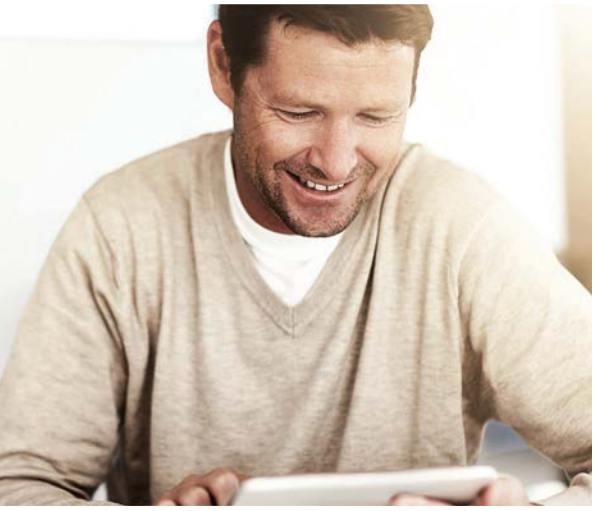
ColonialLife.com
Log in and click on
Contact Us

Telephone

1-800-325-4368

Hearing-impaired customers

Please contact the National Relay service at 711 for assistance.



ColonialLife.com

Consider your options

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

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

eClaims are quick and easy

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

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

Paper claims

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

7-19 | 43233-40

Authorization for Colonial Life & Accident Insurance Company

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

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

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

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

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

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

If applicable, I signed on behalf 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)

ADDITIONAL BENEFITS

VIRGINIA RETIREMENT SYSTEM (VRS) LIFE INSURANCE

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

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

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

By calling:
1-800-441-2258

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

REQUIRED HEALTH CARE NOTICES

Newborn and Mothers' Health Protection Act

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

Women's Health and Cancer Rights Act

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

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

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

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

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

REQUIRED HEALTH CARE NOTICES

ALABAMA - MEDICAID

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

ALASKA - MEDICAID

The AK Health Insurance Premium Payment Program
Website: myakhipp.com
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS - MEDICAID

Website: myarhipp.com
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - MEDICAID

Website: www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone: 916-440-5676

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

Health First Colorado Website: www.healthfirstcolorado.com
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA - MEDICAID

Website: www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA - MEDICAID

Website: medicaid.georgia.gov/health-insurance premium-payment-program-hipp
Phone: 678-564-1162, ext. 2131

INDIANA - MEDICAID

Healthy Indiana Plan for Low-Income Adults 19-64
Website: www.in.gov/fssa/hip
Phone: 1-877-438-4479
All other Medicaid Website: www.in.gov/medicaid
Phone: 1-800-457-4584

IOWA - MEDICAID AND CHIP (HAWKI)

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

KANSAS - MEDICAID

Website: www.kdheks.gov/hcf/default.htm
Phone: 1-800-792-4884

KENTUCKY - MEDICAID

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: chfs.ky.gov

LOUISIANA - MEDICAID

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

REQUIRED HEALTH CARE NOTICES

MAINE - MEDICAID

Website: www.maine.gov/dhhs/ofi/publicassistance/index.html
Phone: 1-800-442-6003
TTY: Maine Relay 711

MASSACHUSETTS - MEDICAID AND CHIP

Website: www.mass.gov/eohhs/gov/departments/masshealth
Phone: 1-800-862-4840

MINNESOTA - MEDICAID

Website: mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp *[Under ELIGIBILITY tab, see "What if I have other health insurance?"]*
Phone: 1-800-657-3739

KANSAS - MEDICAID

Website: www.kdheks.gov/hcf/default.htm
Phone: 1-800-792-4884

MISSOURI - MEDICAID

Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA - MEDICAID

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA - MEDICAID

Website: www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA - MEDICAID

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

NEW HAMPSHIRE - MEDICAID

Website: www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

NEW JERSEY - MEDICAID AND CHIP

Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid
Medicaid Phone: 609-631-2392
CHIP Website: www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK - MEDICAID

Website: www.health.ny.gov/health_care/medicaid
Phone: 1-800-541-2831

NORTH CAROLINA - MEDICAID

Website: medicaid.ncdhhs.gov
Phone: 919-855-4100

NORTH DAKOTA - MEDICAID

Website: www.nd.gov/dhs/services/medicalserv/medicaid
Phone: 1-844-854-4825

OKLAHOMA - MEDICAID & CHIP

Website: www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON - MEDICAID & CHIP

Website: healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

REQUIRED HEALTH CARE NOTICES

PENNSYLVANIA - MEDICAID

Website: www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND - MEDICAID AND CHIP

Website: www.eohhs.ri.gov
Phone: 1-855-697-4347 or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA - MEDICAID

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

SOUTH DAKOTA - MEDICAID

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

TEXAS - MEDICAID

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

UTAH - MEDICAID

Medicaid Website: medicaid.utah.gov
CHIP Website: health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT - MEDICAID

Website: www.greenmountaincare.org
Phone: 1-800-250-8427

VIRGINIA - MEDICAID AND CHIP

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

WASHINGTON - MEDICAID

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

WEST VIRGINIA - MEDICAID

Website: mywvhipp.com
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN - MEDICAID AND CHIP

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

WYOMING - MEDICAID

Website: wyequalitycare.acs-inc.com
Phone: 307-777-7531

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

COBRA CONTINUATION OF COVERAGE

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

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

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

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

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

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

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

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

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

When is COBRA continuation coverage available?

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

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

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

How is COBRA continuation coverage provided?

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

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

COBRA CONTINUATION OF COVERAGE

may permit a beneficiary to receive a maximum of 36 months of coverage.

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

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

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

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

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

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

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

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

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

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

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

Plan Contact Information

Franklin County Government
ATTN: Pat Barnes, Human Resources
1255 Franklin Street, Suite 111
Rocky Mount, VA 24151 pat.barns@franklincountyva.gov

FSA COBRA Administrator:

COBRA Admin for The Local Choice
DHRM - Office of Health Benefits
101 N.th Street, 13th Floor Richmond, VA 23219
888-642-4414

PRIVACY NOTICES

Non Public Information (NPI)

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

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

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

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

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

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

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

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

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

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

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

Disclosure Notice Concerning The Medical Information Bureau

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

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

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

CONTINUATION OF COVERAGE

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

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

DENTAL BENEFITS

VISION BENEFITS

TELEMEDICINE BENEFITS

SUPPLEMENTAL/VOLUNTARY POLICIES

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

TRANSFERRING EMPLOYERS?

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

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

PIERCE GROUP BENEFITS

ABOUT PIERCE GROUP BENEFITS

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

SCAN TO VIEW YOUR CUSTOM BENEFITS MICROSITE