



# Louisa County & Louisa County Public Schools 2025-2026 Employee Benefits Guide



# Contents

Welcome .....	3
Personalized Enrollment Support.....	4
Ease Enrollment Instructions .....	5
LawAssure .....	6
Pre-Tax & Post Tax Deductions .....	7
Qualifications & Important Facts .....	8
Open Enrollment .....	9
Medical Plan Comparison .....	10
Medical Plan Rates.....	11
Key Advantage 500 Benefits Summary.....	16
Key Advantage 1000 Benefits Summary.....	22
High Deductible Health Plan.....	28
Wellness Screening Benefits.....	34
Annual Physical Confirmation Form .....	35
Dental.....	36
Health Savings Account (HAS).....	38
Medical Reimbursement FSA .....	39
Limited Purpose FSA .....	41
Dependent Care FSA.....	42
Long-term Disability Insurance.....	44
Colonial Life Supplemental Benefits.....	46
File Your Annual Colonial Life Wellness Claim .....	47
Accident Insurance .....	48
Cancer Insurance .....	57
Critical Illness Insurance.....	66
Short-term Disability Insurance.....	75
Hospital Indemnity Insurance.....	81
Term life Insurance .....	90
Trustmark Universal Life .....	94
Contacts.....	98
Additional Benefits.....	99
Required Notices .....	100

# 2025-2026 Open Enrollment

## It's time to enroll in your benefits!

Innovative Insurance Group, an independent insurance agency specializing in employee benefits, was retained by Louisa County and Louisa County Public Schools to provide a comprehensive benefits package to you and your families.

The IIG Team and a team of benefits professionals from Colonial Life are available to educate you on all benefit options, review prior elections to make sure you are adequately covered for the coming plan year and ensure your 2025-2026 choices fit your lifestyle and budget.

This year Louisa County and Public Schools will continue to offer the following benefits to all full-time employees:

- Medical, Dental and Vision – The Local Choice Program
- Stand Alone Dental – Delta Dental
- Flexible Spending Account, Dependent Care Account, and Health Savings Accounts – Ameriflex
- Accident insurance – Colonial Life
- Cancer insurance – Colonial Life
- Critical illness insurance – Colonial Life
- Disability insurance – Colonial Life
- Hospital indemnity insurance – Colonial Life
- Term life insurance – Colonial Life
- Universal Life – Trustmark

## WHAT DO YOU NEED TO ENROLL?

- We know it's a busy time of year, but taking the time to meet with a benefits professional is very important. Open Enrollment is the one time a year all staff can confirm, change, add or cancel coverage(s).
- Because understanding your benefits it's so valuable, we have scheduled teams of benefits counselors to conveniently be on-site for you. They will also be available virtually if you are unable to meet while they are at your location.
- All employees who meet with a rep will receive a complimentary membership to LawAssure, a legal document service. Enrollment in benefits is not required, however, you cannot self-enroll in this benefit.
- Don't miss out! Meet with a rep today!



When it's time for you to enroll, you will need the following:

- The names, Social Security numbers, dates of birth and addresses of any/all dependents you may wish to enroll in one or more of the plans
- Life insurance beneficiary information
- Proof of dependent status (marriage certificate, birth certificate, court order) if adding a new dependent to medical or dental insurance plans

Core benefit list, product details and/or hyperlinks are provided by a third party and are being offered for informational purposes only and as a service to our customers. Colonial Life in no way controls, guarantees, endorses, sponsors, or promotes these products or their intellectual property, and is not responsible for the accuracy of the information.

## We've made it easy...review your options with a professional



**BENEFITS  
EDUCATION**

During Open Enrollment, or as you become newly eligible, please familiarize yourself with the benefits that Louisa County Government & Public Schools offers you. This guide outlines all of your benefit options. You can also scan this QR Code to access your Benefits Learning website.



**Please schedule a meeting with a benefits counselor today!**

**Receive LawAssure & \$\$ for your annual preventive screening.**

**Reps are onsite or you can scan the QR code for a virtual option.**



**PERSONALIZED  
SUPPORT**

All Louisa County Government & Public Schools' employees have access to benefit counseling support. Colonial Life Benefits Counselors are available to assist you throughout your enrollment process.

During Open Enrollment, representatives will be onsite to meet with you. At any time throughout the year, you can schedule an appointment by scanning the QR code above and selecting a convenient time.



**FLEXIBLE  
ENROLLMENT**

- In-person
- Telephonic
- Virtual through co-browsing & video chat
- Online self service



SCAN HERE TO SCHEDULE

**Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.**

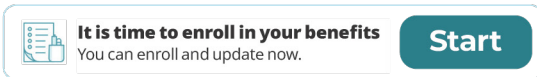
**Enrollment in benefits is not required.**

**Visit with a rep today - not available via self-enroll**

# 9 Easy steps to employee enrollment.

**1.** Log in to Ease per the instructions you have received from your HR administrator or Broker.\*

**2.** Click **Start**.



**3.** Follow the prompts on each page to complete your benefits enrollment — Click **Continue** to proceed to the next section.



**4.** Verify your personal information is correct and enter in any of your dependent information.

**5.** If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

**6.** Select your benefit by choosing **Enrolled**  or **Waived**  for each plan — Click **Continue** to proceed to the next benefit.



**7.** You will then be prompted to provide any missing data. Once you have done this, you will be able to sign and review your forms using your mouse or mobile device.




**8.** Before you review your forms, you will need to first type your name, then sign your signature and follow the prompts to finish.



**9.** If you have questions, please reach out to your HR administrator or Broker.

Louisa County Employees: [louisacounty.ease.com](https://louisacounty.ease.com)  
 Louisa School Employees: [louisacountyschool.ease.com](https://louisacountyschool.ease.com)

 \*We recommend using either Google Chrome or Firefox as your browser for the optimal experience.

Employees who speak to a rep while they are on-site, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

Visit with a rep today - not available via self-enroll on ease



Meet with a rep on-site or scan QR Code to schedule a call.



**LawAssure is available to ALL employees - Enrollment in benefits is not required.**

**To be enrolled in LawAssure, employees must meet with a Colonial Life benefits counselor on-site, or virtually via scheduler, during Open Enrollment. LawAssure can not be "self-enrolled".**

**NEW BENEFIT!!  
No Cost to you!! Must  
meet with a rep to  
receive.**

## Manage your legal affairs with ease

7 in 10 households face a legal issue every year, but many don't seek help fearing lawyers are too expensive.

LawAssure ([www.lawassure.com](http://www.lawassure.com)) is here to help. The service can save you hundreds of dollars in attorney's fees by making personalized legal document creation easy and accessible.

LawAssure guides and supports you every step of the way, so you can create high-quality documents to protect your family and assets.

### Services include:

- Assistance with estate planning
- Make a power of attorney
- Prepare a healthcare directive
- Write your will
- Create a living trust



Scan here or meet with a rep to receive this valuable free benefit.

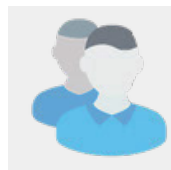
### Do you have a:

- Will?
- Power of Attorney on your college-age children?
- Medical Directive?



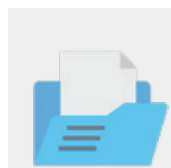
### Legal document creation

Simply choose a service, answer the questions and our system creates a high-quality document tailored to your needs



### Sharing and collaboration

Use our secure workflow to share your documents with someone else (such as a trusted advisor)



### Secure account space

Safely store your documents for editing, or export them to print them off and sign them

# PRE-TAX & POST-TAX BENEFITS

## LOUISA COUNTY GOVERNMENT AND SCHOOLS

### PRE-TAX BENEFITS



**Health Insurance**  
The Local Choice - Anthem



**Dental Insurance**  
The Local Choice - Delta Dental of VA



**Vision Insurance**  
The Local Choice - Blue View Vision



**Health Savings Accounts**

Ameriflex  
 • Employee Maximum \$4,300/year  
 • Family Maximum \$8,550/year

*HSA plans can only be established in conjunction with a qualified High-Deductible Health Plan (HDHP)*

Louisa County Government & Schools contributes a lump sum of \$550 to individual employees enrolled in an individual HDHP.



**Flexible Spending Accounts**

Ameriflex  
 • Medical Reimbursement FSA Maximum: \$3,300/year | Minimum \$100/year  
 • Limited Purpose FSA<sup>+</sup> Maximum: \$3,300/year | Minimum \$100/year  
 • Dependent Care Reimbursement FSA Maximum: \$5,000/year | Minimum: \$100/year

*<sup>+</sup>Limited Purpose FSA funds can only be used for qualifying vision, dental and orthodontia expenses*

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

**IF YOU DO NOT RE-ENROLL, YOUR CONTRIBUTION WILL STOP EFFECTIVE JUNE 30, 2025.**



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



**Cancer Benefits**  
Colonial Life



**Accident Benefits**  
Colonial Life



**Medical Bridge/  
Hospital Indemnity Benefits**  
Colonial Life

### POST-TAX BENEFITS



**Short-Term Disability Benefits**  
Colonial Life



**Long-Term Disability Benefits**  
The Standard



**Critical Illness Benefits**  
Colonial Life



**Term Life Insurance**  
Colonial Life



**Universal Life Insurance**  
Trustmark

### ADDITIONAL BENEFITS

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



Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.



# THINGS YOU NEED TO KNOW

## QUALIFICATIONS

- Government Employees working 40 hours or more per week are eligible for all benefits.
- All Full-time School Employees are eligible for all benefits.
- All employees are eligible for the Colonial Life options, including Short-Term Disability (Educator Plan).
- Eligible dependents include legal spouse and children (biological, adopted, step, and/or foster). It is your responsibility to notify your employer within 30 days of any changes to dependent eligibility (birth, marriage, divorce, etc.)

## IMPORTANT FACTS

- The plan year for The Local Choice benefits (Anthem Health, Delta Dental & Blue View Vision), Health Savings Accounts, Spending Accounts, Delta Dental (Stand-Alone policy), Colonial Insurance products, Trustmark Universal Life, and The Standard Long-Term Disability lasts from **July 1, 2025 through June 30, 2026**.
- Deductions for The Local Choice benefits (Anthem Health, Delta Dental & Blue View Vision) and Delta Dental (Stand-Alone policy) will begin June 2025. Deductions for Health Savings Accounts, Spending Accounts, Colonial Insurance products, and Trustmark Universal Life will begin July 2025.
- Health FSA Rollover Provision: Your employer provides the rollover option for your FSA plan. Please see the Flexible Spending Account section of your benefit booklet for more information on this provision. *Participants must re-elect coverage for any of the rollover funds (up to \$660) to be rolled over into the new plan year. Failure to elect an FSA account will result in a "Use It or Lose It" scenario.*
- 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.
- 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. **All School employees will receive a new card to be used starting July 1, 2025. County employees can continue to use their cards until card expiration date.**
- Elections made during this enrollment period **CANNOT BE CHANGED AFTER THE ENROLLMENT PERIOD** unless there is a family status change as defined by the Internal Revenue Code. Examples of a family status change are: marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of a spouse's employment, or the transition of spouse's employment from full-time to part-time, or vice-versa. Once a family status change has occurred, an employee has 30 days to notify the Innovative Insurance Group, **888.676.9496** to request a change in elections.
- Flexible Spending Account expenses must be incurred during the Plan Year in order to be eligible for reimbursement.
- An employee has 90 days after the plan year ends to submit claims for spending account expenses that were incurred during the plan year. Please note that if employment terminates during the plan year, that employee's plan year ends the day employment ends. The employee has 90 days after the termination date to submit claims.
- With Dependent Care Flexible Spending Accounts, the maximum reimbursement you can request is equal to the current account balance in your Dependent Care account. You cannot be reimbursed more than has actually been deducted from your pay.
- 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.
- Some policies may include a pre-existing condition clause. Please read your policy carefully for full details.
- An employee taking a leave of absence, other than under the Family & Medical Leave Act, may not be eligible to re-enter the Flexible Benefits Program until the next plan year. Please contact your Benefit Administrator for more information.

# EMPLOYEE BENEFITS GUIDE

## LOUISA COUNTY GOVERNMENT AND SCHOOLS



### IN PERSON

During your open enrollment period, a Benefits Counselor will be available by appointment or walk-in to answer any questions you may have and to assist you in the enrollment process.



### VIRTUAL

You may schedule an appointment to meet with a Benefits Counselor. To schedule, please see the information below and on the following pages.

**ENROLLMENT PERIOD: MAY 16, 2025 - MAY 30, 2025**

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

- Enroll in, change or cancel TLC plans. (Medical, Dental, Vision)
- Enroll in, change or cancel Health Savings Account (HSA).
- Enroll in, change or cancel Dental Insurance. (Delta stand-alone policy).
- Enroll/Re-Enroll in Flexible Spending Accounts (Medical Reimbursement, Limited Purpose and Dependent Care).
- Enroll in, change or cancel Universal Life Insurance.
- Enroll in, change or cancel Colonial coverage (see the following pages for enrollments/changes that can be completed online).

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

**THE FOLLOWING BENEFIT ELECTIONS MUST BE MADE BY PAPER APPLICATION ARE NOT AVAILABLE FOR ONLINE ENROLLMENT:**

Trustmark changes and cancellations will be completed on paper applications. If you would like to make any changes to your current election, please be sure to complete the Trustmark application and return it to:

- **Louisa County Government** – Faye Stewart in Payroll
- **Louisa County Public Schools** - Shanice Goode, Benefits Specialist

*\* Trustmark - If you do not take action, your current level of coverage will remain in effect. If you have previously waived coverage, and wish to continue in that status, you do not need to take action.*

**ACCESS YOUR BENEFITS ONLINE WHENEVER, WHEREVER.**

*Benefits Details | Educational Videos | Download Forms | Online Chat with Service Center*

To view your personalized benefits website STARTING May 16th, go to:

**Louisa County Employees:** [www.louisacounty.ease.com](http://www.louisacounty.ease.com)  
**Louisa School Employees:** [www.louisacountyschool.ease.com](http://www.louisacountyschool.ease.com)

**Or contact our Customer Service Team with Innovative Insurance Group at 888-676-9496, [customerservice@thinkinnovative.net](mailto:customerservice@thinkinnovative.net)**





Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure – a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.



 	<b>Louisa County Government &amp; Public Schools</b> <b>2025-2026 Plan Year</b>		
	High Deductible Health Plan	Key Advantage 1000	Key Advantage 500
<b>Plan Year Deductible (applies as indicated)</b>	In-Network / Out-of-Network	In-Network / Out-of-Network	In-Network / Out-of-Network
One Person	3,300	\$1,000 / \$2,000	\$500 / \$1,000
Family (Two or more people)	6,600	\$2,000 / \$4,000	\$1,000 / \$2,000
<b>Plan Year out of Pocket Expense Limit</b>	In-Network / Out-of-Network	In-Network / Out-of-Network	In-Network / Out-of-Network
Individual Out-of-Pocket Maximum	5,000 / 10,000	\$5,000 / \$9,000	\$4,000 / \$7,000
Family Out-of-Pocket Maximum	\$10,000 / \$20,000	\$10,000 / \$18,000	\$8,000 / \$14,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Covered Services</b>	<b>In-Network Benefits Only</b>		
<b>Doctor's Visits (Outpatient or In-Office)</b>			
Primary care physicians visits - Chiropractic, Spinal Manipulations (30 Visit Limit)	20% Coinsurance, after deductible	\$25 Copayment	\$25 Copayment
Specialist Visits - Chiropractic, Spinal Manipulations (30 Visit Limit)	20% Coinsurance, after deductible	\$40 Copayment	\$40 Copayment
Shots -Allergy or Therapeutic Injections -Doctor's Office, ER, or Outpatient Setting	20% Coinsurance, after deductible	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	20% Coinsurance, after deductible
Preventive Care Visits	Covered at 100%	Covered at 100%	Covered at 100%
Emergency Room Visits	20% Coinsurance, after deductible	20% Coinsurance, after deductible	20% Coinsurance, after deductible
<b>Hospital &amp; Other Services (Pre-certification may be required)</b>			
Ambulance Services	20% Coinsurance, after deductible	20% Coinsurance, after deductible	20% Coinsurance, after deductible
Inpatient Hospital Services	20% Coinsurance, after deductible	20% Coinsurance, after deductible	20% Coinsurance, after deductible
Outpatient Hospital Services	20% Coinsurance, after deductible	20% Coinsurance, after deductible	20% Coinsurance, after deductible
Outpatient Diagnostic Test, Labs, and X-Rays	20% Coinsurance, after deductible	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	20% Coinsurance, after deductible
Diabetic Equipment	20% Coinsurance, after deductible	20% Coinsurance, after deductible	20% Coinsurance, after deductible
<b>Maternity</b>			
Prenatal & Provider Services - PCP	20% Coinsurance, after deductible	\$25 Copayment	\$40 Copayment
Prenatal & Provider Services - Specialist	20% Coinsurance, after deductible	\$40 Copayment	\$40 Copayment
Hospital Services for Delivery	20% Coinsurance, after deductible	20% Coinsurance, after deductible	20% Coinsurance, after deductible
Diagnostic Tests, Labs, and X-Rays	20% Coinsurance, after deductible	20% Coinsurance, after deductible	20% Coinsurance, after deductible
<b>Behavioral Health</b>			
Inpatient Treatment/Residential Treatment	20% Coinsurance, after deductible	20% Coinsurance, after deductible	20% Coinsurance, after deductible
Partial Hospitalization (Day) Program	20% Coinsurance, after deductible	20% Coinsurance, after deductible	20% Coinsurance, after deductible
Outpatient Professional Provider Services	20% Coinsurance, after deductible	\$25 Copayment	\$25 Copayment
<b>Prescription Drug Benefit*</b>	Retail Pharmacy (up to a 34-day supply)		
Tier 1	20% Coinsurance, after deductible	\$10 Copayment	\$10 Copayment
Tier 2	20% Coinsurance, after deductible	\$30 Copayment	\$30 Copayment
Tier 3	20% Coinsurance, after deductible	\$45 Copayment	\$45 Copayment
Tier 4	20% Coinsurance, after deductible	\$55 Copayment	\$55 Copayment
<b>Prescription Drug Benefit - Home Delivery Services- Mail Order (90-Day Supply)</b>	20% Coinsurance, after deductible	2x Retail Copay	2x Retail Copay
<b>Diabetic Supplies</b>	20% Coinsurance, after deductible	20% Coinsurance, after deductible	20% Coinsurance, after deductible

For illustrative purposes only. Please see your summary of benefits for full benefit description

## Louisa County Government and Louisa County Public Schools Rates Effective July 1, 2025 - June 30, 2026

The Local Choice Medical, Dental, and Vision Program -

**KEY ADVANTAGE 500 / 1000 / HDHP 3300 WITH WELLNESS INCENTIVE**

KEY ADVANTAGE 500 WITH WELLNESS INCENTIVE				
with Comprehensive Dental Employee Total				
Monthly Rate Information				
Coverage Level	Total Premium Amount	Employer Pays	Employee Pays	Semi-Monthly Payroll Deduction
Single	\$921.00	\$811.44	\$109.56	\$54.78
Employee + Spouse	\$1,703.00	\$1,189.76	\$513.24	\$256.62
Employee + Child	\$1,703.00	\$1,366.18	\$336.82	\$168.41
Employee + Family	\$2,485.00	\$1,666.22	\$818.78	\$409.39
<i>Employee and Family when both are employed by Louisa County</i>	\$2,485.00	\$1,975.46	\$509.54	\$254.77
with Preventive Dental				
Employee Total Monthly Rate Information				
Coverage Level	Total Premium Amount	Employer Pays	Employee Pays	Semi-Monthly Payroll Deduction
Single	\$902.00	\$808.44	\$93.56	\$46.78
Employee + Spouse	\$1,668.00	\$1,154.76	\$513.24	\$256.62
Employee + Child	\$1,668.00	\$1,331.18	\$336.82	\$168.41
Employee + Family	\$2,434.00	\$1,615.22	\$818.78	\$409.39
<i>Employee and Family when both are employed by Louisa County</i>	\$2,434.00	\$1,924.46	\$509.54	\$254.77

KEY ADVANTAGE 1000 WITH WELLNESS INCENTIVE				
with Comprehensive Dental				
Employee Total Monthly Rate Information				
Coverage Level	Total Premium Amount	Employer Pays	Employee Pays	Semi-Monthly Payroll Deduction
Single	\$879.00	\$802.44	\$76.56	\$38.28
Employee + Spouse	\$1,627.00	\$1,174.76	\$452.24	\$226.12
Employee + Child	\$1,627.00	\$1,351.18	\$275.82	\$137.91
Employee + Family	\$2,373.00	\$1,644.22	\$728.78	\$364.39
<i>Employee and Family when both are employed by Louisa County</i>	\$2,373.00	\$1,953.46	\$419.54	\$209.77
Preventive Dental				
Employee Total Monthly Rate Information				
Coverage Level	Total Premium Amount	Employer Pays	Employee Pays	Semi-Monthly Payroll Deduction
Single	\$860.00	\$799.44	\$60.56	\$30.28
Employee + Spouse	\$1,591.00	\$1,138.76	\$452.24	\$226.12
Employee + Child	\$1,591.00	\$1,315.18	\$275.82	\$137.91
Employee + Family	\$2,322.00	\$1,593.22	\$728.78	\$364.39
<i>Employee and Family when both are employed by Louisa County</i>	\$2,322.00	\$1,902.46	\$419.54	\$209.77


\*In FY26, ALL employees must complete a Wellness Exam to receive the lower health rate in FY26.

\*\*Water Authority employees contact HR for rates.

HDHP 3300/80% WITH WELLNESS INCENTIVE				
with Comprehensive Dental				
Employee Total Monthly Rate Information				
Coverage Level	Total Premium Amount	Employer Pays	Employee Pays	Semi-Monthly Payroll Deduction
Single	\$748.00	\$748.00	\$0.00	\$0.00
Employee + Spouse	\$1,383.00	\$1,107.76	\$275.24	\$137.62
Employee + Child	\$1,383.00	\$1,284.18	\$98.82	\$49.41
Employee + Family	\$2,019.00	\$1,549.22	\$469.78	\$234.89
<i>Employee and Family when both are employed by Louisa County</i>	\$2,019.00	\$1,858.46	\$160.54	\$80.27
with Preventive Dental Employee Total				
Monthly Rate Information				
Coverage Level	Total Premium Amount	Employer Pays	Employee Pays	Semi-Monthly Payroll Deduction
Single	\$728.00	\$728.00	\$0.00	\$0.00
Employee + Spouse	\$1,348.00	\$1,072.76	\$275.24	\$137.62
Employee + Child	\$1,348.00	\$1,249.18	\$98.82	\$49.41
Employee + Family	\$1,967.00	\$1,497.22	\$469.78	\$234.89
<i>Employee and Family when both are employed by Louisa County</i>	\$1,967.00	\$1,806.46	\$160.54	\$80.27

\*In FY26, ALL employees must complete a Wellness Exam to receive the lower health rate in FY26.

\*\*Water Authority employees contact HR for rates.




Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

Visit with a rep today - not available via self-enroll

Meet with a rep on-site or scan QR Code to schedule a call.



**Louisa County Government and Louisa County Public Schools**  
**Rates Effective July 1, 2025 - June 30, 2026**

The Local Choice Medical, Dental, and Vision Program -

**KEY ADVANTAGE 500 / 1000 / HDHP 3300 WITHOUT WELLNESS INCENTIVE**


<b>KEY ADVANTAGE 500 WITHOUT WELLNESS INCENTIVE</b>				
<b>with Comprehensive Dental</b>				
<b>Employee Total Monthly Rate Information</b>				
Coverage Level	Total Premium Amount	Employer Pays	Employee Pays	Semi-Monthly Payroll Deduction
Single	\$921.00	\$787.44	\$133.56	\$66.78
Employee + Spouse	\$1,703.00	\$1,145.26	\$557.74	\$278.87
Employee + Child	\$1,703.00	\$1,321.68	\$381.32	\$190.66
Employee + Family	\$2,485.00	\$1,601.72	\$883.28	\$441.64
<i>Employee and Family when both are employed by Louisa County</i>	\$2,485.00	\$1,910.96	\$574.04	\$287.02
<b>with Preventive Dental</b>				
<b>Employee Total Monthly Rate Information</b>				
Coverage Level	Total Premium Amount	Employer Pays	Employee Pays	Semi-Monthly Payroll Deduction
Single	\$902.00	\$784.94	\$117.06	\$58.53
Employee + Spouse	\$1,668.00	\$1,110.26	\$557.74	\$278.87
Employee + Child	\$1,668.00	\$1,286.68	\$381.32	\$190.66
Employee + Family	\$2,434.00	\$1,550.72	\$883.28	\$441.64
<i>Employee and Family when both are employed by Louisa County</i>	\$2,434.00	\$1,859.96	\$574.04	\$287.02

<b>KEY ADVANTAGE 1000 WITHOUT WELLNESS INCENTIVE</b>				
<b>with Comprehensive Dental</b>				
<b>Employee Total Monthly Rate Information</b>				
Coverage Level	Total Premium Amount	Employer Pays	Employee Pays	Semi-Monthly Payroll Deduction
Single	\$879.00	\$779.44	\$99.56	\$49.78
Employee + Spouse	\$1,627.00	\$1,132.26	\$494.74	\$247.37
Employee + Child	\$1,627.00	\$1,308.68	\$318.32	\$159.16
Employee + Family	\$2,373.00	\$1,582.22	\$790.78	\$395.39
<i>Employee and Family when both are employed by Louisa County</i>	\$2,373.00	\$1,891.46	\$481.54	\$240.77
<b>with Preventive Dental</b>				
<b>Employee Total Monthly Rate Information</b>				
Coverage Level	Total Premium Amount	Employer Pays	Employee Pays	Semi-Monthly Payroll Deduction
Single	\$860.00	\$776.94	\$83.06	\$41.53
Employee + Spouse	\$1,591.00	\$1,096.26	\$494.74	\$247.37
Employee + Child	\$1,591.00	\$1,272.68	\$318.32	\$159.16
Employee + Family	\$2,322.00	\$1,531.22	\$790.78	\$395.39
<i>Employee and Family when both are employed by Louisa County</i>	\$2,322.00	\$1,840.46	\$481.54	\$240.77

\*\*Water Authority employees contact HR for rates.

HDHP 3300/80% WITHOUT WELLNESS INCENTIVE				
with Comprehensive Dental				
Employee Total Monthly Rate Information				
Coverage Level	Total Premium Amount	Employer Pays	Employee Pays	Semi-Monthly Payroll Deduction
Single	\$748.00	\$728.50	\$19.50	\$9.75
Employee + Spouse	\$1,383.00	\$1,071.76	\$311.24	\$155.62
Employee + Child	\$1,383.00	\$1,248.18	\$134.82	\$67.41
Employee + Family	\$2,019.00	\$1,496.72	\$522.28	\$261.14
<i>Employee and Family when both are employed by Louisa County</i>	\$2,019.00	\$1,805.96	\$213.04	\$106.52
with Preventive Dental				
Employee Total Monthly Rate Information				
Coverage Level	Total Premium Amount	Employer Pays	Employee Pays	Semi-Monthly Payroll Deduction
Single	\$728.00	\$709.00	\$19.00	\$9.50
Employee + Spouse	\$1,348.00	\$1,036.76	\$311.24	\$155.62
Employee + Child	\$1,348.00	\$1,213.18	\$134.82	\$67.41
Employee + Family	\$1,967.00	\$1,444.72	\$522.28	\$261.14
<i>Employee and Family when both are employed by Louisa County</i>	\$1,967.00	\$1,753.96	\$213.04	\$106.52

\*\*Water Authority employees contact HR for rates.




Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

Visit with a rep today - not available via self-enroll

Meet with a rep on-site or scan QR Code to schedule a call.




**Louisa County & Public Schools**  
**Rates Effective July 1, 2025 - June 30, 2026**

**DELTA DENTAL - STANDALONE DENTAL OPTION**

**Stand-Alone Delta Dental**

<b>Employee Total Monthly Rate Information</b>			
Coverage Level	Total Premium Amount	Employer Pays	Employee Pays
Single	\$40.57	\$17.05	\$23.52
Employee + Spouse	\$86.53	\$19.72	\$66.81
Employee + Child	\$89.62	\$20.10	\$69.52
Employee + Family	\$138.21	\$21.71	\$116.50

\*\*Water Authority employees contact HR for rates.




Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.





# Your Key Advantage 500 Benefits At-A-Glance

**Effective July 1, 2025 or October 1, 2025**



Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.



# Key Advantage 500 Benefits At-A-Glance

	Benefit	In-Network	Out-of-Network
<b>Plan Year Deductible</b> <i>(applies as indicated)</i>	One Person	\$500	\$1,000
	Family (two or more people)	\$1,000	\$2,000
<b>Plan Year Out-Of-Pocket Expense Limit</b>	One Person	\$4,000	\$7,000
	Family (two or more people)	\$8,000	\$14,000
<b>Out-of-network benefits</b>	Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to out-of-network medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.		
<b>Lifetime maximum</b>	Unlimited		

Covered Services	You Pay In-network						
<b>Ambulance Travel</b> <i>No Plan Year limit</i>	20% coinsurance, after deductible						
<b>Autism Spectrum Disorder</b>	Copayment/coinsurance determined by service received						
<b>Behavioral Health</b>							
<b>Inpatient treatment</b>	20% coinsurance, after deductible						
<b>Residential Treatment</b>	20% coinsurance, after deductible						
<b>Partial Hospitalization (Day) Program</b>	20% coinsurance, after deductible						
<b>Intensive Outpatient Treatment Program (IOP)</b>	20% coinsurance, after deductible						
<b>Outpatient Treatment Program</b>							
Facility Services	20% coinsurance, after deductible						
Professional Provider Services	\$25 copayment						
<b>Chiropractic, Spinal Manipulations and Other Manual Medical Interventions</b> 30-Visit Plan Year limit per member							
Primary Care Physicians	\$25 copayment						
Specialty Care Providers	\$40 copayment						
<b>Dental Care (Delta Dental)</b>							
<b>Preventive Dental Option</b> <i>(diagnostic and preventive services only for lower premium)</i>	\$0						
<b>Comprehensive Dental Option</b> <i>(for higher premium)</i>							
Dental Plan Year Deductible	<table border="1"> <tr> <td>One Person</td> <td>Two People</td> <td>Family</td> </tr> <tr> <td>\$25</td> <td>\$50</td> <td>\$75</td> </tr> </table>	One Person	Two People	Family	\$25	\$50	\$75
One Person	Two People	Family					
\$25	\$50	\$75					
Plan Year Maximum (Except Orthodontics)	\$1,500						
Preventive Dental Care	\$0						
Primary Dental Care	20% coinsurance, after dental deductible						
Major Dental Care	50% coinsurance, after dental deductible						
Orthodontic Services (Includes Adult Ortho)	50% coinsurance, no dental deductible, with \$1,500 lifetime maximum						
<b>Dental Services (non-routine Medical)</b>	20% coinsurance, after deductible						
<b>Diabetic Education</b>	\$0						



Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure – a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.



Covered Services	You Pay In-network
<b>Diabetic Equipment</b>	20% coinsurance, after deductible
<b>Diagnostic Tests, Labs and X-rays</b>	
Outpatient Surgery	20% coinsurance, after deductible
Outpatient Diagnostic Services Only	20% coinsurance, after deductible
Outpatient Emergency Room	20% coinsurance, after deductible
<b>Dialysis Treatments</b>	
Facility Services	\$0
Doctor's Office	\$0
<b>Doctor's Visits</b> <i>(On an Outpatient basis)</i>	
Primary Care Physicians (in-person or online)	\$25 copayment
Specialty Care Providers (in-person or online)	\$40 copayment
<b>Employee Assistance Program (EAP)</b> Up to four Visits per issue <i>(per plan year)</i>	\$0
<b>Early Intervention Services</b> (Birth to 3 years)	Copayment/coinsurance determined by service received
<b>Emergency Room Visits</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>Home Health Services</b> <i>90-Visit Plan Year limit per member</i>	\$0
<b>Home Private Duty Nurse's Services</b>	20% coinsurance, after deductible
<b>Hospice Care Services</b>	\$0
<b>Hospital Services</b>	
<b>Inpatient Care</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
Diagnostic Services	20% coinsurance, after deductible
<b>Outpatient Care</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>Maternity</b>	
Professional Provider Services	
Prenatal and Postnatal Care	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
Delivery	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
<b>Hospital Services for Delivery</b> Delivery room, anesthesia, routine nursing care for newborn	20% coinsurance, after deductible
<b>Diagnostic Tests, Labs and X-rays</b>	20% coinsurance, after deductible




# Key Advantage 500 Benefits At-A-Glance (continued)

Covered Services	You Pay In-network
<b>Medical Equipment (durable), Appliances, Formulas, Prosthetics and Supplies</b>	20% coinsurance, after deductible
<b>Outpatient Prescription Drugs</b> <i>(mandatory generic)</i>	
<b>Retail Pharmacy</b> Covered drugs per 34-day supply	
Tier 1	\$10 copayment
Tier 2	\$30 copayment
Tier 3	\$45 copayment
Tier 4	\$55 copayment
<b>Home Delivery Services (Mail Order)</b> Covered drugs for up to a 90-day supply	
Tier 1	\$20 copayment
Tier 2	\$60 copayment
Tier 3	\$90 copayment
Tier 4	\$110 copayment
<b>Diabetic Supplies</b>	20% coinsurance, no deductible
<b>Shots – allergy &amp; therapeutic injections</b> At a doctor’s office, Emergency room or Outpatient hospital department	20% coinsurance, after deductible
<b>Skilled Nursing Facility Stays</b> 180-day per Stay limit per member <sup>1</sup>	
Facility Services	\$0
Professional Provider Services	\$0
<b>Surgery</b>	
<b>Inpatient</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
Diagnostic Services	20% coinsurance, after deductible
<b>Outpatient</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
<b>Therapy – Outpatient Services</b>	
<b>Cardiac Rehabilitation Therapy</b>	20% coinsurance, after deductible
<b>Chemotherapy</b>	20% coinsurance, after deductible
<b>Infusion</b> <i>(includes IV therapy and injected chemotherapy)</i>	20% coinsurance, after deductible
<b>Therapy – Outpatient Services</b> <i>(continued)</i>	
<b>Occupational Therapy</b>	20% coinsurance, after deductible
<b>Physical Therapy</b>	20% coinsurance, after deductible

<sup>1</sup>A stay is the period from the admission to the date of discharge from a Facility. If there is less than a 90 day break between two admissions, the days allowable for the subsequent admission are reduced by the days used in the first. If there are more than 90 days between the two admissions, the days available for the subsequent admission start over for a full 180 days.

Covered Services	You Pay In-network
<b>Radiation Therapy</b>	20% coinsurance, after deductible
<b>Respiratory Therapy</b>	20% coinsurance, after deductible
<b>Speech Therapy</b>	20% coinsurance, after deductible
<b>Vision Correction</b> After surgery or accident	20% coinsurance, after deductible
<b>Wellness and Preventive Care Services</b>	
<b>Well Child</b> (Birth to 18 years)	
Office Visits at specified intervals	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Immunizations	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Screening Tests	No copayment, coinsurance, or deductible
<b>Routine Wellness</b> (18 years and older)	
Check-up Visit (one per Plan Year)	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Immunizations	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Routine Lab and X-ray Services	No copayment, coinsurance, or deductible
<b>Wellness and Preventive Care Services</b> (one of each per Plan Year)	
Gynecological Exam	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Pap Test	No copayment, coinsurance, or deductible
Mammography Screening	No copayment, coinsurance, or deductible
Prostate Exam (digital rectal exam)	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Prostate Specific Antigen Test	No copayment, coinsurance, or deductible
Colorectal Cancer Screenings	No copayment, coinsurance, or deductible




Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

Visit with a rep today - not available via self-enroll

Meet with a rep on-site or scan QR Code to schedule a call.



## Key Advantage 500 Benefits At-A-Glance (continued)

### Routine Vision


You have an allowance for eyeglass lenses or contact lenses every plan year. You pay the remaining cost for frames and lenses after Your Health Plan's Reimbursement.

Covered Services	In-Network (once per plan year)	Out-of-Network
<b>Routine eye exam</b>	You pay \$40 copayment	Plan pays up to to \$50
<b>Standard eyeglass lenses</b> <i>(in lieu of contact lenses)</i> Polycarbonate lenses included at no additional cost for children under 19 years old	You pay \$20 copayment	Plan pays up to: \$50 single lenses; \$75 bifocal; \$100 trifocal
<b>Eyeglass frames</b>	Plan pays up to \$100* retail allowance	Plan pays up to \$80
<b>Contact lenses<sup>1</sup></b> <i>(in lieu of eyeglass lenses)</i>		
Elective Conventional <sup>2</sup>	Plan pays up to \$100 allowance then 15% discount off remaining balance	Plan pays up to \$80
Elective Disposable <sup>2</sup>	Plan pays up to \$100 allowance (no additional discount)	Plan pays up to \$80
Non-Elective <sup>2</sup>	Covered in full	Plan pays up to \$210
<b>Retinal Imaging</b> At member's option can be performed at time of eye exam	Not more than \$39	
<b>Lens options</b>		
UV coating, tints, standard scratch-resistant	You pay \$15	Not available
Standard polycarbonate (Adult)	You pay \$40	Not available
Standard progressive <i>(in addition to bifocal copayment)</i>	You pay \$65	Not available
Standard anti-reflective	You pay \$45	Not available
Other add-ons <i>(i.e. high index lenses, anti-fog coating)</i>	You pay 20% off retail	Not available

\*You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.

<sup>1</sup> Declining Balance. Your plan has a declining balance allowance. This means if you do not use your allowance all at once, the remainder will be available for you to use at a later time. However, any remaining balance will not carry over to the next benefit year. All services or supplies using the declining balance for a benefit period must be received In-Network based on where the first paid claim is incurred..

<sup>2</sup> Elective contact lenses are typically elected in lieu of eyeglass lenses. Non-Elective contact lenses are medically necessary contacts when glasses are not an option for vision.




**Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.**

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

**Meet with a rep on-site or scan QR Code to schedule a call.**





# Your Key Advantage 1000 Benefits At-A-Glance

**Effective July 1, 2025 or October 1, 2025**



Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.



# Key Advantage 1000

## Benefits At-A-Glance

	Benefit	In-Network	Out-of-Network
<b>Plan Year Deductible</b> <i>(applies as indicated)</i>	One Person	\$1,000	\$2,000
	Family (two or more people)	\$2,000	\$4,000
<b>Plan Year Out-Of-Pocket Expense Limit</b>	One Person	\$5,000	\$9,000
	Family (two or more people)	\$10,000	\$18,000
<b>Out-of-network benefits</b>	Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to out-of-network medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.		
<b>Lifetime maximum</b>	Unlimited		


Covered Services	You Pay In-network		
<b>Ambulance Travel</b> <i>No Plan Year limit</i>	20% coinsurance, after deductible		
<b>Autism Spectrum Disorder</b>	Copayment/coinsurance determined by service received		
<b>Behavioral Health</b>			
<b>Inpatient treatment</b>	20% coinsurance, after deductible		
<b>Residential Treatment</b>	20% coinsurance, after deductible		
<b>Partial Hospitalization (Day) Program</b>	20% coinsurance, after deductible		
<b>Intensive Outpatient Treatment Program (IOP)</b>	20% coinsurance, after deductible		
<b>Outpatient Treatment Program</b>			
Facility Services	20% coinsurance, after deductible		
Professional Provider Services	\$25 copayment		
<b>Chiropractic, Spinal Manipulations and Other Manual Medical Interventions</b> 30-Visit Plan Year limit per member			
Primary Care Physicians	\$25 copayment		
Specialty Care Providers	\$40 copayment		
<b>Dental Care (Delta Dental)</b>			
<b>Preventive Dental Option</b> <i>(diagnostic and preventive services only for lower premium)</i>	\$0		
<b>Comprehensive Dental Option</b> <i>(for higher premium)</i>			
Dental Plan Year Deductible	One Person \$25	Two People \$50	Family \$75
Plan Year Maximum (Except Orthodontics)	\$1,500		
Preventive Dental Care	\$0		
Primary Dental Care	20% coinsurance, after dental deductible		
Major Dental Care	50% coinsurance, after dental deductible		
Orthodontic Services (Includes Adult Ortho)	50% coinsurance, no dental deductible, with \$1,500 lifetime maximum		
<b>Dental Services (non-routine Medical)</b>	20% coinsurance, after deductible		
<b>Diabetic Education</b>	\$0		
<b>Diabetic Equipment</b>	20% coinsurance, after deductible		

Covered Services	You Pay In-network
<b>Diagnostic Tests, Labs and X-rays</b>	
Outpatient Surgery	20% coinsurance, after deductible
Outpatient Diagnostic Services Only	20% coinsurance, after deductible
Outpatient Emergency Room	20% coinsurance, after deductible
<b>Dialysis Treatments</b>	
Facility Services	\$0
Doctor's Office	\$0
<b>Doctor's Visits</b> <i>(On an Outpatient basis)</i>	
Primary Care Physicians (in-person or online)	\$25 copayment
Specialty Care Providers (in-person or online)	\$40 copayment
<b>Employee Assistance Program (EAP)</b> Up to four visits per issue <i>(per plan year)</i>	
	\$0
<b>Early Intervention Services</b> (Birth to 3 years)	
	Copayment/coinsurance determined by service received
<b>Emergency Room Visits</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>Home Health Services</b> <i>90-Visit Plan Year limit per member</i>	
	\$0
<b>Home Private Duty Nurse's Services</b>	
	20% coinsurance, after deductible
<b>Hospice Care Services</b>	
	\$0
<b>Hospital Services</b>	
<b>Inpatient Care</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
Diagnostic Services	20% coinsurance, after deductible
<b>Outpatient Care</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>Maternity</b>	
Professional Provider Services	
Prenatal and Postnatal Care	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
Delivery	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
<b>Hospital Services for Delivery</b> Delivery room, anesthesia, routine nursing care for newborn	
	20% coinsurance, after deductible
<b>Diagnostic Tests, Labs and X-rays</b>	
	20% coinsurance, after deductible
<b>Medical Equipment (durable), Appliances, Formulas, Prosthetics and Supplies</b>	
	20% coinsurance, after deductible

## Key Advantage 1000 Benefits At-A-Glance (continued)

Covered Services	You Pay In-network
<b>Outpatient Prescription Drugs</b> <i>(mandatory generic)</i>	
<b>Retail Pharmacy</b> Covered drugs per 34-day supply	
Tier 1	\$10 copayment
Tier 2	\$30 copayment
Tier 3	\$45 copayment
Tier 4	\$55 copayment
<b>Home Delivery Services (Mail Order)</b> Covered drugs for up to a 90-day supply	
Tier 1	\$20 copayment
Tier 2	\$60 copayment
Tier 3	\$90 copayment
Tier 4	\$110 copayment
<b>Diabetic Supplies</b>	20% coinsurance, no deductible
<b>Shots – allergy &amp; therapeutic injections</b> At a doctor's office, Emergency room or Outpatient hospital department	20% coinsurance, after deductible
<b>Skilled Nursing Facility Stays</b> 180-day per Stay limit per member <sup>1</sup>	
Facility Services	\$0
Professional Provider Services	\$0
<b>Surgery</b>	
<b>Inpatient</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
Diagnostic Services	20% coinsurance, after deductible
<b>Outpatient</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
<b>Therapy – Outpatient Services</b>	
<b>Cardiac Rehabilitation Therapy</b>	20% coinsurance, after deductible
<b>Chemotherapy</b>	20% coinsurance, after deductible
<b>Infusion</b> <i>(includes IV therapy and injected chemotherapy)</i>	20% coinsurance, after deductible

<sup>1</sup>A stay is the period from the admission to the date of discharge from a Facility. If there is less than a 90 day break between two admissions, the days allowable for the subsequent admission are reduced by the days used in the first. If there are more than 90 days between the two admissions, the days available for the subsequent admission start over for a full 180 days.




Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.


Enrollment in benefits is not required.

Visit with a rep today - not available via self-enroll

Meet with a rep on-site or scan QR Code to schedule a call.



Covered Services	You Pay In-network
<b>Therapy – Outpatient Services</b> <i>(continued)</i>	
<b>Occupational Therapy</b>	20% coinsurance, after deductible
<b>Physical Therapy</b>	20% coinsurance, after deductible
<b>Radiation Therapy</b>	20% coinsurance, after deductible
<b>Respiratory Therapy</b>	20% coinsurance, after deductible
<b>Speech Therapy</b>	20% coinsurance, after deductible
<b>Vision Correction</b> After surgery or accident	20% coinsurance, after deductible
<b>Wellness and Preventive Care Services</b>	
<b>Well Child</b> (Birth to 18 years)	
Office Visits at specified intervals	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Immunizations	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Screening Tests	No copayment, coinsurance, or deductible
<b>Routine Wellness</b> (18 years and older)	
Check-up Visit (one per Plan Year)	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Immunizations	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Routine Lab and X-ray Services	No copayment, coinsurance, or deductible
<b>Wellness and Preventive Care Services</b> (one of each per Plan Year)	
Gynecological Exam	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Pap Test	No copayment, coinsurance, or deductible
Mammography Screening	No copayment, coinsurance, or deductible
Prostate Exam (digital rectal exam)	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Prostate Specific Antigen Test	No copayment, coinsurance, or deductible
Colorectal Cancer Screenings	No copayment, coinsurance, or deductible




Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

Visit with a rep today - not available via self-enroll

Meet with a rep on-site or scan QR Code to schedule a call.



## Key Advantage 1000 Benefits At-A-Glance (continued)

### Routine Vision

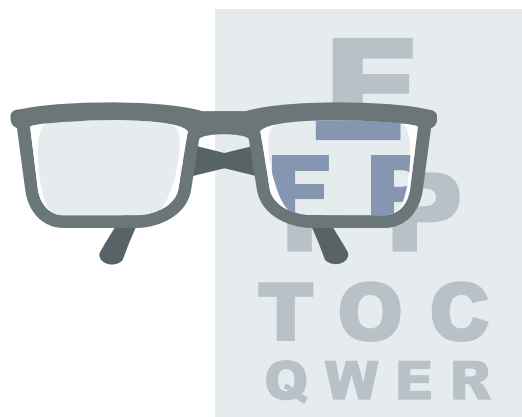
You have an allowance for eyeglass lenses or contact lenses every plan year. You pay the remaining cost for frames and lenses after Your Health Plan's Reimbursement.

Covered Services	In-Network (once per plan year)	Out-of-Network
<b>Routine eye exam</b>	You pay \$40 copayment	Plan pays up to \$50
<b>Standard eyeglass lenses</b> <i>(in lieu of contact lenses)</i> Polycarbonate lenses included at no additional cost for children under 19 years old	You pay \$20 copayment	Plan pays up to: \$50 single lenses; \$75 bifocal; \$100 trifocal
<b>Eyeglass frames</b>	Plan pays up to \$100* retail allowance	Plan pays up to \$80
<b>Contact lenses<sup>1</sup></b> <i>(in lieu of eyeglass lenses)</i>		
Elective Conventional <sup>2</sup>	Plan pays up to \$100 allowance then 15% discount off remaining balance	Plan pays up to \$80
Elective Disposable <sup>2</sup>	Plan pays up to \$100 allowance (no additional discount)	Plan pays up to \$80
Non-Elective <sup>2</sup>	Plan pays up to \$250 allowance	Plan pays up to \$210
<b>Retinal Imaging</b> At member's option can be performed at time of eye exam	Not more than \$39	
<b>Lens options</b>		
UV coating, tints, standard scratch-resistant	You pay \$15	Not available
Standard polycarbonate (Adult)	You pay \$40	Not available
Standard progressive <i>(in addition to bifocal copayment)</i>	You pay \$65	Not available
Standard anti-reflective	You pay \$45	Not available
Other add-ons <i>(i.e. high index lenses, anti-fog coating)</i>	You pay 20% off retail	Not available

\*You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.

<sup>1</sup> Declining Balance. Your plan has a declining balance allowance. This means if you do not use your allowance all at once, the remainder will be available for you to use at a later time. However, any remaining balance will not carry over to the next benefit year. All services or supplies using the declining balance for a benefit period must be received In-Network based on where the first paid claim is incurred..

<sup>2</sup> Elective contact lenses are typically elected in lieu of eyeglass lenses. Non-Elective contact lenses are medically necessary contacts when glasses are not an option for vision.





# High Deductible Health Plan (HDHP) Benefits At-A-Glance

Effective July 1, 2025 or October 1, 2025



Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.



# TLC HDHP Benefits At-A-Glance

	Benefit	You Pay
<b>Plan Year Deductible</b> <i>(combined In and Out-of-Network)</i>	One Person	\$3,300
	Family (two or more people)	\$6,600
<b>Plan Year Out-Of-Pocket Expense Limit (In-Network)</b>	One Person	\$5,000
	Family (two or more people)	\$10,000
<b>Plan Year Out-Of-Pocket Expense Limit (Out-Of-Network)</b>	One Person	\$10,000
	Family (two or more people)	\$20,000
<b>Out-Of-Network Benefits</b>	Yes. Once you meet the combined deductible, you pay 40% coinsurance for medical, behavioral health and prescription drug services from Out-of-Network providers.	
<b>Lifetime maximum</b>	Unlimited	


Covered Services	You Pay In-network		
<b>Ambulance Travel</b> <i>No Plan Year limit</i>	20% coinsurance, after deductible		
<b>Autism Spectrum Disorder</b>	20% coinsurance, after deductible		
<b>Behavioral Health</b>			
<b>Inpatient treatment</b>	20% coinsurance, after deductible		
<b>Residential Treatment</b>	20% coinsurance, after deductible		
<b>Partial Hospitalization (Day) Program</b>	20% coinsurance, after deductible		
<b>Intensive Outpatient Treatment Program (IOP)</b>	20% coinsurance, after deductible		
<b>Outpatient Treatment Program</b>			
Facility Services	20% coinsurance, after deductible		
Professional Provider Services	20% coinsurance, after deductible		
<b>Chiropractic, Spinal Manipulations and Other Manual Medical Interventions</b> 30-Visit Plan Year limit per member	20% coinsurance, after deductible		
<b>Dental Care (Delta Dental)</b>			
<b>Preventive Dental Option</b> <i>(diagnostic and preventive services only for lower premium)</i>	\$0		
<b>Comprehensive Dental Option</b> <i>(for higher premium)</i>			
Dental Plan Year Deductible	One Person \$25	Two People \$50	Family \$75
Plan Year Maximum (Except Orthodontics)	\$1,500		
Preventive Dental Care	\$0		
Primary Dental Care	20% coinsurance, after dental deductible		
Major Dental Care	50% coinsurance, after dental deductible		
Orthodontic Services (Includes Adult Ortho)	50% coinsurance, no dental deductible, with \$1,500 lifetime maximum		
<b>Dental Services (non-routine Medical)</b>	20% coinsurance, after deductible		
<b>Diabetic Education</b>	20% coinsurance, after deductible		
<b>Diabetic Equipment</b>	20% coinsurance, after deductible		
<b>Diagnostic Tests, Labs and X-rays</b>			
Outpatient Surgery	20% coinsurance, after deductible		
Outpatient Diagnostic Services Only	20% coinsurance, after deductible		
Outpatient Emergency Room	20% coinsurance, after deductible		

Covered Services	You Pay In-network
<b>Dialysis Treatments</b>	
Facility Services	20% coinsurance, after deductible
Doctor's Office	20% coinsurance, after deductible
<b>Doctor's Visits</b> <i>(On an Outpatient basis) (in person or online)</i>	20% coinsurance, after deductible
<b>Employee Assistance Program (EAP)</b> Up to four Visits per issue <i>(per plan year)</i>	
<b>Early Intervention Services</b> (Birth to 3 years)	20% coinsurance, after deductible
<b>Emergency Room Visits</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	20% coinsurance, after deductible
Specialty Care Providers	20% coinsurance, after deductible
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>Home Health Services</b> <i>90-Visit Plan Year limit per member</i>	20% coinsurance, after deductible
<b>Home Private Duty Nurse's Services</b>	20% coinsurance, after deductible
<b>Hospice Care Services</b>	20% coinsurance, after deductible
<b>Hospital Services</b>	
<b>Inpatient Care</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
Diagnostic Services	20% coinsurance, after deductible
<b>Outpatient Care</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>Maternity</b>	
Professional Provider Services <i>(Prenatal and Postnatal Care)</i>	20% coinsurance, after deductible
<b>Hospital Services for Delivery</b> Delivery room, anesthesia, routine nursing care for newborn	
	20% coinsurance, after deductible
<b>Diagnostic Tests, Labs and X-rays</b>	20% coinsurance, after deductible
<b>Medical Equipment (durable), Appliances, Formulas, Prosthetics and Supplies</b>	20% coinsurance, after deductible
<b>Outpatient Prescription Drugs</b> <i>(mandatory generic)</i>	
<b>Retail Pharmacy</b> Covered drugs per 34-day supply	
	20% coinsurance, after deductible
<b>Home Delivery Services (Mail Order)</b> Covered drugs for up to a 90-day supply	
	20% coinsurance, after deductible
<b>Diabetic Supplies</b>	
	20% coinsurance, after deductible
<b>Prescription Insulin Drug to Treat Diabetes</b>	
	34-day supply not to exceed \$50, no deductible 90-day supply not to exceed \$150, no deductible
<b>Shots – allergy &amp; therapeutic injections</b> At a doctor's office, Emergency room or Outpatient hospital department	
	20% coinsurance, after deductible
<b>Skilled Nursing Facility Stays</b> 180-day per Stay limit per member <sup>1</sup>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible

## TLC HDHP Benefits At-A-Glance (continued)

Covered Services	You Pay In-network
<b>Surgery</b>	
<b>Inpatient</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
Diagnostic Services	20% coinsurance, after deductible
<b>Outpatient</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
<b>Therapy – Outpatient Services</b>	
<b>Cardiac Rehabilitation Therapy</b>	20% coinsurance, after deductible
<b>Chemotherapy</b>	20% coinsurance, after deductible
<b>Infusion</b> (includes IV therapy and injected chemotherapy)	20% coinsurance, after deductible
<b>Occupational Therapy</b>	20% coinsurance, after deductible
<b>Physical Therapy</b>	20% coinsurance, after deductible
<b>Radiation Therapy</b>	20% coinsurance, after deductible
<b>Respiratory Therapy</b>	20% coinsurance, after deductible
<b>Speech Therapy</b>	20% coinsurance, after deductible
<b>Vision Correction</b> After surgery or accident	20% coinsurance, after deductible
<b>Wellness and Preventive Care Services</b>	
<b>Well Child</b> (Birth to 18 years)	
Office Visits at specified intervals	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Immunizations	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Screening Tests	\$0, no deductible
<b>Routine Wellness</b> (18 years and older)	
Check-up Visit (one per Plan Year)	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Immunizations	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Routine Lab and X-ray Services	\$0, no deductible

<sup>1</sup>A stay is the period from the admission to the date of discharge from a Facility. If there is less than a 90 day break between two admissions, the days allowable for the subsequent admission are reduced by the days used in the first. If there are more than 90 days between the two admissions, the days available for the subsequent admission start over for a full 180 days.




**Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure – a free legal document service.**

**Enrollment in benefits is not required.**

**Visit with a rep today – not available via self-enroll**

**Meet with a rep on-site or scan QR Code to schedule a call.**



Covered Services	You Pay In-network
<b>Wellness and Preventive Care Services</b> (one of each per Plan Year)	
Gynecological Exam	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Pap Test	\$0, no deductible
Mammography Screening	\$0, no deductible
Prostate Exam (digital rectal exam)	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Prostate Specific Antigen Test	\$0, no deductible
Colorectal Cancer Screenings	\$0, no deductible

## Routine Vision

You have an allowance for eyeglass lenses or contact lenses every plan year.

You pay the remaining cost for frames and lenses after Your Health Plan's Reimbursement.

Covered Services	In-Network (once per plan year)	Out-of-Network
<b>Routine eye exam</b>	You pay \$15 copayment	Plan pays up to \$50
<b>Standard eyeglass lenses</b> <i>(in lieu of contact lenses)</i> Polycarbonate lenses included at no additional cost for children under 19 years old	You pay \$20 copayment	Plan pays up to: \$50 single lenses; \$75 bifocal; \$100 trifocal
<b>Eyeglass frames</b>	Plan pays up to \$100* retail allowance	Plan pays up to \$80
<b>Contact lenses<sup>1</sup></b> <i>(in lieu of eyeglass lenses)</i>		
Elective Conventional <sup>2</sup>	Plan pays up to \$100 allowance then 15% discount off remaining balance	Plan pays up to \$80
Elective Disposable <sup>2</sup>	Plan pays up to \$100 allowance (no additional discount)	Plan pays up to \$80
Non-Elective <sup>2</sup>	Covered in full	Plan pays up to \$210
<b>Retinal Imaging</b> At member's option can be performed at time of eye exam	Not more than \$39	
<b>Lens options</b>		
UV coating, tints, standard scratch-resistant	You pay \$15	Not available
Standard polycarbonate (Adult)	You pay \$40	Not available
Standard progressive <i>(in addition to bifocal copayment)</i>	You pay \$65	Not available
Standard anti-reflective	You pay \$45	Not available
Other add-ons <i>(i.e. high index lenses, anti-fog coating)</i>	You pay 20% off retail	Not available

\*You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.

<sup>1</sup> Declining Balance. Your plan has a declining balance allowance. This means if you do not use your allowance all at once, the remainder will be available for you to use at a later time. However, any remaining balance will not carry over to the next benefit year. All services or supplies using the declining balance for a benefit period must be received In-Network based on where the first paid claim is incurred.

<sup>2</sup> Elective contact lenses are typically elected in lieu of eyeglass lenses. Non-Elective contact lenses are medically necessary contacts when glasses are not an option for vision.

## Your High Deductible Health Plan is HSA Compatible

Enrollment in a HDHP allows you to set up a personal Health Savings Account (HSA) through a bank or other financial institution to help you manage healthcare expenses or save for retirement. HSAs were created as part of Medicare reform legislation in 2003. An HSA is a tax-favored account that allows those covered by a HDHP to pay for certain qualified medical expenses. It can help you save on the cost of your health insurance and healthcare expenses, and also help pay for covered services before you satisfy the health plan deductible. If you decide to set up an HSA to work with your HDHP, confer with your tax advisor, bank or other financial institution.

The following web sites are a good place to start learning more about HSAs.

- o [www.treasury.gov](http://www.treasury.gov) – Provides an overview of HSAs, answers to frequently asked questions and important IRS forms and applications. Search using keyword HSA.
- o [www.irs.gov](http://www.irs.gov) – Provides information about how HSAs impact your Federal taxes and qualified medical expenses (Publications 969 and 502). Search using keyword HSA.
- o [www.hhs.gov](http://www.hhs.gov) – Provides general information about HSAs and other tax-favored health plans. Search using keyword HSA.

Note: If you have an HSA, you cannot also have a Flexible Spending Account unless it is limited in scope. More information is available from tax consultants or financial institutions.



Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.

# Take advantage of wellness screening benefits

If you are a Colonial Life customer and your policy includes a wellness screening benefit or wellness rider, all you have to do is go online or call when you have one of the specified wellness tests:

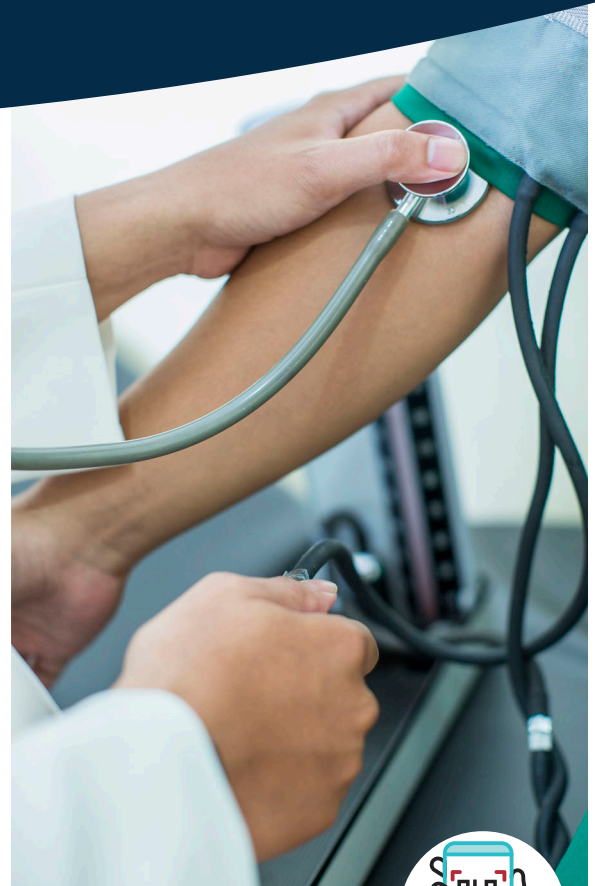
- Online claim filing is fast and easy. Visit **ColonialLife.com** to set up your personal account and submit your wellness screening claim electronically. You can select direct deposit for your claims payment.
- Call **1-800-325-4368, Monday through Friday, 8 a.m. – 8 p.m. EST.** You can speak with a customer service representative or access our Automated Service Center, which is available 24 hours a day, seven days a week.

## CLAIMS MADE EASY

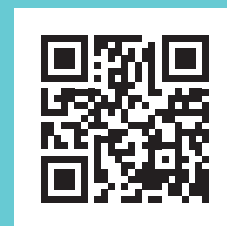
What you'll need:

- Date of screening
- Type of wellness screening
- Medical provider/facility's phone number where you had the screening

See your policy/certificate for more information.



To submit your wellness screening claim or review your policy/certificate for coverage details, including a list of wellness tests under the policies tab, you can scan the qr code below.



ColonialLife.com

Wellness screening means a preventive test or biometric screening. This is separate from a doctor's office visit claim. Please refer to your policy/certificate for details.

The insurance, its name or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. Policy forms marketed by the company vary by product and are too numerous to list in the advertisement, but a list can be provided upon request.

Colonial Life insurance products are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC. © 2022 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



LOUISA COUNTY GOVERNMENT  
&  
LOUISA COUNTY PUBLIC SCHOOLS



ANNUAL PHYSICAL CONFIRMATION FORM

TO PARTICIPANT: An annual physical must be completed between March 1, 2025 – February 27, 2026, to receive the wellness premium for the July 2026 health insurance premiums. Please complete the top portion and take this form with you to your physician’s office when you have your annual physical. Your physician must complete the bottom section, sign, and date the form and return it to you. To receive credit, you must return the original signed form to Human Resources no later than Friday, February 27, 2026. Please keep a copy of the signed form for your records.

Participant Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Participant Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Participant Phone Number: \_\_\_\_\_

Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

TO PHYSICIAN: Following the completion of the above please complete the information below, sign, and date this form, and return the original to the patient. Thank you.

Licensed Medical Professional Name (pleaseprint): \_\_\_\_\_

Medical Practice Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Licensed Medical Professional Signature: \_\_\_\_\_

Date of Annual Physical: /\_\_\_\_\_/\_\_\_\_\_

**\*REMINDER:** File your Colonial Life wellness benefit claim each year.



**Benefits for LOUISA COUNTY AND SCHOOLS**

**Group Number: 100541**

**Effective Date: July 1, 2025**

<b>Annual Deductible</b> <i>(Applies to basic and major services)</i>	<b>\$25</b> per person; <b>\$75</b> per family, per contract year
<b>Annual Maximum</b>	<b>\$1,250</b> per person, per contract year

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.

<b>Benefits and Limitations*</b>	<b>Coinsurances</b>		
	<b>In-Network</b>		<b>Out-of-Network</b>
	<b>Delta Dental PPO™</b>	<b>Delta Dental Premier®</b>	
<b>Diagnostic and Preventive Services</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<ul style="list-style-type: none"> <li>• <b>Oral exams and cleanings</b> — Twice in a 12-month period. Periodontal cleaning is considered a regular cleaning and counts as a regular cleaning under your plan.</li> <li>• <b>Fluoride applications</b> — Once in a 12-month period for enrollees under age 19.</li> <li>• <b>X-rays</b> — 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 three-year period.</li> <li>• <b>Sealants</b> — One per tooth for members under age 16 on first and second permanent molars.</li> </ul>			
<b>Basic Services</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<ul style="list-style-type: none"> <li>• <b>Fillings</b> — One per surface in a 24-month period; composite (white) fillings are limited to upper and lower six front teeth.</li> <li>• <b>Endodontic services</b> — Root canal therapy.</li> <li>• <b>Periodontic services</b> — Treatment for gum disease.</li> <li>• <b>Simple extractions</b></li> <li>• <b>Oral surgery</b> — Surgical extractions and other surgical procedures.</li> <li>• <b>Denture repair and recementation</b></li> </ul>			
<b>Major Services 12 month waiting period.</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<ul style="list-style-type: none"> <li>• <b>Crowns</b> — One per tooth in a 60-month period for members age 12 and older.</li> <li>• <b>Prosthodontics/dentures and bridges</b> — Once in a 60-month period for members age 16 and older.</li> <li>• <b>Implants</b> — One per site for members age 16 and older.</li> </ul>			

*\*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](https://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](https://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](https://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.



**Delta Dental PPO Plus Premier™**

**Group Name:** Delta Dental of Virginia  
**Group Number:** 0000000000-000000-0000  
**Subscriber:** Jane Doe  
**ID Number:** XXXXX000  
**Effective Date:** XX/XX/XXXX

Delta Dental of Virginia, 5415 Airport Road, Roanoke, VA 24012  
**Electronic Claims Payor: 54084**  
**800-237-6060 • [DeltaDentalVA.com](https://deltadentalva.com)**

*Delta Dental is a Registered Mark of Delta Dental Plans Association.*

**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](https://deltadentalva.com/members) to register for an account.

# 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](https://myameriflex.com/eligibleexpenses).**

# Flexible Spending Account

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

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

## How It Works

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

### Can I have an FSA and an HSA?

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

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

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

## The Value & Perks

- **Election Accessibility:** You will have access to your entire election on the first day of the plan year.
- **Save On Eligible Expenses:** You can save up to 40% on thousands of eligible everyday expenses such as prescriptions, doctor's visits, dental services, glasses, over-the-counter medicines, and copays.
- **Keep More Money:** The funds are taken out of your paycheck "pre-tax" (meaning they are subtracted from your gross earnings before taxes) throughout the course of the year. Let's say you earn \$40,000 a year and contribute \$1,500 to an FSA; so, only \$38,500 of your income gets taxed. That means you are increasing your take-home pay simply by participating!
- **Easy Spending and Account Management:** You will receive an Ameriflex Debit Mastercard linked to your FSA. You can use your card for eligible purchases everywhere Mastercard is accepted. Account information can be securely accessed 24/7 online and through the mobile app.

Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure – a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site  
or scan QR Code to  
schedule a call.



## Eligible FSA Expenses

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



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



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



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



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



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

*For a full list of eligible expenses, go to [myameriflex.com/eligibleexpenses](https://myameriflex.com/eligibleexpenses).*


## The “Use-or-Lose” Rule

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

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

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

- FSA plan participants should note that up to \$660 of any unused funds from the current plan year will be rolled over into your FSA balance for the new plan year.
- The rollover modification applies to Health FSA plans only (and not to other types of FSA plans such as dependent care).
- The rollover does not affect the maximum contribution amount for the new plan year. In other words, even if you roll over the entire \$660 from the previous plan year, you may still elect up to the maximum contribution limit allowed under your employer’s plan.




**Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.**

**Enrollment in benefits is not required.**

**Visit with a rep today - not available via self-enroll**

**Meet with a rep on-site or scan QR Code to schedule a call.**



# Limited Purpose FSA

Set aside tax-free money for dental and vision expenses

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

## How It Works

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

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

## The Value & Perks

- **Save On Eligible Expenses:** You can save up to 40% on qualifying expenses such as vision appointments, LASIK, contact lenses and solution, glasses, teeth cleaning, dentures, and dental and vision copays. You can contribute to an LPFSA and HSA in the same plan year, allowing you to save and grow your HSA balance, while using the LPFSA to pay for everyday expenses.
- **Keep More Money:** The funds are taken out of your paycheck "pre-tax" (meaning they are subtracted from your gross earnings before taxes) throughout the course of the year. Let's say you earn \$40,000 a year and contribute \$1,500 to an LPFSA; so, only \$38,500 of your income gets taxed. That means you are increasing your take-home pay simply by participating!
- **Easy Spending and Account Management:** You will receive an Ameriflex Debit Mastercard linked to your LPFSA. You can use your card for eligible purchases everywhere Mastercard is accepted. Account information can be securely accessed 24/7 online and through the mobile app.

## Eligible LPFSA Expenses

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



Vision exams,  
co-payments, and  
deductibles



LASIK, eyeglasses,  
contact lenses, and  
lens solution



Dental cleanings,  
dentures, and  
orthodontia work



Dental x-ray,  
co-payments, and  
deductibles

**For a full list of eligible expenses, go to [myameriflex.com/eligibleexpenses](https://myameriflex.com/eligibleexpenses).**

# Dependent Care Account

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

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

## How It Works

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

## The Value & Perks

- **Save On Eligible Expenses:** You can use a DCA to pay for qualifying expenses such as daycare, summer day care, elder care, before and after school programs, and pre-school.
- **Keep More Money:** The funds are taken out of your paycheck "pre-tax" (meaning they are subtracted from your gross earnings before taxes) throughout the course of the year. Let's say you earn \$40,000 a year and contribute \$1,500 to an DCA; so, only \$38,500 of your income gets taxed. That means you are increasing your take-home pay simply by participating!
- **Easy Spending and Account Management:** You will receive an Ameriflex Debit Mastercard linked to your DCA. You can use your card for eligible purchases everywhere Mastercard is accepted. Account information can be securely accessed 24/7 online and through the mobile app.

## Eligible DCA Expenses

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



Private sitter



Daycare and elder care



Summer day camp



Before- and after-school care



Nanny service



Nursery school & Pre-school

**For a full list of eligible expenses, go to [myameriflex.com/eligibleexpenses](https://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!

Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.



Standard Insurance Company  
 County of Louisa and Schools  
 Group Policy #160128  
 Effective Date July 1, 2015



# Group Long Term Disability Insurance

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

The cost of this insurance is paid by County of Louisa and Schools.

## Eligibility

<b>Definition of a Member</b>	You are a member if you are a regular employee of County of Louisa and Schools who is Virginia Retirement System (VRS) eligible who is not participating in the Virginia hybrid retirement program described in 51.1-169 of the Code of Virginia, actively working at least 30 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
<b>Class Definition</b>	Class 1 - All other Members, other than Louisa County Public Schools
<b>Eligibility Waiting Period</b>	You are eligible on the first of the month that follows the date you become a member.

## Benefits

<b>Monthly Benefit</b>	60 percent of the first \$16,667 of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
<b>Maximum Monthly Benefit</b>	\$10,000
<b>Minimum Monthly Benefit</b>	\$100
<b>Benefit Waiting Period</b>	90 days

## Group Long Term Disability Insurance

### Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, or
- You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

### Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longest. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

## Other Features and Services

- 24 hour coverage, including coverage for work-related disabilities
- Assisted Living Benefit
- Employee Assistance Program
- Reasonable Accommodation Expense Benefit
- Rehabilitation Incentive Benefit
- Rehabilitation Plan Provision
- Return to Work Incentive
- Survivors Benefit
- Temporary Recovery Provision
- Waiver of Premium while Long Term Disability benefits are payable

This information is only a brief description of the group Long Term Disability insurance policy sponsored by County of Louisa and Schools. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and County of Louisa and Schools may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

[www.standard.com](http://www.standard.com)

SI 15557-D-VA-160128-C1 (10/22)  
7565258-1152759

Standard Insurance Company



# SUPPLEMENTAL BENEFITS PAY YOU DIRECTLY SO YOU CAN PAY FOR YOUR OUT-OF-POCKET MEDICAL EXPENSES LIKE DEDUCTIBLES, COPAYS/COINSURANCE & ANNUAL MAXIMUMS



## You're unique - and so are your benefit needs

### Colonial Life

#### Supplemental Benefits:

- Group Accident
- Group Critical Illness
- Group Cancer Insurance
- Individual Disability - "Paycheck Insurance"
- Group Hospital Confinement
- Individual Term Life

Voluntary benefits are supplemental coverages that help you customize your benefits package to your individual needs.

Louisa County Virginia offers plans to help:

- replace income if you're unable to work due to an injury or illness
- bridge the gaps in your medical coverage by providing lump sum benefits to help pay the out-of-pocket expenses like deductible and copays / coinsurance
- provide benefits to your loved ones in event of your passing

These benefits are conveniently payroll deducted and employees can select premiums that fit your budget - while still providing the benefits you need to protect life's unexpected moments.

Benefits are paid directly to you regardless of any other coverage you may have, and plans are Guaranteed- Issue (NO medical questions).

**All employees who speak to a Colonial Life Benefits Counselor are eligible to receive a LawAssure Legal Assistance plan at NO COST. Enrollment in benefits is not required to receive LawAssure. Can not be self enrolled.**

Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.



# How to file a Wellness claim

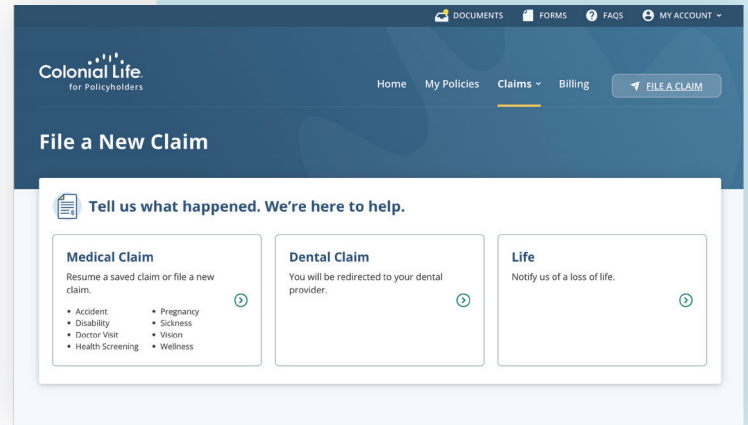
## Get \$\$ for having an annual preventative screening!!

### 1 Log in to file a new claim

Log onto the [coloniallife.com](https://coloniallife.com) portal

Click on the **File a Claim** button in the upper right-hand corner.

Choose Medical claim.



**Direct Deposit**

**Our most convenient, hassle free payment method!**

- Please allow up to three business days for the deposit to show in your account after a claim payment has been issued.
- If you do not wish to use direct deposit, we will mail a paper check to you. You can follow the status of your claim from your [Claims List](#).

Yes, I want direct deposit

**ROUTING NUMBER**

**RE-ENTER ROUTING NUMBER**

**ACCOUNT NUMBER**

**RE-ENTER ACCOUNT NUMBER**

**ACCOUNT NICKNAME**

**ACCOUNT TYPE**

Checking  Savings

### 2 Verify your personal information

Choose who the claim is for and verify personal information. (For new profiles, you will need to provide name, birthdate, and contact information.)

If you haven't already, sign up for direct deposit. Once approved, payments post as soon as 48 hours after submission.

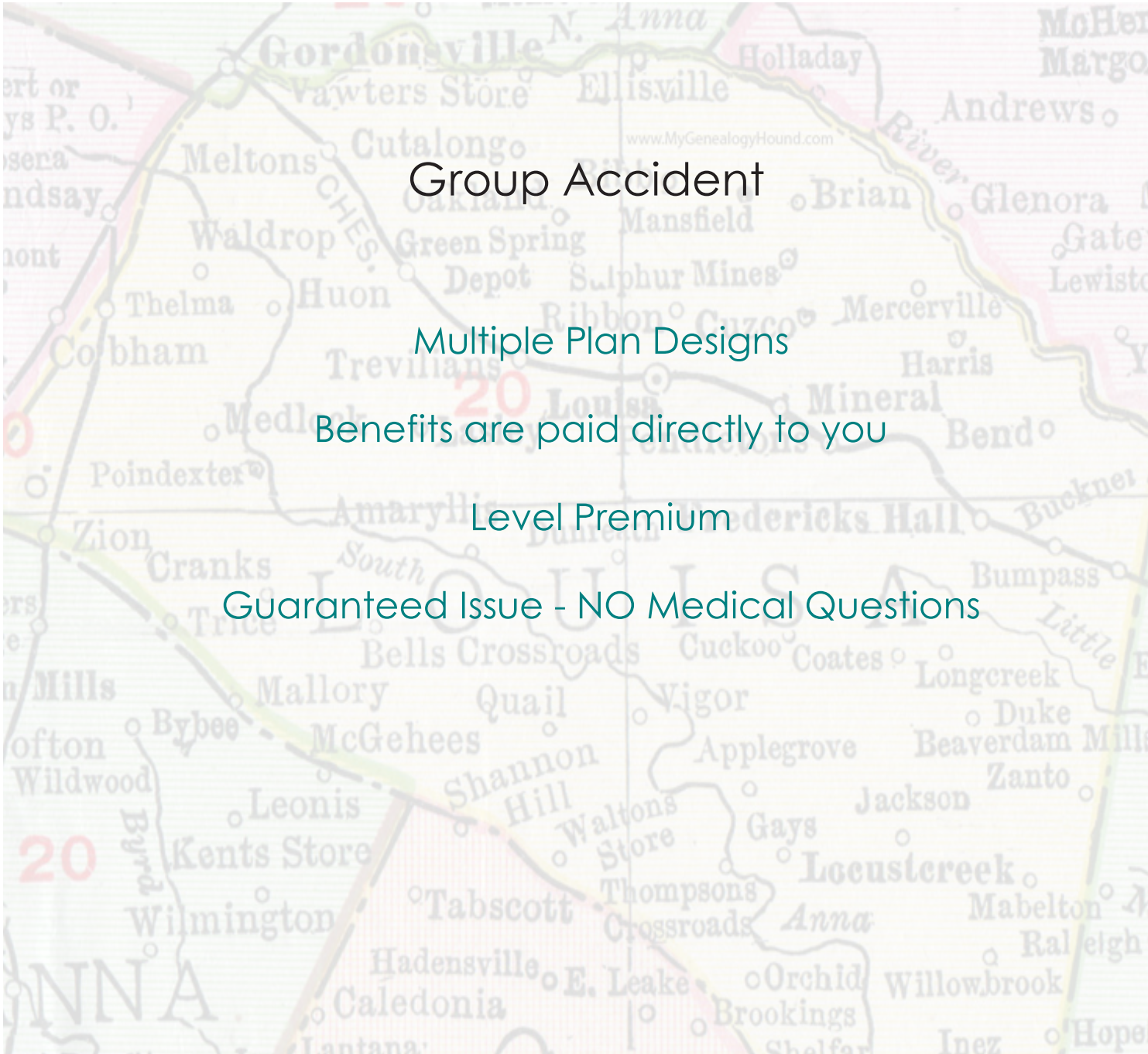
### 3 Submit wellness visit details

Select Wellness or Doctor's Office Visit.

Enter the date of your test/visit, the type of test, and the phone number of your provider.

Once completed, you will receive a confirmation screen validating your claim is complete.





Group Accident

Multiple Plan Designs

Benefits are paid directly to you

Level Premium



Guaranteed Issue - NO Medical Questions

Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

Visit with a rep today - not available via self-enroll

Meet with a rep on-site or scan QR Code to schedule a call.


ColonialLife.com



# Group Accident Insurance

## Basic Plan



Nobody expects an accident to happen. But if it does, your main focus should be on recovery, not how you're going to pay your bills. Colonial Life accident insurance provides benefits directly to you to use however you like – from medical costs to everyday expenses. Whether it's a fall or a car accident, your benefits offer support when you need it.

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

**Accident emergency treatment** ..... \$100

One visit per covered person per covered accident and  
Up to four visits per covered person per calendar year

**Accident follow-up doctor visit** ..... \$50

Up to three visits per covered person per covered accident and  
Up to 12 visits per covered person per calendar year

**Accidental death**

Per covered person

	Accidental death	Accidental death common carrier
■ Named insured .....	\$25,000	\$100,000
■ Spouse .....	\$25,000	\$100,000
■ Dependent child(ren) .....	\$5,000	\$20,000

*Examples of common carriers are mass transit trains, buses and planes*

**Accidental dismemberment**

**Loss or loss of use**

- One hand, arm, foot, leg or sight of an eye ..... \$7,500
- Both hands, arms, feet, legs or the sight of both eyes; or any combination ..... \$15,000
- One finger or one toe ..... \$1,050
- Two or more fingers; two or more toes; or any combination ..... \$2,100

**Air ambulance** ..... \$1,000

Transportation to or from a hospital or medical facility

**Ambulance (ground)** ..... \$200

Transportation to or from a hospital or medical facility

**Appliance aid in personal locomotion or mobility** ..... \$75

Walking boot, neck brace, back brace, leg brace, cane, crutches, walker and wheelchair

**Blood/plasma/platelets** ..... \$300

Required during treatment of a covered accident

**Burn**

- 2nd-degree burns (covering at least 36% of the body's surface) ..... \$750
- 3rd-degree burns (based on size) ..... \$1,500 – \$12,000

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

As a result of 2nd-degree or 3rd-degree burns

For more information,  
talk with your  
benefits counselor.

ColonialLife.com



# Alex was cleaning out the gutters when he fell.



## EMERGENCY ROOM VISIT

Alex was taken by ambulance to the nearest emergency room and received immediate care.



## DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Alex had fractured his leg.



## HOSPITAL CONFINEMENT

Alex was admitted to the hospital for surgery on his leg. He was confined for three days.



## APPLIANCE FOR MOBILITY

Alex used crutches.



## PHYSICAL THERAPY

Alex had eight sessions of physical therapy to help him regain the strength in his leg.



## DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

### ALEX'S OUT-OF-POCKET EXPENSES

When Alex totaled up the bills, he had to pay his annual deductible, as well as co-payments for the ambulance, emergency room, hospital, surgery, physical therapy and follow-up visits. Luckily, Alex had accident coverage to help with these expenses.

ALEX'S BENEFITS	
Ambulance	\$200
Emergency room visit	\$100
X-ray	\$50
Hospital admission	\$750
Hospital confinement	\$525
Leg fracture (surgical)	\$2,400
Physical therapy	\$280
Appliance (crutches)	\$75
Doctor's follow-up office visit	\$150
	<b>\$4,530</b>

### Catastrophic accident

Total and irrecoverable loss or loss of use

- Both hands, arms, feet, legs or the sight of both eyes; or any combination; or
- Loss of hearing in both ears or loss of ability to speak

Subject to a 365-day elimination period; payable once per lifetime per covered person

- Named insured .....\$50,000
- Spouse .....\$50,000
- Dependent child(ren).....\$25,000

**Coma** ..... \$7,500  
Lasting for 14 or more consecutive days

**Concussion** ..... \$275

Dislocation (separated joint)	Non-surgical	Surgical
Hip	\$2,000	\$4,000
Knee (except patella)	\$1,000	\$2,000
Ankle, bone or bones of the foot (other than toes)	\$960	\$1,920
Collarbone (sternoclavicular)	\$500	\$1,000
Collarbone (acromioclavicular and separation)	\$140	\$280
Lower jaw	\$450	\$900
Shoulder (glenohumeral)	\$750	\$1,500
Elbow	\$330	\$660
Wrist	\$390	\$780
Bone(s) of the hand, (other than fingers)	\$540	\$1,080
Finger, toe	\$140	\$280
Incomplete dislocation or dislocation reduction without anesthesia	25% of the applicable non-surgical amount	

### Emergency dental work

- Dental crown or denture ..... \$150
- Dental extraction ..... \$50

**Eye injury** ..... \$200  
With surgical repair or removal of a foreign object

Fracture (broken bone)	Non-surgical	Surgical
Skull, depressed fracture (except face/nose)	\$2,250	\$4,500
Skull, simple non-depressed fracture (except face/nose)	\$1,200	\$2,400
Hip, thigh (femur)	\$2,100	\$4,200
Body of vertebrae (excluding vertebral processes)	\$1,800	\$3,600
Pelvis	\$1,650	\$3,300
Leg (tibia and/or fibula)	\$1,200	\$2,400
Bones of the face or nose (except mandible or maxilla)	\$700	\$1,400
Upper jaw, maxilla, upper arm between elbow and shoulder	\$700	\$1,400
Lower jaw, mandible	\$720	\$1,440
Kneecap, ankle, foot	\$1,020	\$2,040
Shoulder blade, collarbone	\$810	\$1,620
Vertebral processes	\$450	\$900
Forearm, hand, wrist	\$1,020	\$2,040
Rib	\$225	\$450
Coccyx	\$240	\$480
Finger, toe	\$200	\$400
Chip fracture	25% of the applicable non-surgical amount	

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The certificate has exclusions and limitations.



<b>Hospital admission</b> .....	<b>\$750</b>
Per covered person per covered accident	
<b>Hospital confinement</b> .....	<b>\$175 per day</b>
Up to 365 days per covered person per covered accident	
<b>Hospital intensive care unit admission</b> .....	<b>\$1,500</b>
Per covered person per covered accident	
<b>Hospital intensive care unit confinement</b> .....	<b>\$300 per day</b>
Up to 15 days per covered person per covered accident	
<b>Knee cartilage (torn)</b> .....	<b>\$500</b>
<b>Laceration (no repair, without stitches)</b> .....	<b>\$50</b>
<b>Laceration (repaired by stitches)</b>	
■ Total of all lacerations is less than two inches long .....	<b>\$75</b>
■ Total of all lacerations is at least two but less than six inches long .....	<b>\$300</b>
■ Total of all lacerations is six inches or longer .....	<b>\$600</b>
<b>Lodging (companion)</b> .....	<b>\$150 per day</b>
Up to 30 days per covered person per covered accident	
<b>Medical imaging study (CT, CAT scan, EEG, MR or MRI)</b> .....	<b>\$150</b>
One benefit per covered person per covered accident per calendar year	
<b>Occupational or physical therapy</b> .....	<b>\$35 per day</b>
Up to 10 days per covered person per covered accident	
<b>Pain management for epidural anesthesia</b> .....	<b>\$50</b>
<b>Prosthetic device/artificial limb</b>	
One benefit per covered person per covered accident	
■ One .....	<b>\$750</b>
■ More than one .....	<b>\$1,500</b>
<b>Rehabilitation unit confinement</b> .....	<b>\$100 per day</b>
Immediately after a period of hospital confinement due to a covered accident; up to 15 days per covered person per covered accident, not to exceed 30 days per covered person per calendar year	
<b>Ruptured disc with surgical repair</b> .....	<b>\$600</b>
<b>Surgery</b>	
■ Cranial, open abdominal and thoracic .....	<b>\$1,000</b>
■ Hernia with surgical repair .....	<b>\$250</b>
<b>Surgery (exploratory and arthroscopic)</b> .....	<b>\$150</b>
<b>Tendon/ligament/rotator cuff</b>	
■ One with surgical repair .....	<b>\$600</b>
■ Two or more with surgical repair .....	<b>\$1,200</b>
<b>Transportation for hospital confinement</b> .....	<b>\$400 per round trip</b>
Up to three round trips for more than 50 miles from home per covered person per covered accident	
<b>X-ray</b> .....	<b>\$50</b>



For more information,  
talk with your  
benefits counselor.





# Group Accident Insurance

## Premier Plan



Nobody expects an accident to happen. But if it does, your main focus should be on recovery, not how you're going to pay your bills. Colonial Life Accident Insurance provides benefits directly to you to use however you like – from medical costs to everyday expenses. Whether it's a fall or a car accident, your benefits can offer financial support when you need it.

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

**Accident emergency treatment** ..... \$200

One visit per covered person per covered accident and  
Up to four visits per covered person per calendar year

**Accident follow-up doctor visit** ..... \$50

Up to six visits per covered person per covered accident and  
Up to 24 visits per covered person per calendar year

**Accidental death**

Per covered person

	Accidental death	Accidental death common carrier
■ Named insured	\$50,000	\$200,000
■ Spouse	\$50,000	\$200,000
■ Dependent child(ren)	\$10,000	\$40,000

*Examples of common carriers are mass transit trains, buses and planes*

**Accidental dismemberment**

**Loss or loss of use**

■ One hand, arm, foot, leg or sight of an eye	\$15,000
■ Both hands, arms, feet, legs or the sight of both eyes; or any combination	\$30,000
■ One finger or one toe	\$1,500
■ Two or more fingers; two or more toes; or any combination	\$3,000

**Air ambulance** ..... \$2,000

Transportation to or from a hospital or medical facility

**Ambulance (ground)** ..... \$400

Transportation to or from a hospital or medical facility

**Appliance aid in personal locomotion or mobility** ..... \$200

Walking boot, neck brace, back brace, leg brace, cane, crutches, walker and wheelchair

**Blood/plasma/platelets** ..... \$500

Required during treatment of a covered accident

**Burn**

■ 2nd-degree burns (covering at least 36% of the body's surface)	\$1,500
■ 3rd-degree burns (based on size)	\$3,000 – \$21,000

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

As a result of 2nd-degree or 3rd-degree burns

For more information,  
talk with your  
benefits counselor.

ColonialLife.com



## Alex was cleaning out the gutters when he fell.



### EMERGENCY ROOM VISIT

Alex was taken by ambulance to the nearest emergency room and received immediate care.



### DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Alex had fractured his leg.



### HOSPITAL CONFINEMENT

Alex was admitted to the hospital for surgery on his leg. He was confined for three days.



### APPLIANCE FOR MOBILITY

Alex used crutches.



### PHYSICAL THERAPY

Alex had eight sessions of physical therapy to help him regain the strength in his leg.



### DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

### ALEX'S OUT-OF-POCKET EXPENSES

When Alex totaled up the bills, he had to pay his annual deductible, as well as out-of-pocket expenses for the ambulance, emergency room, hospital, surgery, physical therapy and follow-up visits. Luckily, Alex had accident coverage to help with these expenses.

ALEX'S BENEFITS	
Ambulance	\$400
Emergency room visit	\$200
X-ray	\$60
Hospital admission	\$1,500
Hospital confinement	\$1,050
Leg fracture (surgical)	\$4,800
Physical therapy	\$440
Appliance (crutches)	\$200
Doctor's follow-up office visit	\$150
	<b>\$8,800</b>

### Catastrophic accident

Total and irrecoverable loss or loss of use

- Both hands, arms, feet, legs or the sight of both eyes; or any combination; or
- Loss of hearing in both ears or loss of ability to speak

Subject to a 365-day elimination period; payable once per lifetime per covered person

- Named insured ..... \$100,000
- Spouse ..... \$100,000
- Dependent child(ren) ..... \$50,000

**Coma** ..... \$20,000

Lasting for 14 or more consecutive days

**Concussion** ..... \$500

Dislocation (separated joint)	Non-surgical	Surgical
Hip	\$4,000	\$8,000
Knee (except patella)	\$2,000	\$4,000
Ankle, bone or bones of the foot (other than toes)	\$1,600	\$3,200
Collarbone (sternoclavicular)	\$1,100	\$2,200
Collarbone (acromioclavicular and separation)	\$280	\$560
Lower jaw	\$990	\$1,980
Shoulder (glenohumeral)	\$1,200	\$2,400
Elbow	\$600	\$1,200
Wrist	\$750	\$1,500
Bone(s) of the hand, (other than fingers)	\$1,050	\$2,100
Finger, toe	\$260	\$520
Incomplete dislocation or dislocation reduction without anesthesia	25% of the applicable non-surgical amount	

### Emergency dental work

- Dental crown or denture ..... \$600
- Dental extraction ..... \$200

**Eye injury** ..... \$400

With surgical repair or removal of a foreign object

Fracture (broken bone)	Non-surgical	Surgical
Skull, depressed fracture (except face/nose)	\$5,000	\$10,000
Skull, simple non-depressed fracture (except face/nose)	\$2,400	\$4,800
Hip, thigh (femur)	\$4,200	\$8,400
Body of vertebrae (excluding vertebral processes)	\$3,600	\$7,200
Pelvis	\$3,225	\$6,450
Leg (tibia and/or fibula)	\$2,400	\$4,800
Bones of the face or nose (except mandible or maxilla)	\$1,295	\$2,590
Upper jaw, maxilla, upper arm between elbow and shoulder	\$1,400	\$2,800
Lower jaw, mandible	\$1,200	\$2,400
Kneecap, ankle, foot	\$1,200	\$2,400
Shoulder blade, collarbone	\$1,200	\$2,400
Vertebral processes	\$810	\$1,620
Forearm, hand, wrist	\$1,200	\$2,400
Rib	\$500	\$1,000
Coccyx	\$420	\$840
Finger, toe	\$200	\$400
Chip fracture	25% of the applicable non-surgical amount	

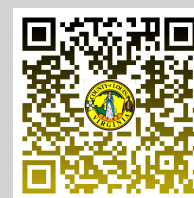
For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The certificate has exclusions and limitations.

<b>Hospital admission</b> .....	<b>\$1,500</b>
Per covered person per covered accident	
<b>Hospital confinement</b> .....	<b>\$350 per day</b>
Up to 365 days per covered person per covered accident	
<b>Hospital intensive care unit admission</b> .....	<b>\$2,500</b>
Per covered person per covered accident	
<b>Hospital intensive care unit confinement</b> .....	<b>\$600 per day</b>
Up to 15 days per covered person per covered accident	
<b>Knee cartilage (torn)</b> .....	<b>\$1,250</b>
<b>Laceration (no repair, without stitches)</b> .....	<b>\$75</b>
<b>Laceration (repaired by stitches)</b>	
■ Total of all lacerations is less than two inches long.....	<b>\$150</b>
■ Total of all lacerations is at least two but less than six inches long.....	<b>\$600</b>
■ Total of all lacerations is six inches or longer.....	<b>\$1,200</b>
<b>Lodging (companion)</b> .....	<b>\$250 per day</b>
Up to 30 days per covered person per covered accident	
<b>Medical imaging study (CT, CAT scan, EEG, MR or MRI)</b> .....	<b>\$400</b>
One benefit per covered person per covered accident per calendar year	
<b>Occupational or physical therapy</b> .....	<b>\$55 per day</b>
Up to 10 days per covered person per covered accident	
<b>Pain management for epidural anesthesia</b> .....	<b>\$150</b>
<b>Prosthetic device/artificial limb</b>	
One benefit per covered person per covered accident	
■ One.....	<b>\$1,750</b>
■ More than one.....	<b>\$3,500</b>
<b>Rehabilitation unit confinement</b> .....	<b>\$200 per day</b>
Immediately after a period of hospital confinement due to a covered accident; up to 15 days per covered person per covered accident, not to exceed 30 days per covered person per calendar year	
<b>Ruptured disc with surgical repair</b> .....	<b>\$1,200</b>
<b>Surgery</b>	
■ Cranial, open abdominal and thoracic.....	<b>\$2,000</b>
■ Hernia with surgical repair.....	<b>\$400</b>
<b>Surgery (exploratory and arthroscopic)</b> .....	<b>\$275</b>
<b>Tendon/ligament/rotator cuff</b>	
■ One with surgical repair.....	<b>\$1,200</b>
■ Two or more with surgical repair.....	<b>\$2,400</b>
<b>Transportation for hospital confinement</b> .....	<b>\$700 per round trip</b>
Up to three round trips for more than 50 miles from home per covered person per covered accident	
<b>X-ray</b> .....	<b>\$60</b>



For more information,  
talk with your  
benefits counselor.





# Group Accident Insurance

## Sickness Hospital Confinement Benefit



When you have a hospital stay for a covered sickness, this benefit can help with associated medical costs that your health insurance may not cover. Coverage options are available for you, your spouse and eligible dependent children.

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

Benefits start on the first day of a hospital confinement due to a covered sickness

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

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

### HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

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

### EXCLUSIONS AND LIMITATIONS

We will not pay benefits for a hospital confinement that is caused by, contributed to by or occur as the result of accidental injuries, alcoholism or drug addiction, dental care, elective procedures, pre-existing conditions, psychiatric or psychological conditions, war or armed conflict, or well-baby care. We will not pay for losses due to you giving birth within the first nine months after the coverage effective date of the certificate as a result of a normal pregnancy, including cesarean. Pregnancy resulting from the act of rape of any covered person, which was reported to the police within seven days following its occurrence, will be covered to the same extent as any other covered accident. The seven-day requirement will be extended to 180 days in the case of an act of rape or incest of a female under 13 years of age.

### PRE-EXISTING CONDITION LIMITATION

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

The covered person must incur a charge and the certificate must be in force for benefits to be payable. This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form GACC1.0-P-VA and certificate form GACC1.0-C-VA. Premium at the effective date will vary according to family coverage type.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC  
©2018 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

For more information,  
talk with your  
benefits counselor.

ColonialLife.com





# Group Accident Insurance

## Health Screening Benefit



This benefit can help pay for routine preventive tests and services.

**Health screening** ..... **\$100**

Payable once 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)
- 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



THIS INSURANCE PROVIDES LIMITED BENEFITS.

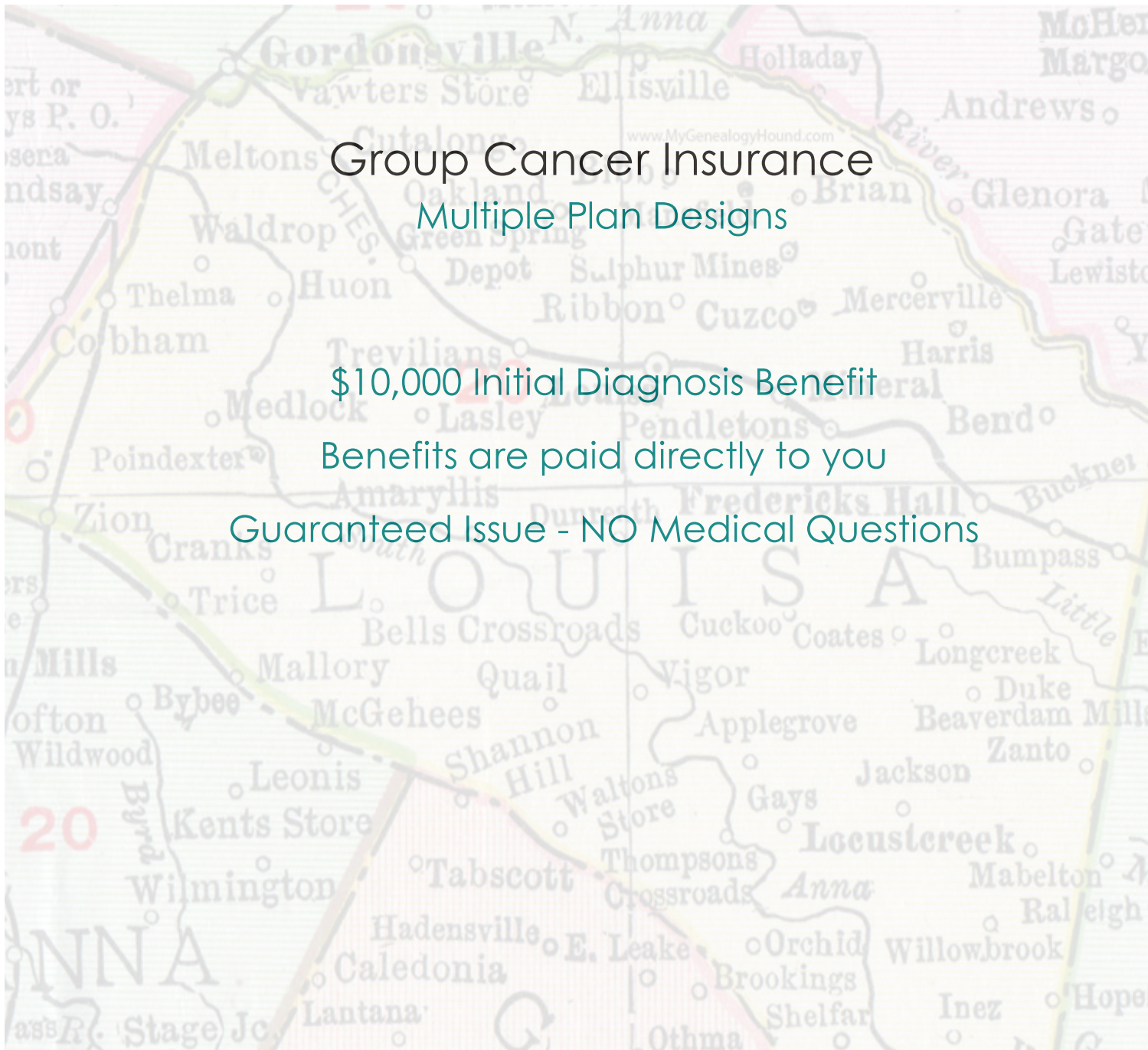
**HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE**

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

The covered person must incur a charge and the certificate must be in force for benefits to be payable.

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 GACC1.0-P and certificate form GACC1.0-C (including state abbreviations where used, for example: GACC1.0-C-AL). 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  
©2021 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



# Group Cancer Insurance Multiple Plan Designs

\$10,000 Initial Diagnosis Benefit  
Benefits are paid directly to you

Guaranteed Issue - NO Medical Questions



Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.



ColonialLife.com



# Group Cancer Insurance\*

## Plan 4 – Level 2

When a cancer diagnosis takes life on an unexpected turn, your focus should be on treatment and recovery – not finances. Colonial Life Group Cancer Insurance can help relieve the stress of financial worry by providing a lump-sum benefit payable directly to you to help cover any expenses.

Coverage amount: \_\_\_\_\_

### Cancer benefits

COVERED CONDITION <sup>1</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis .....	\$400 per lifetime

### 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.







#### BENEFITS STORY

### Facing challenges together

Tom enjoys the outdoors, including hiking with his family, bike riding and walking his dog. When he was diagnosed with lung cancer, he worried that he'd never do those things again.

### How Tom's coverage helped<sup>†</sup>

With his coverage, he received benefits for:

-  Initial lung cancer diagnosis ..... **\$7,000**
-  Second opinion ..... **\$200**
-  MRI scan ..... **\$75**
-  Hospital stay of 3 nights ..... **\$600**

**Total amount. .... \$7,875**

<sup>†</sup> For illustrative purposes only. Coverage amounts vary based on benefit level and face amount chosen.





### Key benefits

- Available coverage for spouse and eligible dependent children
- 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



## Level 2 benefits

Here is how cancer benefits can help provide financial protection.

<b>Air ambulance</b> .....	<b>\$2,000 per trip</b>
<i>Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)</i>	
<b>Ambulance</b> .....	<b>\$250 per trip</b>
<i>Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)</i>	
<b>Anesthesia</b>	
<i>Administered during a surgical procedure treatment of invasive cancer</i>	
• <b>General</b> .....	<b>25% of surgical procedures benefit</b>
• <b>Local</b> .....	<b>\$30 per procedure</b>
<b>Anti-nausea medication</b> .....	<b>\$40 per day administered or per prescription filled</b>
<i>Doctor-prescribed medication as a result of radiation or chemotherapy (max. benefit amount of \$160 per covered person per calendar month)</i>	
<b>Blood/plasma/platelets/immunoglobulins<sup>2</sup></b> .....	<b>\$175 per day</b>
<i>A transfusion required during the treatment of invasive cancer (max. benefit amount of \$10,000 per covered person per calendar year)</i>	
<b>Bone marrow donor screening</b> .....	<b>\$50</b>
<i>Testing in connection with being a potential donor (max. of one per covered person per lifetime)</i>	
<b>Bone marrow or peripheral stem cell donation</b> .....	<b>\$750</b>
<i>Receiving another person's bone marrow or stem cells for a transplant (max. of one per covered person per lifetime)</i>	
<b>Bone marrow or peripheral stem cell transplant</b> .....	<b>\$4,000 per transplant</b>
<i>Transplant you receive for the treatment of invasive cancer (max. of two transplant benefits per covered person per lifetime)</i>	
<b>Cancer vaccine</b> .....	<b>\$50</b>
<i>An FDA-approved vaccine for the prevention of invasive cancer (max. of one per covered person per lifetime)</i>	
<b>Companion transportation</b> .....	<b>\$0.50 per mile</b>
<i>Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment (max. benefit amount of \$1,000 per covered person per round trip)</i>	
<b>Egg(s) extraction or harvesting/sperm collection and storage (cryopreservation)</b>	
<i>Extracted/harvested or collected before chemotherapy, radiation or immunotherapy (max. of one per covered person per lifetime)</i>	
• <b>Egg(s) extraction or harvesting or sperm collection</b> .....	<b>\$700</b>
• <b>Egg(s) or sperm storage</b> .....	<b>\$175</b>
<b>Experimental treatment</b> .....	<b>\$250 per day</b>
<i>Hospital, medical or surgical care for experimental treatment of invasive cancer (max. benefit amount of \$2,500 per covered person per calendar year)</i>	
<b>Hair/external breast/voice box prosthesis</b> .....	<b>\$200 per year</b>
<i>Prosthesis needed as a direct result of invasive cancer (per covered person per calendar year)</i>	

**Home health care services<sup>3</sup> . . . . . \$75 per day**

Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment (max. of 30 days per covered person per calendar year or twice the number of days of hospital confinement per covered person per calendar year)

**Hospice**

(max. benefit amount of \$15,000 for initial and daily hospice care per covered person per lifetime)

- **Initial hospice care . . . . . \$1,000**  
(max. of one per covered person per lifetime)
- **Daily hospice care . . . . . \$50 per day**

**Hospital confinement**

Hospital stay (including intensive care) required for the treatment of invasive cancer (per covered person)

- **30 days or less . . . . . \$200 per day**
- **31 days or more . . . . . \$400 per day**

**Lodging . . . . . \$50 per day**

Hotel/motel expenses while being treated for invasive cancer more than 50 miles from home (max. of 90 days per covered person per calendar year)

**Medical imaging studies . . . . . \$75 per study**

Specific studies for cancer treatment (max. benefit amount of \$150 per covered person per calendar year)

**Outpatient surgical center . . . . . \$250 per day**

Surgery at an outpatient center for the treatment of invasive cancer (max. benefit amount of \$750 per covered person per calendar year)

**Private full-time nursing services . . . . . \$100 per day**

Services while hospital-confined other than those regularly furnished by a hospital (per covered person)

**Prosthetic device/artificial limb . . . . . \$1,500 per device or limb**

A surgical implant needed because of invasive cancer surgery (max. benefit amount of \$3,000 per covered person per lifetime)

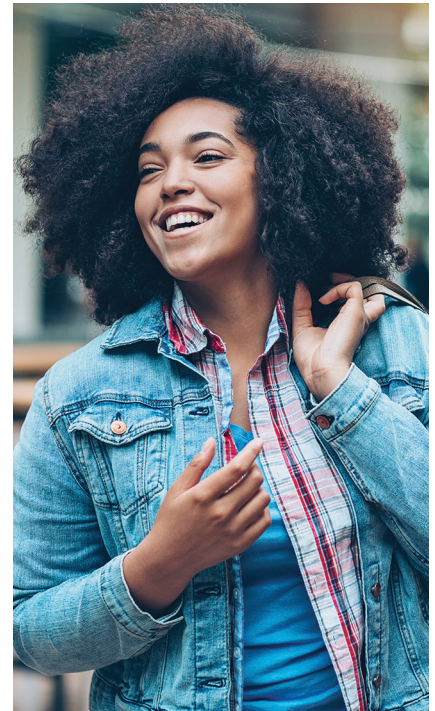
**Radiation/chemotherapy or immunotherapy**

(max. benefit amount per covered person)

- **Self-administered . . . . . \$200 per calendar month**  
Self-injected/topical/oral non-hormonal  
(max. benefit amount of \$2,400 per covered person per calendar year)
- **Physician-administered . . . . . \$350 per calendar month**  
Injected chemotherapy by medical personnel/pump/immunotherapy  
(max. benefit amount of \$4,200 per covered person per calendar year)
- **Hormonal therapy . . . . . \$75 per calendar month**  
Oral hormonal (max. benefit amount of \$900 per covered person per calendar year)

**Reconstructive surgery . . . . . \$40 per surgical unit**

Surgery to reconstruct anatomical defects resulting from treatment of invasive cancer (max. benefit amount of \$2,000 per covered person per procedure, including 25% for general anesthesia; limit two per site)



**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.**





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



- Second medical opinion** ..... \$200  
*A second physician’s opinion on surgery or treatment following the positive diagnosis of invasive cancer (max. of one per covered person per lifetime)*
- Skilled nursing care facility** ..... \$100 per day  
*Confinement to a covered facility after hospital release during the treatment of invasive cancer (per covered person per day up to the number of days for hospital confinement)*
- Supportive/protective care drugs and colony stimulating factors** ..... \$40 per day  
*Doctor-prescribed drugs for the treatment of invasive cancer (max. benefit amount of \$320 per covered person per calendar year)*
- Surgical procedures** ..... \$50 per surgical unit  
*Inpatient or outpatient surgery for the treatment of invasive cancer (max. benefit amount of \$3,500 per covered person per procedure)*
- Transportation** ..... \$0.50 per mile  
*Travel expenses when being treated for invasive cancer more than 50 miles from home (max. benefit amount of \$1,200 per covered person per round trip)*
- Waiver of premium** ..... Yes  
*No premiums due if the named insured is disabled longer than 90 consecutive days (lifetime maximum of 24 months)*

1. Please refer to the certificate for complete definitions of covered conditions.
2. In North Carolina, pays actual charges incurred for blood/plasma/platelets/immunoglobulins and their administration, subject to the maximum benefit amount.
3. In Wisconsin, maximum of 40 days per covered person per calendar year.

\* The filed product name in PA is Group Critical Illness Specified Disease Insurance. In FL, the filed product name is Group Cancer Limited Benefit Insurance.

**THIS INSURANCE PROVIDES LIMITED BENEFITS.**

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

**EXCLUSIONS AND LIMITATIONS 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.

**EXCLUSIONS AND LIMITATIONS FOR CANCER BENEFITS RIDER**

We will not pay Cancer Benefits for treatment of invasive cancer, including skin cancer where applicable, that is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period on the date the covered person receives treatment for invasive cancer, including skin cancer where applicable, or is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

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



# Group Cancer Insurance\*

## Plan 4 – Level 3



When a cancer diagnosis takes life on an unexpected turn, your focus should be on treatment and recovery – not finances. Colonial Life Group Cancer Insurance can help relieve the stress of financial worry by providing a lump-sum benefit payable directly to you to cover any expenses.

Coverage amount: \_\_\_\_\_

### Cancer benefits

COVERED CONDITION <sup>1</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis .....	\$400 per lifetime

### 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.







#### BENEFITS STORY

### Facing challenges together

Tom enjoys the outdoors, including hiking with his family, bike riding and walking his dog. When he was diagnosed with lung cancer, he worried that he'd never do those things again.

### How Tom's coverage helped<sup>†</sup>

With his coverage, he received benefits for:

-  Initial lung cancer diagnosis . . . . **\$10,000**
-  Second opinion . . . . . **\$300**
-  MRI scan . . . . . **\$125**
-  Hospital stay of 3 nights . . . . . **\$900**

**Total amount. . . . \$11,325**

<sup>†</sup> For illustrative purposes only. Coverage amounts vary based on benefit level and face amount chosen.



### 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



### Level 3 benefits

Here is how cancer benefits can help provide financial protection.

<b>Air ambulance</b> .....	<b>\$2,000 per trip</b>
<i>Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)</i>	
<b>Ambulance</b> .....	<b>\$250 per trip</b>
<i>Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)</i>	
<b>Anesthesia</b>	
<i>Administered during a surgical procedure for treatment of invasive cancer</i>	
• <b>General</b> .....	<b>25% of surgical procedures benefit</b>
• <b>Local</b> .....	<b>\$50 per procedure</b>
<b>Anti-nausea medication</b> .....	<b>\$50 per day administered or per prescription filled</b>
<i>Doctor-prescribed medication as a result of radiation or chemotherapy (max. benefit amount of \$200 per covered person per calendar month)</i>	
<b>Blood/plasma/platelets/immunoglobulins<sup>2</sup></b> .....	<b>\$250 per day</b>
<i>A transfusion required during the treatment of invasive cancer (max. benefit amount of \$10,000 per covered person per calendar year)</i>	
<b>Bone marrow donor screening</b> .....	<b>\$50</b>
<i>Testing in connection with being a potential donor (max. of one per covered person per lifetime)</i>	
<b>Bone marrow or peripheral stem cell donation</b> .....	<b>\$1,000</b>
<i>Receiving another person's bone marrow or stem cells for a transplant (max. of one per covered person per lifetime)</i>	
<b>Bone marrow or peripheral stem cell transplant</b> .....	<b>\$7,000 per transplant</b>
<i>Transplant you receive for the treatment of invasive cancer (max. of two transplant benefits per covered person per lifetime)</i>	
<b>Cancer vaccine</b> .....	<b>\$50</b>
<i>An FDA-approved vaccine for the prevention of invasive cancer (max. of one per covered person per lifetime)</i>	
<b>Companion transportation</b> .....	<b>\$0.50 per mile</b>
<i>Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment (max. benefit amount of \$1,000 per covered person per round trip)</i>	
<b>Egg(s) extraction or harvesting/sperm collection and storage (cryopreservation)</b>	
<i>Extracted/harvested or collected before chemotherapy, radiation or immunotherapy (max. of one per covered person per lifetime)</i>	
• <b>Egg(s) extraction or harvesting or sperm collection</b> .....	<b>\$1,000</b>
• <b>Egg(s) or sperm storage</b> .....	<b>\$300</b>
<b>Experimental treatment</b> .....	<b>\$300 per day</b>
<i>Hospital, medical or surgical care for experimental treatment of invasive cancer (max. benefit amount of \$3,000 per covered person per calendar year)</i>	
<b>Hair/external breast/voice box prosthesis</b> .....	<b>\$350 per year</b>
<i>Prosthesis needed as a direct result of invasive cancer (per covered person per calendar year)</i>	

**Home health care services<sup>3</sup> . . . . . \$100 per day**

Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment (max. of 30 days per covered person per calendar year or twice the number of days of hospital confinement per covered person per calendar year)

**Hospice**

(max. benefit amount of \$15,000 for initial and daily hospice care per covered person per lifetime)

- **Initial hospice care . . . . . \$1,000**

(max. of one per covered person per lifetime)

- **Daily hospice care . . . . . \$50 per day**

**Hospital confinement**

Hospital stay (including intensive care) required for the treatment of invasive cancer (per covered person)

- **30 days or less . . . . . \$300 per day**

- **31 days or more . . . . . \$600 per day**

**Lodging . . . . . \$75 per day**

Hotel/motel expenses while being treated for invasive cancer more than 50 miles from home (max. of 90 days per covered person per calendar year)

**Medical imaging studies . . . . . \$125 per study**

Specific studies for cancer treatment

(max. benefit amount of \$250 per covered person per calendar year)

**Outpatient surgical center . . . . . \$500 per day**

Surgery at an outpatient center for the treatment of invasive cancer

(max. benefit amount of \$1,500 per covered person per calendar year)

**Private full-time nursing services . . . . . \$150 per day**

Services while hospital-confined other than those regularly furnished by a hospital (per covered person)

**Prosthetic device/artificial limb . . . . . \$3,000 per device or limb**

A surgical implant needed because of invasive cancer surgery

(max. benefit amount of \$6,000 per covered person per lifetime)

**Radiation/chemotherapy or immunotherapy**

(max. benefit amount per covered person)

- **Self-administered . . . . . \$400 per calendar month**

Self-injected/topical/oral non-hormonal

(max. benefit amount of \$4,800 per covered person per calendar year)

- **Physician-administered . . . . . \$700 per calendar month**

Injected chemotherapy by medical personnel/pump/immunotherapy

(max. benefit amount of \$8,400 per covered person per calendar year)

- **Hormonal therapy . . . . . \$150 per calendar month**

Oral hormonal (max. benefit amount of \$1,800 per

covered person per calendar year)

**Reconstructive surgery . . . . . \$60 per surgical unit**

Surgery to reconstruct anatomical defects resulting from treatment of invasive cancer (max. benefit amount of \$3,000 per covered person per procedure, including 25% for general anesthesia; limit two per site)



**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.**





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



- Second medical opinion** . . . . . \$300  
*A second physician's opinion on surgery or treatment following the positive diagnosis of invasive cancer (max. of one per covered person per lifetime)*
- Skilled nursing care facility**. . . . . \$150 per day  
*Confinement to a covered facility after hospital release during the treatment of invasive cancer (per covered person per day up to the number of days for hospital confinement)*
- Supportive/protective care drugs and colony stimulating factors** . . . . . \$50 per day  
*Doctor-prescribed drugs for the treatment of invasive cancer (max. benefit amount of \$400 per covered person per calendar year)*
- Surgical procedures** . . . . . \$60 per surgical unit  
*Inpatient or outpatient surgery for the treatment of invasive cancer (max. benefit amount of \$4,800 per covered person per procedure)*
- Transportation**. . . . . \$0.50 per mile  
*Travel expenses when being treated for invasive cancer more than 50 miles from home (max. benefit amount of \$1,500 per covered person per round trip)*
- Waiver of premium** . . . . . Yes  
*No premiums due if the named insured is disabled longer than 90 consecutive days (lifetime maximum of 24 months)*

1. Please refer to the certificate for complete definitions of covered conditions.
2. In North Carolina, pays actual charges incurred for blood/plasma/platelets/immunoglobulins and their administration, subject to the maximum benefit amount.
3. In Wisconsin, maximum of 40 days per covered person per calendar year.

\* The filed product name in PA is Group Critical Illness Specified Disease Insurance. In FL, the filed product name is Group Cancer Limited Benefit Insurance.

**THIS INSURANCE PROVIDES LIMITED BENEFITS.**

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

**EXCLUSIONS AND LIMITATIONS 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.

**EXCLUSIONS AND LIMITATIONS FOR CANCER BENEFITS RIDER**

We will not pay Cancer Benefits for treatment of invasive cancer, including skin cancer where applicable, that is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period on the date the covered person receives treatment for invasive cancer, including skin cancer where applicable, or is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

**PRE-EXISTING CONDITION LIMITATION**

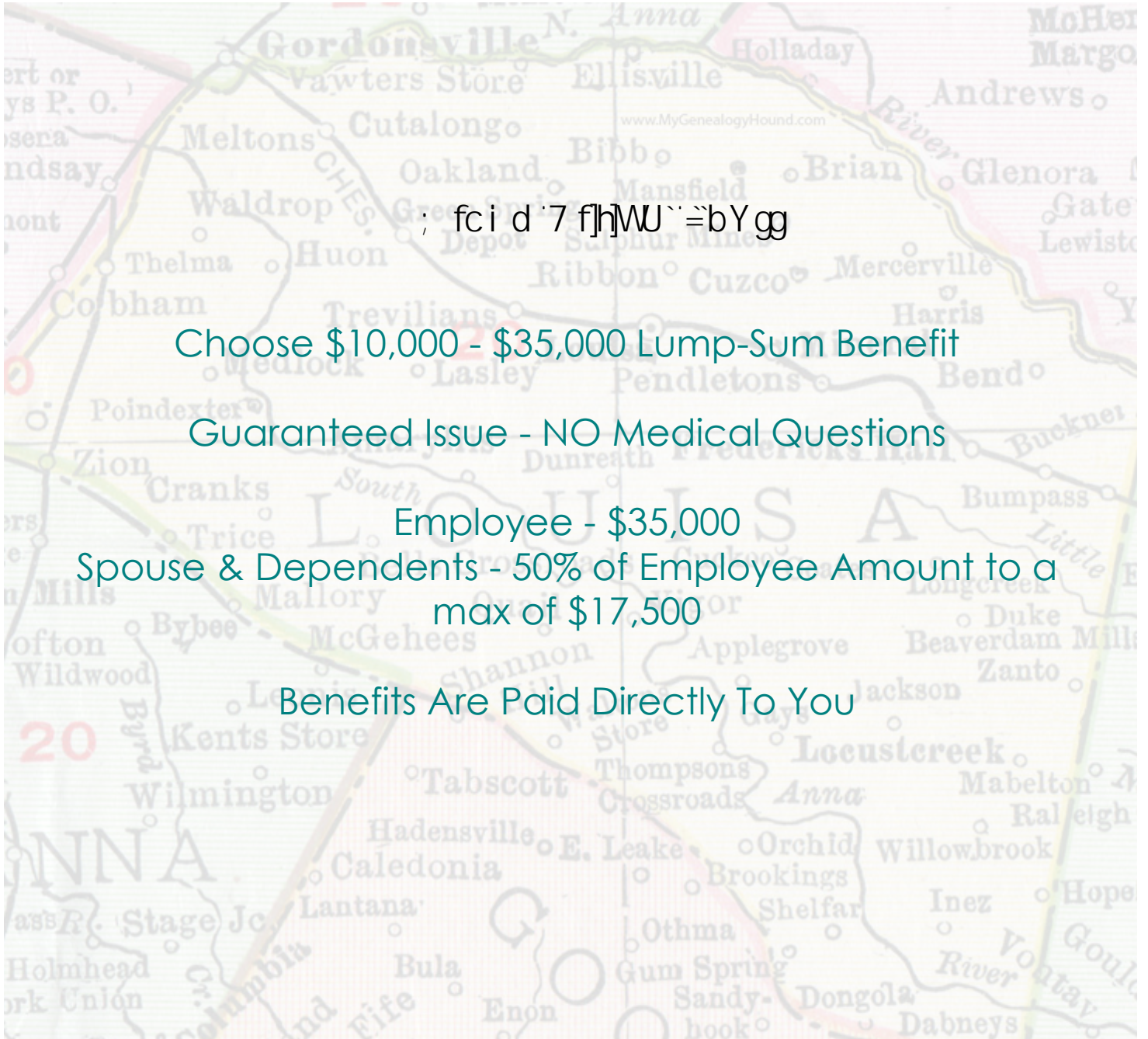
We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within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

© 2023 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



Choose \$10,000 - \$35,000 Lump-Sum Benefit  
 Guaranteed Issue - NO Medical Questions

Employee - \$35,000  
 Spouse & Dependents - 50% of Employee Amount to a  
 max of \$17,500

Benefits Are Paid Directly To You



Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.



ColonialLife.com



# 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 group critical illness insurance helps provide financial support by providing a lump-sum benefit payable directly to you for your greatest needs.

Coverage amount: \_\_\_\_\_

### Critical illness benefit

COVERED CONDITION <sup>1</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Benign brain tumor	100%
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Loss of hearing	100%
Loss of sight	100%
Loss of speech	100%
Major organ failure requiring transplant	100%
Occupational infectious HIV or occupational infectious hepatitis B, C, or D	100%
Permanent paralysis due to a covered accident <sup>2</sup>	100%
Stroke	100%
Sudden cardiac arrest	100%
Coronary artery disease	25%

### BENEFITS STORY

#### 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.



## 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

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.



For more information, talk with your benefits counselor.



## Subsequent diagnosis of a different critical illness<sup>3</sup>

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

## Subsequent diagnosis of the same critical illness<sup>3</sup>

If you receive a benefit for a critical illness, and are later diagnosed with the same critical illness,<sup>4</sup> 25% of the coverage amount may be payable for that critical illness.

## Additional covered conditions for dependent children

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

1. Please refer to the certificate for complete definitions of covered conditions.
2. In WA, the covered condition is called Permanent Paralysis.
3. Dates of diagnoses of a covered critical illness must be separated by more than 180 days.
4. 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.

\*The filed product name in IA is Group Critical Illness Specified Disease Insurance. In FL and VT, the filed product name is Group Critical Illness Limited Benefit Insurance.

### THIS INSURANCE PROVIDES LIMITED BENEFITS.

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

### EXCLUSIONS AND LIMITATIONS 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.

© 2022 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

FOR EMPLOYEES 11-22 | 385403-2



# Group Critical Illness and Cancer Insurance\*

## Plan 2

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

Coverage amount: \_\_\_\_\_

### Critical illness and cancer benefits

COVERED CONDITION <sup>1</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Benign brain tumor	100%
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Loss of hearing	100%
Loss of sight	100%
Loss of speech	100%
Major organ failure requiring transplant	100%
Occupational infectious HIV or occupational infectious hepatitis B, C, or D	100%
Permanent paralysis due to a covered accident <sup>2</sup>	100%
Stroke	100%
Sudden cardiac arrest	100%
Coronary artery disease	25%

COVERED CANCER CONDITION <sup>1</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis . . . . .	\$400 per lifetime

### BENEFITS STORY

#### Preparing for a lifelong journey

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

#### How their coverage helped



A hospital stay and treatment for corrective heart surgery

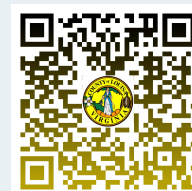


Physical therapy to build muscle strength



Special needs daycare

For illustrative purposes only.



## 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.**

### Subsequent diagnosis of a different critical illness<sup>3</sup>

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

### Subsequent diagnosis of the same critical illness<sup>3</sup>

If you receive a benefit for a critical illness, and are later diagnosed with the same critical illness,<sup>4</sup> 25% of the coverage amount is payable for that critical illness.

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

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

### Additional covered conditions for dependent children

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

1. Please refer to the certificate for complete definitions of covered conditions.
2. In WA, the covered condition is called Permanent Paralysis.
3. Dates of diagnoses of a covered critical illness must be separated by more than 180 days.
4. 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.

\*The filed product name in FL and VT is Group Critical Illness and Cancer Limited Benefit Insurance.

#### THIS INSURANCE PROVIDES LIMITED BENEFITS.

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

#### EXCLUSIONS AND LIMITATIONS 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.

© 2022 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



# Group Critical Illness Insurance\*

## Wellbeing Assistance Benefit

The wellbeing assistance benefit can help reduce the risk of serious illness through early detection of disease or risk factors.

### Wellbeing assistance benefit.....\$100

Maximum of one test per covered person per calendar year; subject to a 30-day waiting period before the benefit is payable. The test must be performed after the waiting period.

- Blood test for triglycerides
- Bone marrow testing
- BRCA1 or BRCA2 testing (genetic test for breast cancer)
- 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
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy



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



\*Refer to the base plan brochure for state-specific filed product name.

**THIS INSURANCE PROVIDES LIMITED BENEFITS.**

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

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

© 2023 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



# Group Critical Illness Insurance

## First Diagnosis Building Benefit Rider

The first diagnosis building benefit rider is payable when you are diagnosed with a covered condition under your plan. It can build over time and provides a lump-sum payment in addition to the plan's base coverage amount. 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

Plan 1: Rider is payable for diagnosis of covered critical illness conditions only.

Plan 2: Rider is payable for diagnosis of covered critical illness conditions and invasive cancer.

Plans 3 & 4: Rider is payable for diagnosis of invasive cancer only.

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

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

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

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.

© 2024 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



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





# Group Critical Illness Insurance\*

## Infectious Diseases Rider

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

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

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



# Group Critical Illness Insurance\*

## Progressive Diseases Rider

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

Payable for each covered progressive disease if the covered person is unable to perform two or more activities of daily living and the 90-day elimination period has been met.<sup>1</sup> Payable once per covered person per lifetime.

COVERED PROGRESSIVE DISEASE <sup>2</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
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%



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

# Individual Educator Disability Insurance "Paycheck Insurance"

Multiple Plan Designs

Pregnancy Benefits

Level Premium

Guaranteed Issue - NO Medical Questions

66 2/3% of monthly income to \$5,000



Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

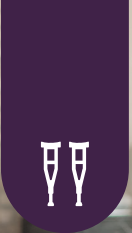
Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.



ColonialLife.com



# Educator Disability Individual Short Term Disability Insurance\*

Educator Disability is an individual short term disability insurance policy designed to provide financial protection for education workers. It has flexible options for disability coverage and additional benefits if you become disabled due to a covered accident or sickness.

## My disability coverage worksheet

(For use with your Colonial Life benefits counselor)

### Employee coverage

#### How much disability coverage do I need?

- **Total disability** (Select **one** benefit period option)
 

		<b>On-Job</b>	<b>Off-Job</b>
<input type="checkbox"/> Option A	First 3 months	\$/month	\$/month
	Next 9 months	\$/month	\$/month
<input type="checkbox"/> Option B	First 6 months	\$/month	\$/month
	Next 6 months	\$/month	\$/month
- **Partial disability** (Partial disability is 50% of the total disability amount.)
 

	<b>On-Job</b>	<b>Off-Job</b>
Up to 3 months	\$/month	\$/month

#### When will my total disability benefits start?

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

#### What additional features or benefits are included?

- Normal pregnancy is covered the same as any other covered sickness.
- Waiver of premium: We will waive your premium payments after 90 consecutive days of a covered disability.
- Worldwide coverage

#### How much will it cost?

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



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

#### Monthly expenses:

- Mortgage/rent      \$ \_\_\_\_\_
- Car/transportation      \$ \_\_\_\_\_
- Utilities      \$ \_\_\_\_\_
- Groceries/household      \$ \_\_\_\_\_
- Childcare      \$ \_\_\_\_\_
- Health/medical      \$ \_\_\_\_\_
- Other      \$ \_\_\_\_\_
- TOTAL**      \$ \_\_\_\_\_





## Disability benefits and more

Jessica teaches at a local community college and enjoys spending time on active hobbies and volunteering with non-profits. When she was injured in a mountain biking accident, she worried that she might not be able to make ends meet for a while.

### How Jessica's coverage helped†

With her coverage, she received benefits for:

- Accident emergency treatment ..... \$150
- X-ray..... \$75
- Collarbone fracture requiring surgery.... \$900
- Elbow dislocation (nonsurgical) ..... \$300
- Hospital stay of 3 nights ..... \$120
- Short term disability benefits..... \$1,400

**Total amount: ..... \$2,945**

† For illustrative purposes only. Coverage amounts may vary based on injury, treatment, income and more.

## Additional employee coverage

In addition to disability coverage, this plan also provides employees with benefits related to accidental injuries, their treatment and more. Even if you're not disabled, the following benefits are payable for covered accidental injuries or sickness:

### ACCIDENTAL INJURIES BENEFITS

- Emergency room visit (once per covered accident) .....\$150
- X-ray and other diagnostic imaging (once per covered accident).....\$75
- Doctor's office or urgent care facility visit (once per covered accident).....\$75

### HOSPITAL CONFINEMENT BENEFIT FOR ACCIDENT OR SICKNESS

Payable in addition to disability benefit. Benefits begin on the first day of confinement in a hospital for a covered accident or sickness.

- Up to 3 months ..... \$1,200/month (\$40/day)  
The hospital confinement benefit for the named insured increases to \$6,000/month (\$200/day) when the total disability benefit ends at age 70.

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

- Accidental death..... \$25,000
- Loss of a finger or toe  
Single dismemberment ..... \$750  
Double dismemberment..... \$1,500
- Loss of a hand, foot or sight of an eye  
Single dismemberment ..... \$7,500  
Double dismemberment..... \$15,000
- Accidental death common carrier ..... \$50,000

### COMPLETE FRACTURES

	NONSURGICAL	SURGICAL
• Hip, thigh.....	\$1,500	\$2,250
• Body of Vertebrae .....	\$1,350	\$2,025
• Pelvis .....	\$1,200	\$1,800
• Skull (depressed) skull fracture .....	\$1,125	\$1,687
• Leg .....	\$900	\$1,350
• Foot, ankle, kneecap .....	\$750	\$1,125
• Forearm, hand, wrist .....	\$750	\$1,125
• Lower jaw mandible .....	\$600	\$900
• Shoulder blade, collarbone .....	\$600	\$900
• Skull (simple) non-depressed skull fracture .....	\$525	\$787
• Upper arm between elbow and shoulder, upper jaw maxilla ..	\$525	\$787
• Bones of the face or nose .....	\$450	\$675
• Vertebral processes .....	\$300	\$450
• Coccyx, rib, finger, toe .....	\$120	\$180

### COMPLETE DISLOCATIONS WITH ANESTHESIA

	NONSURGICAL	SURGICAL
• Hip .....	\$1,350	\$2,025
• Knee .....	\$975	\$1,462
• Shoulder .....	\$750	\$1,125
• Collarbone (sternoclavicular).....	\$750	\$1,125
• Collarbone (acromioclavicular and separation) .....	\$675	\$1,012
• Ankle, bone or bones of the foot (other than toe).....	\$600	\$900

**COMPLETE DISLOCATIONS WITH ANESTHESIA      NONSURGICAL      SURGICAL**  
**(CONTINUED)**

• Bone or bones of the hand (other than fingers) .....	\$525 .....	\$787
• Lower jaw .....	\$450 .....	\$675
• Wrist .....	\$375 .....	\$562
• Elbow .....	\$300 .....	\$450
• One finger, toe .....	\$120 .....	\$180

- For a chip fracture, your benefit would be 25 percent of the amount shown for a nonsurgical procedure benefit.
- For a dislocation without anesthesia, your benefit would be 25 percent of the amount shown for the nonsurgical benefit.
- For an incomplete dislocation (the joint is not completely separated), your benefit would be 25 percent of the amount shown for a nonsurgical benefit.
- If you receive more than one fracture, more than one dislocation or a fracture and a dislocation, we will pay no more than one and one-half times the amount of the bone or joint involved, which has the highest benefit amount.

## Optional spouse and dependent child(ren) coverage

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

### ACCIDENTAL INJURIES BENEFITS

- Emergency room visit (once per covered accident) .....
- X-ray and other diagnostic imaging (once per covered accident) .....
- Doctor's office or urgent care facility visit (once per covered accident) .....

### HOSPITAL CONFINEMENT BENEFIT FOR ACCIDENT OR SICKNESS

- Up to 3 months .....
- The benefit amount for the spouse and dependent children, if covered, will not change on or after the named insured has reached age 70.*

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

- Accidental death, spouse/child(ren) .....
- Loss of a finger or toe  
 Single dismemberment .....
- Loss of a hand, foot or sight of an eye  
 Single dismemberment .....
- Accidental death common carrier, spouse/ dependent  
 Includes school bus for school activities .....



More than 1 in 4 of 20-year-olds become disabled before retirement age.<sup>1</sup>



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



## Frequently asked questions

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

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

### When am I considered totally disabled?

Totally disabled means you are:

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

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

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

### When do disability benefits end?

The total disability benefit will end on the policy anniversary date on or after your 70th birthday. When this benefit ends, it will not have a bearing on an injury or sickness occurring before then. The hospital confinement benefit increases when the total disability benefit ends.

\* Educator Disability 1.0 is the marketing name of the insurance product filed as "Disability Income Insurance Coverage."

1 U.S. Social Security Administration, The Faces and Facts of Disability. [ssa.gov/disabilityfacts/facts.html](https://ssa.gov/disabilityfacts/facts.html). Accessed November 2023.

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.

### EXCLUSIONS AND LIMITATIONS

We will not pay benefits for injuries received in accidents or sicknesses which are caused by or are the result of: alcoholism or drug addiction; flying; felonies or illegal occupations; psychiatric or psychological condition; suicide or injuries which any covered person intentionally does to himself; war or armed conflict.

#### Birth Limitation

We will not pay benefits due to any covered person giving birth within the first nine (9) months after the effective date of this policy as a result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness.

Pregnancy resulting from the act of rape of any covered person, which was reported to the police within seven (7) days following its occurrence, will be covered to the same extent as any other covered loss. The seven-day requirement will be extended to 180 days in the case of an act of rape or incest of a female under 13 years of age.

#### Pre-Existing Condition Limitation

We will also not pay benefits for losses that are caused by or are the result of your having a pre-existing condition as described and limited by this policy.

#### Geographical Limitations

If you become totally disabled as the result of a covered accident or a covered sickness while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown on the Policy Schedule, your maximum benefit period for total disability while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda, or Jamaica.

This information is not intended to be a complete description of the insurance coverage available. The policy may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form ED-DIS1.0-VA. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

### Can I keep my coverage if I change jobs or employer?

You can keep your coverage as long as you pay your premiums when they are due.

### Can my premium change?

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

### How do I file a claim?

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

### What is a pre-existing condition?

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

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



# Disability Insurance

## Pregnancy and having a baby

A baby changes everything – even your financial situation. Disability insurance can help cover everyday living expenses when you’re away from work after having a baby and let you stay focused on taking care of the new addition to your family.

### How disability benefits can help

- A typical labor and delivery recovery period is six weeks (non-cesarean delivery) or eight weeks (cesarean delivery), during which you might not receive income. Disability benefits up to 12 weeks may be available, if you continue to be disabled from childbirth.
- Benefits are payable directly to you to use as you see fit.
- Disability benefits are not affected by your employer’s leave of absence program, the Family Medical Leave Act (FMLA), sick leave or paid time off.
- 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.

### 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 advises you are unable to continue working.

### Understanding the giving birth limitation

If your disability policy has a giving birth limitation, Colonial Life will not pay disability benefits if you give birth within the first nine months after your coverage effective date as the result of a normal pregnancy, including cesarean or non-cesarean delivery.

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 elimination period

If your claim 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.

NON-CESAREAN DELIVERY

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	WEEK 11	WEEK 12
--------	--------	--------	--------	--------	--------	--------	--------	--------	---------	---------	---------

CESAREAN DELIVERY

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	WEEK 11	WEEK 12
--------	--------	--------	--------	--------	--------	--------	--------	--------	---------	---------	---------

■ Initial benefits payable    ■ Continued disability

For illustrative purposes only. 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.

## Group Medical Bridge

Designed to cover your out-of-pocket medical expenses like deductibles, copays/coinsurance and annual maximums

Benefits are paid directly to you

Multiple Plan Designs

Guaranteed Issue - NO Medical Questions

Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.



ColonialLife.com



# Hospital Indemnity Insurance

## How will you pay for what your health insurance won't cover?

No matter how well you plan, you can't predict when sudden medical expenses could impact your way of life. Health insurance helps, but it doesn't cover everything. For instance, the average family has more than \$4,500 in out-of-pocket medical costs each year.<sup>1</sup>

If you're admitted to the hospital for a covered accident or covered sickness, Medical Bridge, Colonial Life & Accident Insurance Company's hospital indemnity insurance, could help pay for out-of-pocket expenses. It's coverage that can help protect what you've worked so hard to build.

13% of Americans have medical debt in collections.<sup>2</sup>

<sup>1</sup> Milliman, Milliman Medical Index, 2022.

<sup>2</sup> Urban Institute, Debt in America: An Interactive Map, 2022.

## One family's journey

Nathan was doing yard work with his wife when his chest pains began. After he was examined by a doctor, the couple was relieved to learn it was just a false alarm.



### EMERGENCY ROOM VISIT

Nathan received immediate care at the nearest emergency room.



### DIAGNOSTIC PROCEDURE

The doctor ordered an MRI to determine the cause of Nathan's pain.



### HOSPITAL CONFINEMENT

Nathan was admitted to the hospital for a 24-hour stay while the doctors ran additional tests. After the tests confirmed there were no issues, he was released the following day.



### DOCTOR'S OFFICE VISIT

A few weeks later, he had a follow-up appointment with his family doctor.

NATHAN'S OUT-OF-POCKET EXPENSES	
Emergency room co-pay	\$100
Deductible	\$1,500
Doctor's visit co-pay	\$25
Co-insurance	\$1,800
	<b>\$3,425</b>

NATHAN'S BENEFITS	
Emergency room visit	\$100
Diagnostic procedure	\$250
Hospital confinement	\$1,500
Doctor's office visit	\$25
	<b>\$1,875</b>

In this scenario, Nathan's Medical Bridge insurance benefits helped pay for the out-of-pocket expenses associated with his medical care.

*For illustrative purposes only.*

Cost of treatment benefits and benefit amounts may vary. Benefits may not cover all expenses. The policy has exclusions and limitations.



## Coverage advantages

- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.<sup>1</sup>
- Coverage is available for you, your spouse and eligible dependent children.
- Benefits are payable regardless of any other insurance you may have with other companies.
- All benefits are indemnity based, which means you will know the benefit amount payable for covered accidents or covered sicknesses.





### Meet with a benefits counselor

By attending a 1-to-1 counseling session with your Colonial Life benefits counselor, you can learn more about Medical Bridge insurance and how it can help protect your family’s way of life. Your benefits counselor can also review the rest of your insurance coverage and help you determine where you may need additional financial protection.

**Based on the plan design available, you may receive benefits to help cover the costs associated with:**

- Hospital confinement
- Outpatient surgical procedures
- Diagnostic procedures
- Doctor’s office visits
- Emergency room visits



The average family has more than \$4,500 in out-of-pocket medical costs each year.

Milliman Research Report 2020 Milliman Medical Index, May 2022.



# Group Hospital Indemnity Insurance

## Plan 1 (HSA-Compliant)



Group Medical Bridge Insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

**Hospital confinement** ..... **\$500 or \$1,500 per day**  
Maximum of one day per covered person per calendar year

### Waiver of premium

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

**Daily hospital confinement** ..... **\$100 per day**  
Maximum of 365 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.

### Health savings account (HSA) compatible

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

Colonial Life & Accident Insurance Company’s Group Medical Bridge offers an HSA-compatible plan in most states.

PA: “Hospital Confinement Admission” benefit replaces the “Hospital Confinement” benefit

### THIS INSURANCE PROVIDES LIMITED BENEFITS.

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

### EXCLUSIONS

We will not pay any benefits for injuries received in accidents or for sicknesses which are caused by, contributed to by or occur as a result of the following exclusions and limitations. (a) alcoholism or drug addiction; (b) dental procedures; (c) elective procedures and cosmetic surgery; (d) felonies or illegal occupations; (e) mental or nervous disorders; (f) pregnancy of a dependent child; (g) suicide or injuries which any covered person intentionally does to himself or herself; or (h) war. We will not pay benefits for hospital confinement (i) due to giving birth within the first nine months after the effective date of the policy or (j) for a newborn who is neither injured nor sick. (k) The policy may have additional exclusions and limitations which may affect any benefits payable.

### PRE-EXISTING CONDITION LIMITATIONS

(l) We will not pay benefits for loss during the first 12 months after the certificate effective date due to a pre-existing condition. (m) A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the certificate effective date. (n) This limitation applies to the following benefits, if applicable: Hospital Confinement, Daily Hospital Confinement, Inpatient Mental and Nervous, Rehabilitation Unit Confinement and Specified Critical Illness.

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 GMB7000-P and certificate form GMB7000-C (including state abbreviations where applicable, such as policy forms GMB7000-P-AU-TX and GMB7000-P-EE-TX, and certificate forms GMB7000-C-AU-TX and GMB7000-C-EE-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without form #101733.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.  
©2024 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

For more information,  
talk with your  
benefits counselor.

ColonialLife.com



# Group Hospital Indemnity Insurance

## Plan 2



Group Medical Bridge Insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

**Hospital confinement** ..... **\$1,500 or \$2,500 per day**

Maximum of one day per covered person per calendar year

**Waiver of premium**

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

**Daily hospital confinement** ..... **\$100 per day**

Maximum of 365 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.

**Diagnostic procedure** ..... **\$250 per day**

Maximum of one day per covered person per calendar year

**Outpatient surgical procedure**

■ **Tier 1** ..... **\$500 per day**

■ **Tier 2** ..... **\$1,000 per day**

Maximum of \$1,500 per covered person per calendar year for Tier 1 and 2 combined Maximum of one day per outpatient surgical procedure

**Diagnostic procedures**

The following is a list of common diagnostic procedures that may be covered if the diagnostic procedure benefit is selected.

- **Breast**
  - Biopsy (incisional, needle, stereotactic)
- **Cardiac**
  - Angiogram
  - Arteriogram
  - Thallium stress test
  - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
  - Computerized tomography scan (CT scan)
  - Electroencephalogram (EEG)
  - Magnetic resonance imaging (MRI)
  - Myelogram
  - Nuclear medicine test
  - Positron emission tomography scan (PET scan)
- **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

For more information,  
talk with your  
benefits counselor.

ColonialLife.com



The procedures listed below are only a sampling of the procedures that may be covered if the outpatient surgical procedure benefit is selected. Procedures must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, refer to your certificate.

### Tier 1 outpatient surgical procedures

- **Breast**
  - Axillary node dissection
  - Breast capsulotomy
  - Lumpectomy
- **Cardiac**
  - Pacemaker insertion
- **Digestive**
  - Colonoscopy\*
  - Fistulotomy
  - Hemorrhoidectomy
  - Lysis of adhesions
- **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
- **Skin**
  - Laparoscopic hernia repair
  - Skin grafting

### 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

KS: "Surgical Procedure" benefit replaces "Outpatient Surgical Procedure." Diagnostic Procedures must be performed in a hospital or an ambulatory surgical center.

PA: "Hospital Confinement Admission" benefit replaces the "Hospital Confinement" benefit

\*Colonoscopy must result in polyp removal or be recommended by a physician for the purposes of treating or diagnosing a sickness. If a covered family member has a qualified high deductible health plan (HDHP) and actively contributes to a health savings account (HSA), their HSA can be disqualified with this coverage.

#### THIS INSURANCE PROVIDES LIMITED BENEFITS.

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

#### EXCLUSIONS AND LIMITATIONS

We will not pay any benefits for injuries received in accidents or for sicknesses which are caused by, contributed to or occur as a result of the following exclusions and limitations. (a) alcoholism or drug addiction; (b) dental procedures; (c) elective procedures and cosmetic surgery; (d) felonies or illegal occupations; (e) mental or nervous disorders; (f) pregnancy of a dependent child; (g) suicide or injuries which any covered person intentionally does to himself or herself; (h) war or armed forces service. We will not pay benefits for hospital confinement (i) due to giving birth within the first nine months after the effective date of the policy or (j) for a newborn who is neither injured nor sick. (k) The policy may have additional exclusions and limitations which may affect any benefits payable.

#### PRE-EXISTING CONDITION LIMITATIONS

(l) We will not pay benefits for loss during the first 12 months after the certificate effective date due to a pre-existing condition. (m) A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the certificate effective date. (n) This limitation applies to the following benefits, if applicable: Hospital Confinement, Daily Hospital Confinement, Inpatient Mental and Nervous, Rehabilitation Unit Confinement, Specified Critical Illness, Diagnostic Procedure, and Outpatient Surgical Procedure.

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 GMB7000-P and certificate form GMB7000-C (including state abbreviations where used, for example: (including state abbreviations where used, for example GMB7000-P-TX and GMB7000-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.  
 ©2024 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



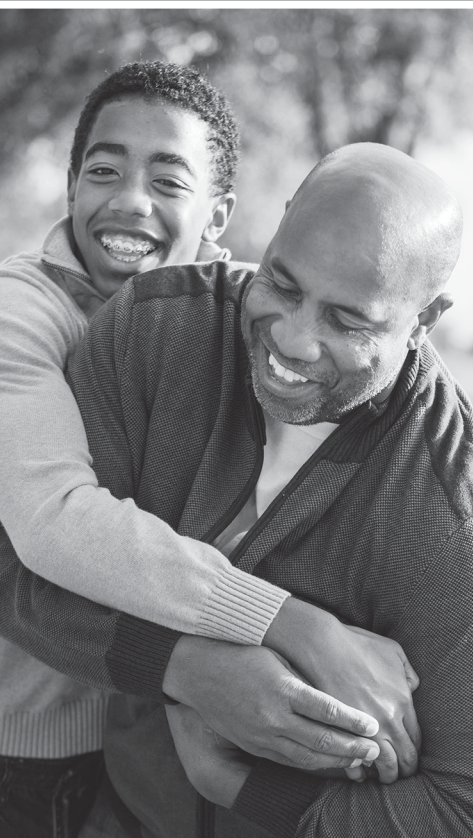
ColonialLife.com





# Group Hospital Indemnity Insurance

## Wellbeing Assistance Basic Benefit



The Group Medical Bridge wellbeing assistance basic benefit can help pay for routine preventive tests or services you have each year.

**Wellbeing assistance basic** ..... **\$100 per day**

Maximum of one day per calendar year for all covered persons combined; 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)
- 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
- Immunizations\*
- Mammography
- Pap smear
- Physicals
- 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

\*Immunizations do not include influenza (flu) vaccinations and allergy shots.

For more information,  
talk with your  
benefits counselor.

ColonialLife.com



**CA:** Includes any generally accepted cancer screening test not listed, cervical cancer screening tests (approved by the FDA, upon the referral of the insured's health care provider), and human papillomavirus screening test

**ID, MD, MO, ND:** Waiting period does not apply

**WV:** Includes human papillomavirus screening test

THIS INSURANCE PROVIDES LIMITED BENEFITS.

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

**WAITING PERIOD**

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

This information is not intended to be a complete description of the insurance coverage available. The 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 GMB7000-P and certificate form GMB7000-C (including state abbreviations where used, for example: policy forms GMB7000-P-AU-TX and GMB7000-P-EE-TX, and certificate forms GMB7000-C-AU-TX and GMB7000-C-EE-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.  
©2023 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



# Group Hospital Indemnity Insurance

## Medical Treatment Package



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

**The medical treatment package paired with Plan 1 provides accident-only coverage. When paired with Plan 2, it provides accident and sickness coverage.**

### Medical treatment package

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

For more information,  
talk with your  
benefits counselor.

ColonialLife.com



DC: The “Air ambulance” and “Ambulance” benefits are included in the base plan.  
 KS: “Attending Physician” benefit replaces the “Doctor’s office visit/telemedicine” benefit.

**THIS INSURANCE PROVIDES LIMITED BENEFITS.**

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

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 GMB7000-P and certificate form GMB7000-C (plus state abbreviations where applicable, for example: GMB7000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without a base form (101731, 101732, 101917 or 101918).

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.  
 ©2023 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

## Individual Term Life

Multiple Plan Designs - 10, 15, 20 & 30 year terms

Level Premium

Guaranteed Issue - NO Medical Questions

Employee Issue Age	GI Amount	Spouse Issue Age	GI Amount
16-50	\$125,000	16-50	\$25,000
51-60	\$75,000	51-75	\$10,000
61-75	\$30,000		

Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.



ColonialLife.com



# Term Life Insurance

Peace of mind for you and your loved ones

You want what's best for your family, and that includes making sure they're prepared for the future. With term life insurance from Colonial Life & Accident Insurance Company, you can provide financial security to help them cover their ongoing living expenses.

## Advantages of term life insurance

- ✓ Lower cost when compared to cash value life insurance
- ✓ Same benefit payout throughout the duration of the policy
- ✓ Several term period options for flexibility during high-need years
- ✓ Benefit for the beneficiary that is typically tax free

## Benefits and features

- Stand-alone spouse policy available whether or not you buy a policy for yourself
- Guaranteed premiums that do not increase during the selected term
- Ability to convert all or a portion of the benefit amount into cash value life insurance
- Flexibility to keep the policy if you change jobs or retire
- Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness<sup>1</sup>
- Premium savings for face amounts over \$250,000 based on your health



**44% of Americans say their household would face financial hardship within six months should a wage earner die unexpectedly.**

LIMRA, 2022 Life Insurance Barometer Study.



**54% of Americans have life insurance coverage, with an average coverage gap of \$200,000.**

LIMRA, 2021 "Industry Associations Unite to Help Address the Life Insurance Coverage Gap in the United States."

## 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.

## Optional riders

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

### Spouse term life rider

Your spouse can have up to \$50,000 of coverage for a 10-year or 20-year term period.

### 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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>1</sup> A subsequent diagnosis benefit is included.

### Waiver of premium benefit rider

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

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

### EXCLUSIONS AND LIMITATIONS

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

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

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

© 2022 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

# Colonial Life for Policyholders Portal

## A faster, simpler way to manage your benefits

### THE PORTAL OFFERS YOU:

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

### LEARN MORE

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

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

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



File claims with a simple, guided form



Set up direct deposit for approved payments



View claim status or policy details anytime



Opt for instant alerts by email or text



Update your personal info & preferences

### BECOME A MEMBER TODAY:

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

### NEED TO FILE A CLAIM?

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

### AFTER YOU FILE:

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



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

©2022 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



43233-41



# Trustmark Universal LifeEvents<sup>®</sup> Insurance with Long-Term Care Benefit

Two important coverages for when you need them the most.

## Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income.

**Universal LifeEvents can help.**

Universal LifeEvents provides a **higher death benefit during your working years**, when your needs and responsibilities are the greatest. (See reverse for more on how Universal LifeEvents works.) You can choose a plan and benefit amount that provides the **right protection for you.**

Universal LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.



## Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal LifeEvents includes a **long-term care (LTC)** benefit that can help pay for these services at any age. This benefit **remains at the same** level throughout your life, so the full amount is always available when you most need it.

## Here's how it works:

**4%** You can **collect 4% of your Universal LifeEvents death benefit per month** for up to 25 months to help pay for long-term care services.

## Flexible features available:

**2x PLUS:** if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

**3x PLUS:** you can collect your LTC benefit for an **extra 25 months**, as much as **tripling** your benefit.

*The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.*

## Universal LifeEvents sample rates

Sample ranges of weekly rates for employee-only, non-smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$25,000 Universal LifeEvents policy
30	from <b>\$3.49 - \$4.59</b>
40	from <b>\$5.05 - \$6.71</b>
50	from <b>\$7.84 - \$10.71</b>

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

**Note: your rate is "locked in" at your age at purchase!**

Once you have a policy, your rate will never increase due to age.



Universal LifeEvents is **flexible permanent** life insurance designed to last a lifetime.



The younger you are when you enroll, the **more benefit** you receive for the same premium.



**No medical exams** or blood work – just answer a few simple questions.



# What would happen if you weren't around?



**1 in 3 households** would have immediate trouble paying for living expenses if they lost their primary earner.<sup>1</sup>



**40% of Americans** live paycheck to paycheck. Could your family afford to stay in your home?<sup>2</sup>



**56% of Americans** have less than \$10,000 saved for retirement – **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?<sup>3</sup>

## How Universal LifeEvents works

- **A higher death benefit** during working years.
- **Long-term care (LTC)** benefits that **stay the same** throughout your life.

### Example: \$25,000 policy

#### Before age 70

Death benefit **\$25,000**

LTC benefits **\$25,000**

#### After age 70

Death benefit **\$8,333**

LTC benefits **\$25,000**

*Universal LifeEvents death benefit reduces to one-third at the later of age 70 or the beginning of the 15th policy year.*

## Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.

## More flexible features

- **Buy term life insurance for your children.** They can later simply convert this rider to a permanent Universal Life policy.
- **Waive your policy payments** if your doctor says you're totally disabled.

## Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

**You care.  
We listen.**

<sup>1</sup>2018 Insurance Barometer Study LIMRA/Life Happens. <sup>2</sup>nelsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html. <sup>3</sup>gobankingrates.com/retirement/1-3-americans-0-saved-retirement. <sup>5</sup>An AM Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A (3rd out of 13 possible ratings ranging from A++ to D).

*This provides a brief description of your benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit [www.trustmarksolutions.com/disclosures/UL/](http://www.trustmarksolutions.com/disclosures/UL/) (A112-2216-UL). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: [http://www.aging.ca.gov/aboutcda/publications/Taking\\_Care\\_of\\_Tomorrow\\_English/](http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/). Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.*

Products underwritten by Trustmark Insurance Company  
Rated A (Excellent) for financial strength by AM Best.<sup>5</sup>

TrustmarkVB.com



Only available for issue-age 65+

# Trustmark Universal Life Insurance with Long-Term Care Benefit

Two important coverages in one to help protect you for life.



## Financial security even after a loss

Protecting your loved ones is one of life’s greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income.

### Universal Life can help.

Whether you are married, a parent or single and starting out, Universal Life **helps take care** of the people important to you if tragedy happens. You can choose a plan and benefit amount that provides the **right protection for you**.

Universal Life insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won’t stop the **beginning** of another.

## Universal Life sample rates

Sample ranges of weekly rates for employee-only, non-smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$25,000 Universal Life policy
65	\$25.22 - \$46.09
67	\$28.41 - \$47.44
70	\$34.58 - \$59.30

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

### Note: your rate is “locked in” at your age at purchase!

Once you have a policy, your rate will never increase due to age.

## Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life includes a **long-term care (LTC) benefit\*** that can help pay for these services at any age.

### Here’s how it works:

**4%** You can **collect 4% of your Universal Life death benefit per month** for up to 25 months to help pay for long-term care services.

### Flexible features available:

**2x PLUS:** if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

**3x PLUS:** you can collect your LTC benefit for an **extra 25 months**, as much as **tripling** your benefit.

*The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder’s LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.*

\*Policies with issue age 71+ do not include LTC benefits.



Universal Life is **flexible permanent** life insurance designed to last a lifetime.



The younger you are when you enroll, the **more benefit** you receive for the same premium.



**No medical exams** or blood work – just answer a few simple questions.



# What would happen if you weren't around?



**1 in 3 households** would have immediate trouble paying for living expenses if they lost their primary earner.<sup>1</sup>



**40% of Americans** live paycheck to paycheck. Could your family afford to stay in your home?<sup>2</sup>



**56% of Americans** have less than \$10,000 saved for retirement – **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?<sup>3</sup>

## What can Universal Life benefits help pay for?



Funeral and burial costs



Rent or mortgage payments



Tuition and loans



Credit card bills



Medical expenses



Retirement savings

## Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

## Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.

## More flexible features

- **Buy term life insurance for your children.** They can later simply convert this rider to a permanent Universal Life policy.
- **Waive your policy payments** if your doctor says you're totally disabled.

**You care.  
We listen.**

<sup>1</sup>2018 Insurance Barometer Study LIMRA/Life Happens. <sup>2</sup>nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html. <sup>3</sup>gobankingrates.com/retirement/1-3-americans-0-saved-retirement. <sup>5</sup>An AM Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A (3rd out of 13 possible ratings ranging from A++ to D).

This provides a brief description of your benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit [www.trustmarksolutions.com/disclosures/UL/](http://www.trustmarksolutions.com/disclosures/UL/) (A112-2216-UL). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: [http://www.aging.ca.gov/aboutcda/publications/Taking\\_Care\\_of\\_Tomorrow\\_English/](http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/). Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

Products underwritten by Trustmark Insurance Company  
Rated A (Excellent) for financial strength by AM Best.<sup>5</sup>

TrustmarkVB.com   



# CONTACTS

## THE LOCAL CHOICE (TLC) MEDICAL / DENTAL / VISION

Medical, Pharmacy, Vision/Hearing

800.552.2682

Behavioral Health and Employee  
Assistance Program (EAP)

855.223.9277

ID Card Order Line

866.587.6713

Coverage While Traveling  
(BlueCard Program)

800.810.2583

24/7 NurseLine

1-800-337-4770

Delta Dental

888.335.8296

[thelocalchoice.virginia.gov](http://thelocalchoice.virginia.gov)  
[anthem.com/TLC](http://anthem.com/TLC)

## AMERIFLEX FLEXIBLE SPENDING ACCOUNTS

Customer Service

888.868.3539

[myameriflex.com](http://myameriflex.com)

P.O. Box 26900  
Plano, TX 75026 9

MANAGE YOUR ACCOUNT  
ONLINE OR DOWNLOAD THE  
MYAMERIFLEX MOBILE APP

- Check your Balance
- Submit a Claim
- Check Claim Status
- Mark Your Card Lost or Stolen

## COLONIAL LIFE SUPPLEMENTAL BENEFIT ENHANCEMENTS

BENEFITS ARE PAID DIRECTLY TO YOU TO HELP COVER OUT-OF-POCKET MEDICAL EXPENSES & LOSS OF INCOME IF YOU ARE UNABLE TO WORK DUE TO AN ACCIDENT OR SICKNESS. (PREGNANCY IS A COVERED SICKNESS)

Enrollment (Open Enrollment & New Hires)

410.988.2555

[getinfo@coloniallifemd.com](mailto:getinfo@coloniallifemd.com)

VISIT WITH A BENEFITS COUNSELOR ON-SITE DURING OPEN ENROLLMENT OR SCAN/CLICK THE QR CODE BELOW FOR A VIRTUAL APPOINTMENT



Customer Service(existing policyholders)

800.325.4368

[coloniallife.com](http://coloniallife.com)

Set-Up Policyholder Portal to view your policies, file claims & more

See Page 92 for Instructions

File Your Annual Health Screening Benefit

See Page 46 for Instructions

## INNOVATIVE INSURANCE GROUP

eligibility | coverage | claims | life events  
888.676.9496

[customerservice@thiinkinnovative.net](mailto:customerservice@thiinkinnovative.net)

## DELTA DENTAL

Customer Service

800.237.6060

[deltadentalVA.com](http://deltadentalVA.com)

## THE STANDARD - LTD

Customer Service

800.628.8600

[standard.com](http://standard.com)

## TRUSTMARK - VOLUNTARY UL

Customer Service

800.918.8877

[trustmark.com](http://trustmark.com)

## LAWASSURE



Visit with a rep on-site or scan/click the QR Code for a virtual appointment.  
Cannot be self-enrolled on EASE.

# ADDITIONAL BENEFITS



## Virginia Association of Counties Group Self Insurance Risk Pool (VACORP) Short and Long Term Disability

Group Short Term Disability (STD) program provided for its participant by the Sponsor and administered by Anthem Life Insurance Company helps provide financial protection for covered members by promising to pay a weekly benefit in the event of a covered disability.

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

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

Questions about your VACORP Short and Long Term Disability can be directed to:  
1-844-404-2111 or [www.vacorp.org/hybrid-disability/](http://www.vacorp.org/hybrid-disability/)



## 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 life insurance coverage can be directed to:

Securian Financial  
PO Box 1193, Richmond, VA 23218-1193  
1-800-441-2258  
<https://www.varetire.org/myvrs>

Colonial Life®



Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

Enrollment in benefits is not required.

**Visit with a rep today - not available via self-enroll**

Meet with a rep on-site or scan QR Code to schedule a call.



# Required 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. Prosthesis 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.

# Required Notices

## 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](http://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](http://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](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 916-440-5676	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584

# Required Notices

<p><b>IOWA – Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>            Medicaid Phone: 1-800-338-8366            Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>            Hawki Phone: 1-800-257-8563</p>	<p><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084</p>
<p><b>KANSAS – Medicaid</b></p> <p>Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a>            Phone: 1-800-792-4884</p>	<p><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633 Lincoln: 402-473-7000            Omaha: 402-595-1178</p>
<p><b>KENTUCKY – Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>            Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>            KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>            Phone: 1-877-524-4718            Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>            Medicaid Phone: 1-800-992-0900</p>
<p><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.medicare.la.gov">www.medicare.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>            Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>            Phone: 603-271-5218            Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p><b>MAINE – Medicaid</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>            Phone: 1-800-442-6003            TTY: Maine relay 711</p>	<p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>            Medicaid Phone: 609-631-2392            CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>            CHIP Phone: 1-800-701-0710</p>
<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website:  <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>            Phone: 1-800-862-4840</p>	<p><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>            Phone: 1-800-541-2831</p>
<p><b>MINNESOTA – Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see “what if I have other health insurance?”]            Phone: 1-800-657-3739</p>	<p><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>            Phone: 919-855-4100</p>
<p><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>	<p><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>            Phone: 1-844-854-4825</p>

# Required Notices

<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>OREGON – Medicaid</b>	<b>VERMONT– Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> 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](http://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](http://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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

**General Notice of COBRA Continuation Coverage Rights**  
**\*\* Continuation Coverage Rights Under COBRA \*\***

**Introduction**

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

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

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

**What is COBRA continuation coverage?**

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

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

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

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

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

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

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

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

**When is COBRA continuation coverage available?**

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

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

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

**How is COBRA continuation coverage provided?**

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

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

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

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

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

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

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

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

**If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://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](http://www.HealthCare.gov).

**Keep your Plan informed of address changes**

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

**Plan Contact Information**

Louisa County  
 Attn: Faye Stewart  
 1 Woolfolk Avenue  
 Louisa, VA 23093  
[fStewart@louisa.org](mailto:fStewart@louisa.org)

Louisa County Public Schools  
 Shanice Goode  
 953 Davis Hwy;  
 Mineral, VA 23117  
[goodesg@lcps.k12.va.us](mailto:goodesg@lcps.k12.va.us)

***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 booklet including premiums quoted is subject to change.

All policy descriptions are for information purposes only.

Your actual policies may be different than those in this booklet.