




PayCheck Connection

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Voluntary

Benefit Options

Benefits specifically designed for you the modern client.

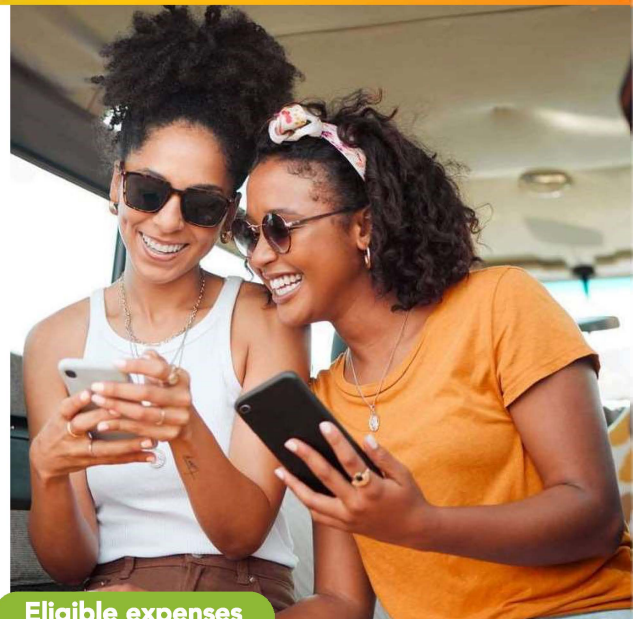
BENEFITS QUESTIONS? PLEASE CONTACT:

PCC Client Care
254 W. Hanley Avenue
Coeur d'Alene, ID 83815
Phone: 208.762.7590
Toll Free: 877.303.7590

Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using your Flexible Spending Account through ConnectYourCare.

Enroll in one or more flexible spending accounts (FSAs) depending on your needs. Flexible spending accounts run January - December each year.



Eligible expenses

Health care FSA

Pay for eligible medical, prescription, dental, and vision expenses. You'll get a debit card to pay for expenses.

2026 maximum contribution	\$3,400
Annual rollover amount	\$0 use it or lose it

Limited purpose FSA

Pay for eligible dental and vision expenses when you're also contributing to an HSA. You'll get a debit card to pay for expenses.

2026 maximum contribution	\$3,400
Annual rollover amount	\$0 use it or lose it

Be sure to file all claims (January - December) by March 31 of the following year. Enrolled in an **HDHP plan** and **eligible for HSA contributions**? You're not eligible for a health care FSA; you can contribute to a limited purpose FSA instead.

Dependent care FSA

Pay for eligible child or disabled adult care while you work or attend school.

2026 maximum contribution	\$7,500
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Married filing separately: contribute up to \$3,750 per person.

Only the amount you've **actually contributed** is available for use at any one time.

Estimate carefully! Unused funds will be forfeited at the end of the year per IRS regulations.

Transit and parking FSA

Pay for eligible transit and parking expenses related to work.

Monthly maximum contribution	\$340
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Enrollment and contribution elections are made on a monthly basis, not annual.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.



Term Life Insurance*

Option 1 \$10,000 Employee / \$5,000 Spouse / \$2,000 Child(ren)

Option 2 \$20,000 Employee / \$10,000 Spouse / \$2,000 Child(ren)

Dependent children eligible on the 15th day

Benefit not available after age 65



	Option 1	Option 2
Employee Only	\$3.75	\$7.50
Employee + Family	\$6.38	\$12.00

**Term Life is underwritten by AXIS Global Accident and Health Insurance Company*

TELEMEDICINE

Available now for only
\$19.95 per month per
employee...

Great add on to a
current medical plan
or with NO plan!

Call today to get set up!
208.762.7590



TALK TO A DOCTOR ANYTIME, ANYWHERE!

We're here for you rain or shine. Our network of licensed doctors are standing by 24x7 to help you with the press of a button. They can diagnose, treat, and often prescribe for an array of medical issues right over the phone, even from the comfort of your couch... a little thing we like to call COUCH CARE!

Download the app and take charge today!



PayCheck Connection is pleased to offer a variety of benefits during your upcoming enrollment. You will have the opportunity to speak with a benefits counselor during open enrollment to find out about all of your benefit options.

The following Voluntary benefits will be offered during enrollment:

Dental Insurance provides benefits for a variety of procedures, from routine cleanings to more advanced procedures.

Disability Insurance helps replace a portion of your income to help make ends meet if you become disabled from a covered accident or sickness.

Group Accident Insurance can provide a benefit for a range of accidental injuries and treatments. You can use the money however you choose.

Group Critical Illness Insurance provides a benefit to help you manage the financial impacts of a critical illness.

Group Hospital Indemnity Insurance provides a benefit for hospital confinement or outpatient surgery to help with deductibles.

Group Term Life Insurance provides money to your family if you die within a certain time period, or "term." It can help them with final arrangements, living expenses, tuition and more.

Additional offerings

LawAssure™ one year of access to legal document preparation

WellCard provides discounts on prescription drugs, discounts on medical expenses, access to a telemedicine provider, and medical bill consultation.



If you have questions about your enrollment contact your local Colonial Life Independent Agent*:

Chris Jones* District General Agent
208-949-7805
chris.jones@coloniallifesales.com

To learn more about your available benefits, go to:
<https://calendly.com/d/cs29-qcz-b5m> or scan QR code above with your phone camera.

Additional offerings: State restrictions may apply. Terms and availability of service are subject to change. Service providers do not provide legal advice. Please contact your Benefits Counselor for details. LawAssure™ is a trademark of and service provided by Epoq, Inc. WellCard is not insurance and is not intended to replace insurance. Discounts are only available at participating pharmacies and providers. Void where prohibited by law. Services must be paid for at the time rendered to obtain discounts.

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.

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Oregon, Idaho, and California Residents

Individual Dental Insurance

Enhanced Plan – No waiting period

\$3,000 | 100% | 80% | 50%



This benefit summary provides a quick reference for the dental plan benefits.

Policy details	
Policy year maximum benefit <ul style="list-style-type: none">Per person (applies to Class A, B and C services)	\$3,000
Deductible <ul style="list-style-type: none">Per person (applies to Class B and C services only)Maximum of three per family per policy year	\$50

Enhanced Plan dental coverage at a glance		
Co-insurance	In-network ¹	Out-of-network ² (MAC)
Class A: Preventive services	100%	100%
Class B: Basic services	80%	80%
Class C: Major services	50%	50%

Carryover benefits ³		
Carryover amount Per covered family member	Threshold limit	Carryover account max
\$400	\$800	\$1,600
How carryover benefits work <p>Receive a \$400 benefit in your carryover account to use in the next benefit year when you meet these conditions:</p> <ul style="list-style-type: none">One cleaning and one routine exam andTotal paid dental claims for Class A, B or C services below \$800 (your threshold limit, the maximum amount of benefits an insured can receive during a policy year and still be able to receive the carryover benefit). <p>Your carryover account can grow up to \$1,600 to help pay for claims if you exceed your policy year maximum benefit.³</p>		

Covered services	In-network coverage ¹	Out-of-network coverage ² (MAC)	Waiting period
Class A: Preventive services			
<ul style="list-style-type: none">• Routine exams and cleanings<ul style="list-style-type: none">- Two per 12-month period- One additional cleaning per 12 months if member is in second or third trimester of pregnancy⁴• X-rays (bitewing x-rays)<ul style="list-style-type: none">- Up to four films, once every 12 months• Full mouth/panoramic x-rays<ul style="list-style-type: none">- Once every five years• Fluoride treatment<ul style="list-style-type: none">- Up to age 16, once every 12 months• Sealants<ul style="list-style-type: none">- Up to age 16, once every 36 months• Space maintainers<ul style="list-style-type: none">- Up to age 16, once every 24 months• Oral cancer screening<ul style="list-style-type: none">- For age 40+, once every 12 months	100%	100%	No waiting period
Class B: Basic services			
<ul style="list-style-type: none">• Fillings• Posterior composite restorations• Simple extractions• Repair of crowns, dentures or bridges• Periodontics (gum treatments)• Endodontics (root canals)• Emergency treatment	80%	80%	No waiting period
Class C: Major services			
<ul style="list-style-type: none">• Oral surgery (surgical extractions and impacted teeth)• Anesthesia (covered with complex oral surgery)• Inlays and onlays• Crowns, bridges, dentures and endosteal implants• Crown lengthening	50%	50%	No waiting period

Oregon, Idaho, and California Residents

Employee	\$51.76
Employee/Spouse	\$98.33
Employee/Children	\$123.87
Family	\$183.48

Washington Residents

Dental Insurance Plans

Plan 4 Premier details

The benefit year maximum for this plan is \$2,000 per person.

Class A, B and C services apply toward the benefit year maximum.

This plan has a deductible of \$50 per person.

Families only pay the deductible for a maximum of three people.

Applies only to class B and C services.

The co-insurance for this plan is:

CLASS	TYPE OF SERVICE	IN-NETWORK
Class A	Preventive services	100%
Class B	Basic services	80%
Class C	Major services	50%



Network Benefits

Network providers have agreed to charge discounted rates for covered services. You receive the benefit of discounted services, and pay only your co-insurance portion and any applicable deductible. Plus, network providers will file your claim for you, so you don't have to deal with the paperwork.

Out-of-Network Benefits**

Out-of-network providers haven't agreed to discounted rates, and their fees may vary significantly. Your policy's coinsurance may not cover the total costs of dental care and, in addition to any deductible, you are responsible for any remaining balance. This is referred to as "balance billing" and only happens when you go out of network.

**Any out-of-network services are based on maximum allowable charge (MAC). The MAC may be used if a dentist who is a non-participating provider performs a covered dental procedure. The amount of the MAC is equal to the lesser of: (a) the dentist's actual charge; or (b) the "customary charge" for the dental service or supply. We determine the "customary charge" from within the range of charges made for the same service or supply by other providers of similar training or experience in that general geographic area.

Individual Dental PPO Insurance

COVERED PROCEDURES	PLAN 4 - PREMIER
PREVENTIVE SERVICES (CLASS A)	No Waiting Period <ul style="list-style-type: none"> ■ Routine exams and cleanings (twice every 12 months) ■ One additional cleaning per 12 months if member is in second or third trimester of pregnancy ■ X-rays ■ Bitewing X-rays (up to four films; once every 12 months) ■ Full mouth/panoramic x-rays (once every five years) ■ Children's services (up to age 14) ■ Fluoride treatment (once every 12 months) ■ Sealants (once every 36 months) ■ Space maintainers (up to age 14; once every 24 months) ■ Adjunctive pre-diagnostic oral cancer screening (for age 40 or older; once every 12 months) ■ Virtual dental visits through TeleDentistry.com*
BASIC SERVICES (CLASS B)	No Waiting Period <ul style="list-style-type: none"> ■ Simple restorative services (fillings) ■ Simple extractions ■ Emergency treatment ■ Repair of crown, denture or bridge ■ Periodontics (gum treatments) ■ Endodontics (root canals)
MAJOR SERVICES (CLASS C)	12 month waiting period (Subject to Takeover) <ul style="list-style-type: none"> ■ Oral surgery (extractions and impacted teeth) ■ Anesthesia (subject to review; covered with complex oral surgery) ■ Inlays and onlays ■ Crowns ■ Bridges ■ Dentures ■ Endosteal implants (in lieu of an approved three-unit bridge)

ColonialLife.com

*Terms and availability of service from TeleDentistry.com are subject to change. Services are not valid after policy terminates. All plans include a missing tooth clause. No benefits will be paid for replacement of teeth missing prior to the effective date of coverage.

Rollover Benefit

Earn extra benefits just by taking care of your teeth.

How it works

Each benefit year, a member must have:

- One cleaning
- One regular exam
- Total dental claims paid during the year below the threshold limit

If all three criteria are met, a portion of the annual maximum will roll over to the next year.

	BASE PLAN ANNUAL MAXIMUM	THRESHOLD LIMIT ¹	ROLLOVER AMOUNT ¹	ROLLOVER ACCOUNT MAXIMUM	TOTAL POTENTIAL ANNUAL MAXIMUM
PLAN 4 - PREMIER	\$2,000	\$800	\$400	\$1,600	\$3,600

1 Per benefit year.

Additional information

- Each covered family member receives his or her own rollover benefit.
- A member must be covered for one benefit year to use his or her rollover benefit.
- The rollover benefit cannot be used toward orthodontia, if offered.
- The rollover account balance will be eliminated if the member has a break in coverage for any reason.

Washington Residents

Employee	\$36.69
Employee/Spouse	\$69.69
Employee/Children	\$87.79
Family	\$130.02

Make Eye Health a Priority with VSP!

Your health comes first with VSP and Sambardino, Inc.. Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$489*

More Ways to Save

Extra **\$20** to spend on
Featured Frame Brands†

bebe Calvin Klein COLE HAAN
DRAGON FLEXON LONGCHAMP

 and more

Up to **40%** Savings on
lens enhancements‡

See all brands and offers
at vsp.com/offers.

Enroll through your employer today.
Questions?

vsp.com
800.877.7195 (TTY: 711)

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.



Save on Featured Frame Brands when you shop on Eyeconic®, the VSP in-network online eyewear store.

Getting started is easy!

Let your plan do the most it can. When you create an account on vsp.com, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.



Scan QR code or visit vsp.com
to learn more.

*Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible. †Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

**Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. VSP Premier Edge™ is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

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VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare™ and VSP Premier Edge are trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners. 136668 VCCM

Classification: Restricted

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Samedino, Inc..

Provider Network:

VSP Signature

Effective Date:

01/01/2026



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	\$20 Up to \$39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed
PRESCRIPTION GLASSES			
		\$20	See frame and lenses
FRAME*	<ul style="list-style-type: none"> \$220 Featured Frame Brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$200 Walmart/Sam's Club frame allowance \$110 Costco frame allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam. 		
	Laser Vision Correction <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
	Exclusive Member Extras for VSP Members <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to vsp.com to find an in-network doctor.

Employee Only rate	\$10.19
Employee + Spouse	\$16.30
Employee + Child(ren)	\$16.64
Employee + Family	\$26.83

Critical Care Transport Service

Life Flight



Membership

In an emergency, the last thing you want to think about is the bill. With the Life Flight Network membership program, you'll not only have the assurance that you and your family will receive quality critical care transport, you'll have peace of mind knowing your transport will not create extra financial hardship.

Benefits of Membership

Critical care transport of any kind is expensive, and air transport is no exception. An average flight can cost thousands of dollars, which may not be covered in full by your health insurance plan. With our Membership Program, you won't have to worry about financial hardship should you ever require our transport services. Membership benefits include:

- Coverage for you, your spouse or domestic partner and family members eligible to be claimed for income tax purposes.
- Life Flight will bill your insurance company directly so you won't incur out-of-pocket expenses.
- An ever-extending service area. Thanks to reciprocal agreements with several regional air medical transport providers, your Life Flight membership will be honored by similar programs, extending to parts of Washington, Idaho, Oregon, Montana, Nevada, and California should you need to be flown.
- \$75.00 for One year for you and family due and payable in full month prior to effective date.
- Employees that may already have the membership can also benefit from the group discount; I can prorate their existing membership from *their* expiration date to when the group would be renewing.
- Provides additional value for employees and volunteers with discounted group rate.
- Life Flight Network Memberships are honored by several regional air transport reciprocal partners. Your Life Flight Membership covers air transport when emergently transported in a Life Flight Network aircraft. Reciprocity between regional air membership programs is subject to the reciprocating program's rules.

There. When you need us. www.lifeflight.org

Medical Option - Everyday Wellness

EVERYDAYWellness - Direct Care Plan

\$50/Month Adult

\$20/Month Child (0-17)

NO COPAY

Not Insurance - No Deductible / No Pre-existing Conditions



Heritage Health

BENEFIT SUMMARY	
Annual Maximum Benefit	15 Office Visits (Blood Draws, Nutrition Logs, MA visits not counted)
Services Available	Medical / Behavioral Health Wellness Care Routine Medical Care Chronic Disease management Urgent Care
Membership Extras (flat fee)	Dental Cleaning/X-Ray = \$100 (+15% discount restorative care) Counseling = \$50 per visit In-House Labs = \$15 ea
Plan Limitations	Membership Pricing Discount for External Lab/Imaging Limited to care provided onsite (no hospital, hospice, vision, etc) Some Surgical Procedures Not Available Members assumes costs of care outside of this plan

Understanding Your Benefits

Your Plan features **monthly membership costs**. Each office visit does not generate a copay. This plan is like a gym club membership where you enjoy the services you want, when you want. You may be seen up to 15 times in a calendar year without any copay/visit fee. In addition, any laboratory tests performed at Heritage health you only pay the at-cost price of in-house labs (\$15). Any costs related to your care incurred outside of Heritage Health are yours alone; although, we do have discount pricing for Plan Members for imaging and labs/pathology.

Important Information Regarding Your Care: Benefits will be covered if services are with in-network providers, there is no interruption of monthly membership subscription, your organization is a payroll client of Samedino, Inc., and to qualify for pathology labs or imaging with 3rd party organizations your account must be in good standing. You may include in your account members of your family (traditional / untraditional) providing they reside with you in the same domicile. You, as an employee of a Samedino, Inc. client, need not enroll yourself in order to enroll family members; although, a child may not be enrolled in the Plan without an adult subscription (spouse and child(ren) and not employee permissible). For a list of services covered under this benefit, please visit www.dhcidaho.org.

General Exclusions

EVERYDAYWellness will not provide any of the following conditions, treatments, services, supplies or accommodations, including any direct complications or consequences that arise from them. The following list of exclusions is not comprehensive, and some may not be listed: Surgical procedures such as vasectomies or circumcisions; Hospital Care; Specialist Care; Immunizations not already covered; Home Health Care; Chronic Pain Management; External Lab and Imaging; Vision; Hearing; Hospice; Physical Therapy not already covered; Outpatient Diagnostic Procedures; Dialysis; Emergency Services not already covered; Obstetrics; Maternity Care; Counseling not already covered; Durable Medical Equipment; or, Dental Care not already covered.

Medical Option - Everyday Wellness

EVERYDAYWellness - Direct Care Plan

\$50/Month Adult

\$20/Month Child (0-17)

NO COPAY

Not Insurance - No Deductible / No Pre-existing Conditions



Heritage Health

Covered Medical Services	Lab Fees	Member Responsibility
Office Visit	n/a	\$0
Wellness Planning / Visits / Prevention	n/a	\$0
In-House Labs (CMP, BMP, Lipids, Glucose)	\$15	\$15
Annual Visit / Routine Care	n/a	\$0
PAML Labs (Labs ordered but not in-house)	Membership Discount (varies depending upon lab. Approx. 20% off retail)	Full (varies)
Well Woman Exam	\$10 (external lab)	\$10
Chronic Disease Visit (diabetes, hypertension)	(varies)	\$0 for Visit
Minor Emergencies (sprains, cuts, etc)	n/a	\$0

General Terms and Conditions:

EVERYDAYWellness is a Direct Care Plan, and not insurance. Similar to a gym club membership, you come in when you want for the services you want.

Your membership provides you access to medical, dental, counseling and behavioral health services, but it does have its limits. You are limited to 15 visits with a medical provider annually, which does not include blood draws, weight checks and health accountability visits with medical assistants or case managers. Services not offered at Heritage Health are not covered under this plan; although, we have great Discount Pricing for members.

Patients with Medicare, Medicaid or other public insurance programs are not eligible for EVERYDAY Wellness.

EVERYDAY Wellness services will not be billed to insurances and will not be applied to standard deductibles for traditional insurance plans or high deductible health plans or health savings accounts. Members are responsible for all incidental fees associated with their healthcare provided at other facilities and locations and by other health care professionals not employed by Heritage Health. Heritage Health will not make payments to any other healthcare provider on a member's behalf. Members assume responsibility for the cost of their healthcare above and beyond the scope of the information provided at the time of enrollment.

EVERYDAYWellness is not an insurance plan. Members are responsible for any and all fees incurred outside of the scope of services listed including, but not limited to, outside lab fees, hospital care, specialty care, prescriptions, surgical procedures, dialysis, or hospice, hearing, home health care. Members can expect quick and easy access to medical providers with an extended initial visit, ongoing follow ups for your wellness care, routine care, annual physicals, acute issues such as allergies or infections, or some minor procedures. This plan offers direct care for common health needs. There are really no more excuses.

MEDICAL OPTION



Accident Insurance

Breathe easier for whatever life throws your way

Accidents can happen anywhere and in the most unexpected ways. Even with medical insurance, it may not be enough to pay all of your medical expenses, like your deductible and co-insurance.

PayCheck Connection is pleased to offer Colonial Life Accident Insurance, which can help with expenses by providing you a lump-sum benefit that can be used for your out-of-pocket expenses, such as emergency room, doctor's bills and travel costs. So if you get injured in an accident, you can breathe easier about your medical bills and focus on your recovery.



The average cost of an accidental injury in the U.S. is \$6,000¹



Top causes of sports and recreational injuries treated in the ER²

- Exercise
- Cycling
- Basketball
- Skateboarding/Scooters
- Football
- Playground equipment

¹ CDC, Cost of Injury report, 2023.

² Strategic Market Research, Sports Injuries Statistics, 2023.

How accident insurance works

With accident coverage, you have stronger protection so you can focus on your health and recovery instead of worrying about paying your medical expenses. Here's how it works.

- A set amount is payable based on the injury and the treatment needed, for simple and complex injuries.
- Benefits are payable directly to you unless otherwise specified, and you can use them to pay your bills as you see fit.
- Works alongside your Health Savings Account (HSA)
- Coverage is available for you, your spouse and eligible dependent children.*
- You don't need to answer medical questions or have a physical exam to get accident coverage.**
- Benefit payments aren't reduced by any other insurance that you may have with another company.

Give your benefits a boost

We know that more complicated or severe accidents result in more expensive medical bills and more disruption in your life.

Group Accident includes a Benefit Booster*** to provide additional financial support for serious accidents. If you have more than \$5,000 in payable benefits for a covered accident, we will give you a \$500 boost to your benefits to help you with whatever expenses you have.

BENEFITS STORY

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

Olivia's Preferred plan benefits helped her cover her medical expenses when she was injured in a car accident, helping her to focus on her recovery.

OLIVIA'S ACCIDENT BENEFITS		
 Olivia arrived by ambulance at the nearest emergency room and received immediate care. ➡	<ul style="list-style-type: none">• Ambulance• Emergency department visit• Injury due to auto accident	<div>\$300</div> <div>\$200</div> <div>\$250</div>
 The doctor ordered an X-ray and discovered Olivia had fractured her thigh (femur). He also ordered a CT scan of her head to check for a brain injury. ➡	<ul style="list-style-type: none">• X-ray• Medical Imaging• Fracture (thigh)	<div>\$60</div> <div>\$200</div> <div>\$3,150</div>
 Olivia required surgery for her leg. ➡	<ul style="list-style-type: none">• Surgical repair (thigh fracture)• General anesthesia	<div>\$3,150</div> <div>\$250</div>
 Olivia boarded her pet for two nights after her surgery. ➡	Pet boarding (2 days)	\$20 x 2 = \$40
 Olivia had 8 sessions of physical therapy to help regain the strength in her leg and two follow-up appointments with her doctor. ➡	<ul style="list-style-type: none">• Therapy services (8 sessions)• Physician follow-up visits (2 visits)	<div>\$45 x 8 = \$360</div> <div>\$50 x 2 = \$100</div>
 Olivia's benefits for this accident totaled more than \$5,000. ➡	Benefit Booster	\$500
Total		\$8,560

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

* Includes domestic partner where permitted by law.

** Sickness Hospital Benefits may be subject to a pre-existing condition provision.

***Payable once per Insured per covered accident.

Flexible coverage

Your plan provides coverage for injuries and services from everyday mishaps to catastrophic events, including injury, treatment and recovery care benefits.

Your plan may have additional benefits, such as:

- Accidental death and dismemberment
- Accident hospital benefits
- Wellbeing assistance
- Active lifestyles

Certain benefits and riders may be unavailable in certain states or for certain accounts.



Accidental Death and Dismemberment (AD&D) Benefits

These benefits can help pay for expenses related to an accidental death. They can also help pay costs related to recovery and rehabilitation from an accidental dismemberment, including costs that your medical plan doesn't cover, like co-pays and deductibles.

Accidental death and dismemberment benefits are available to you with group accident coverage, as well as all your covered family members. Talk with your benefits counselor about the level of AD&D benefits available to you. Benefits are per covered person per covered accident unless stated otherwise.

BENEFITS	PREFERRED
Accidental Death - Named Insured	\$50,000
Accidental Death - Spouse or Domestic Partner	\$50,000
Accidental Death - Children	\$10,000
Accidental Death - Common Carrier - Named Insured	\$200,000
Accidental Death - Common Carrier - Spouse or Domestic Partner	\$200,000
Accidental Death - Common Carrier - Children	\$40,000
Accidental Dismemberment - Both Feet	\$75,000
Accidental Dismemberment - Both Hands	\$75,000
Accidental Dismemberment - One Foot	\$9,000
Accidental Dismemberment - One Hand	\$9,000
Accidental Dismemberment - Thumb and Index Finger of the same Hand	\$4,500
Coma - 7 or more consecutive days	\$10,000
Home Alterations and Automobile Modifications	\$1,500
Loss of Use - Hearing (one ear)	\$9,000
Loss of Use - Hearing (both ears)	\$75,000
Loss of Use - Sight of one Eye	\$9,000
Loss of Use - Sight of both Eyes	\$75,000
Loss of Use - Speech	\$75,000
Paralysis - Uniplegia	\$9,000
Paralysis - Hemiplegia	\$75,000
Paralysis - Paraplegia	\$75,000
Paralysis - Triplegia	\$75,000
Paralysis - Quadriplegia	\$75,000

Accident Hospital Benefits

These benefits can help with medical costs related to a hospital stay for a covered accident, including costs that your health insurance may not cover.

Accident hospital benefits are available to you with group accident coverage, as well as all your covered family members. Talk with your benefits counselor about the level of accident hospital benefits available to you. Benefits are per covered person per covered accident unless stated otherwise.

BENEFITS	PREFERRED
Hospital Admission	\$1,000

BENEFITS	PREFERRED
Hospital Admission – ICU	\$1,750
Hospital Confinement – Daily Stay Maximum of 365 days per Insured per Covered Accident	\$250
Hospital ICU Confinement – Daily Stay Maximum of 15 days per Insured per Covered Accident	\$400
Hospital Sub-Acute ICU Confinement – Daily Stay Maximum of 30 days per Insured per Covered Accident	\$350
Short Stay 8 to less than 20 hours	\$200

Building Benefit

This benefit can increase the value of your accident coverage the longer you keep it by increasing the amount you receive for covered eligible benefits, giving you more financial protection for the unexpected.

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

The building benefit applies to benefits for injury, fractures and dislocations, treatment, surgery, and recovery care due to a covered accident, as described in the certificate of coverage. Additional benefits may be eligible for the building benefit to apply. Refer to the certificate of coverage for a complete list of covered benefits.*

# OF MONTHS COVERED	% BENEFITS INCREASE
13-36 months	5%
37 – 60 months	10%
61+ months	15%

*Building benefit applies to any combination of these injuries or services due to a covered accident. This benefit is payable once per insured per covered accident

Accident Coverage Benefits

The following benefits are payable once per covered person for each covered accident unless otherwise noted.

	PREFERRED
Injury Benefits	
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$500
2nd Degree Burns - 20% or greater of skin surface	\$1,000
3rd Degree Burns - Less than 5% of skin surface	\$2,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$7,000
3rd Degree Burns - 20% or greater of skin surface	\$15,000
Concussion	\$375
Connective Tissue Damage - One Connective Tissue	\$100
Connective Tissue Damage - Two or more Connective Tissues	\$200
Eye Injury	\$300
Hearing Loss Injuries Once per lifetime per year per Insured	\$120
Injury due to Auto Accident	\$250
Internal Injuries	\$200
Knee Cartilage (Meniscus) Injury	\$150
Lacerations - No Repair	\$50
Lacerations - Repair: Less than 2 inches	\$150
Lacerations - Repair: At least 2 inches but less than 6 inches	\$300
Lacerations - Repair: 6 inches or greater	\$600
Loss of a Digit - Partial - Partial Dismemberment of one finger or toe	\$300
Loss of a Digit - Partial - Partial Dismemberment of two or more fingers or toes	\$600
Loss of a Digit - One Digit (except a Thumb or Big Toe)	\$750
Loss of a Digit - One Digit (a Thumb or Big Toe)	\$1,000
Loss of a Digit - Two or more Digits	\$2,000
Ruptured or Herniated Disc - One Disc	\$150
Ruptured or Herniated Disc - Two or more Discs	\$300
Fractures and Dislocation Benefits	
Maximum of two times the combined total amount for the bone with the highest benefit amount across Fractures and Dislocation and corresponding Surgical Repair benefits.	
Fractures - Ankle (including malleus and lower tibia or fibula)	\$1,200
Fractures - Bones of the Face or Nose (except mandible or maxilla)	\$910
Fractures - Coccyx, Sacrum	\$320
Fractures - Collarbone (clavicle, sternum)	\$1,200
Fractures - Finger	\$200
Fractures - Foot or Heel (except toes)	\$1,200
Fractures - Forearm (radius or ulna)	\$1,200
Fractures - Hand (except fingers)	\$1,200

	PREFERRED
Fractures - Hip	\$3,150
Fractures - Kneecap (patella)	\$1,200
Fractures - Leg (mid to upper tibia and/or fibula)	\$1,800
Fractures - Lower Jaw, mandible (except alveolar process)	\$1,200
Fractures - Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,400
Fractures - Rib	\$375
Fractures - Shoulder Blade (scapula)	\$1,200
Fractures - Skull, Depressed Skull fracture (except bones of face or nose)	\$3,750
Fractures - Skull, Non-depressed Skull fracture (except bones of face or nose)	\$1,800
Fractures - Thigh (femur)	\$3,150
Fractures - Toe	\$200
Fractures - Upper Arm between Elbow and Shoulder (humerus)	\$1,050
Fractures - Upper Jaw, maxilla (except alveolar process)	\$1,050
Fractures - Vertebrae, body of (except vertebral processes)	\$2,700
Fractures - Vertebral Processes	\$630
Fractures - Wrist (except fingers)	\$1,200
Fractures - Chip fracture Payable as a % of the applicable Fractures benefit	25%
Dislocations - Ankle	\$1,200
Dislocations - Bone or Bones of the Foot (except toes)	\$1,200
Dislocations - Bone or Bones of the Hand (except fingers)	\$810
Dislocations - Collarbone (acromioclavicular and separation)	\$200
Dislocations - Collarbone (sternoclavicular)	\$800
Dislocations - Elbow	\$450
Dislocations - Finger	\$200
Dislocations - Hip	\$3,000
Dislocations - Knee (except patella)	\$1,500
Dislocations - Lower Jaw	\$720
Dislocations - Shoulder (glenohumeral)	\$1,200
Dislocations - Toe	\$200
Dislocations - Wrist	\$600
Dislocations - Incomplete dislocation Payable as a % of the applicable Dislocations benefit	25%
Treatment Benefits	
Air Ambulance	\$1,500
Ambulance (Ground or Water)	\$300
Durable Medical Equipment - Tier 1	\$50
Durable Medical Equipment - Tier 2	\$100

	PREFERRED
Durable Medical Equipment – Tier 3	\$200
Emergency Dental Repair – Dental Crown, Denture or Implant	\$300
Emergency Dental Repair – Dental Extraction, Filling or Chip Repair	\$100
Emergency Department (Calendar Year Maximum)	\$200 4
Family Care One benefit per day for all Insureds combined, regardless of the number of Children, up to a maximum of three days per Covered Accident	\$50
Injections to Prevent or Limit Infection	\$50
Lodging 30 days per Covered Accident	\$200
Medical Imaging	\$200
Pain Management Injections	\$100
Pet Boarding One benefit per day for all Insureds combined, regardless of the number of pets, up to a maximum of three days per Covered Accident	\$20
Prosthetic Device or Artificial Limb – One Device or Limb	\$1,250
Prosthetic Device or Artificial Limb – Two or more Devices or Limbs	\$2,500
Skin Grafts – Due to Burns Payable as a % of the applicable Burn benefit	50%
Skin Grafts – Not due to Burns – Less than 20% of skin surface	\$250
Skin Grafts – Not due to Burns – 20% or greater of skin surface	\$500
Transfusions	\$400
Transportation	\$150
Treatment in a Physician's Office or Urgent Care Facility (Calendar Year Maximum)	\$100 4
X-Rays or Ultrasound	\$60
Surgery Benefits	
Anesthesia – Epidural or Regional Anesthesia	\$150
Anesthesia – General Anesthesia	\$250
Connective Tissue – Exploratory without Repair	\$125
Connective Tissue – Repair for One Connective Tissue	\$800
Connective Tissue – Repair for Two or more Connective Tissues	\$1,600
Eye Surgery	\$300
Surgical Repair – Dislocations Payable as a % of the applicable Injury benefit	\$100%
Surgical Repair – Fractures Payable as a % of the applicable Injury benefit	\$100%
General Surgery – Abdominal, Thoracic, or Cranial	\$1,500
General Surgery – Exploratory	\$225
Hernia Surgery	\$300

	PREFERRED
Knee Cartilage (Meniscus) Surgery - Exploratory without Repair	\$100
Knee Cartilage (Meniscus) Surgery - Knee Cartilage (Meniscus) with Repair	\$600
Outpatient Surgical Facility	\$300
Ruptured or Herniated Disc Surgery - Exploratory without Repair	\$125
Ruptured or Herniated Disc Surgery - Repair for One Disc	\$750
Ruptured or Herniated Disc Surgery - Repair for Two or more Discs	\$1,500
Recovery Care Benefit	
At-Home Care Five days per Covered Accident	\$100
Physician Follow-Up Visits (Max Per Covered Accident) (Max Per Calendar Year)	\$50 4 16
Rehabilitation or Sub-Acute Rehabilitation Unit Confinement 15 days per Covered Accident	\$150
Therapy Services (Speech, Physical Therapy, Occupational, Respiratory, and Vestibular Therapy) 15 days per Covered Accident	\$45
Additional Benefits	
Benefit Booster \$5,000 in Payable Claims	\$500

Monthly Rates

Employee	\$12.48
Employee/Spouse	\$19.17
Employee/Children	\$26.27
Family	\$33.15

Buy Up option with higher payouts

Employee	\$15.35
Employee/Spouse	\$24.22
Employee/Children	\$33.89
Family	\$42.96

Contact your Colonial Life benefits counselor to learn more about accident insurance.

Scan the code to the right to see how accident insurance can help you, or go to ColonialLife.com/ee-accident



Group Critical Illness Insurance



You can't predict an illness, but you can be prepared

No matter where you are in life, you never know when you or a loved one could have a sudden illness. Fortunately, medical advancements and early detection are helping many people survive critical illnesses.

These technologies and tests can lead to increased medical expenses. With health insurance only covering some of these costs, an unexpected illness could make it difficult for you to pay your regular monthly bills, such as housing, utilities and child care.

Critical illness insurance from Colonial Life helps supplement your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness.

Key benefits

- Available coverage for spouse or domestic partner 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

Group Critical Illness Insurance Plan 2

Preparing for a life-long journey

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

HOW THEIR COVERAGE HELPED

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



A hospital stay and treatment for corrective heart surgery



Physical therapy to build muscle strength



Special needs daycare

For illustrative purposes only.

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

Coverage amount: _____

Critical illness and cancer benefits

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

Subsequent diagnosis of a different critical illness²

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 illness²

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

Reoccurrence of invasive cancer (including all breast cancer)

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

Additional covered conditions for dependent children

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

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

Group Critical Illness Insurance

Heart Benefits Rider

Certain types of cardiovascular disease can be treated with a variety of options. The heart benefits rider provides a lump-sum amount for a covered heart procedure which can be used to help with out-of-pocket expenses. These benefits are for you as well as your covered family members.

Payable once per covered person per calendar year

COVERED HEART PROCEDURE ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Abdominal aortic aneurysm surgery	100%
Aortic valve replacement or repair	100%
Mitral valve replacement or repair	100%
Coronary artery bypass graft surgery	75%
Atherectomy	10%
Automatic Implantable (or internal) Cardioverter Defibrillator (AICD)	10%
Balloon angioplasty	10%
Heart catheterization	10%
Laser angioplasty	10%
Pacemaker placement	10%
Stent implantation	10%
Thrombectomy (clot removal) using catheters, such as AngioJet	10%

The rider provides a benefit for a covered heart procedure if it is the result of one of the following: acute coronary syndrome, atherosclerosis, coronary artery disease, cardiomyopathy, or valvular heart disease.

If two or more heart procedures occur on the same day, we may pay only one heart benefit. In addition, we may pay the larger of the two heart benefits.

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

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. These benefits are for you as well as your covered family members.

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

COVERED PROGRESSIVE DISEASE ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
This benefit is payable if the covered person has met the 90-day elimination period.	
Amyotrophic Lateral Sclerosis (ALS)	25%
Dementia (including Alzheimer's disease)	25%
Huntington's disease	25%
Lupus	25%
Multiple sclerosis (MS)	25%
Muscular dystrophy	25%
Myasthenia gravis (MG)	25%
Parkinson's disease	25%
Systemic sclerosis (scleroderma)	25%

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

Group Critical Illness Insurance

Minimum benefit \$5,000 to a Maximum benefit of \$75,000

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.

	Employee	Employee/Spouse
	Per \$1000	Per \$1000
17-24	\$0.45	\$0.66
25-29	\$0.62	\$0.89
30-34	\$0.80	\$1.18
35-39	\$1.20	\$1.75
40-44	\$1.59	\$2.37
45-49	\$2.24	\$3.39
50-54	\$2.89	\$4.39
55-59	\$3.80	\$5.76
60-64	\$5.05	\$7.66
65-74	\$5.93	\$9.01

THIS INSURANCE PROVIDES LIMITED BENEFITS

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; suicide or injuring oneself intentionally, whether sane or not; war; 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.

EXCLUSIONS AND LIMITATIONS FOR HEART BENEFITS RIDER

We will not pay benefits for a covered heart procedure that occurs as a result of a covered person's: alcoholism or drug addiction; felonies; suicide or injuring oneself intentionally, whether sane or not; war; 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 undergoes a covered heart procedure.

EXCLUSIONS AND LIMITATIONS FOR PROGRESSIVE DISEASES RIDER

We will not pay benefits for a covered progressive disease that occurs as a result of a covered person's: alcoholism or drug addiction; felonies; suicide or injuring oneself intentionally, whether sane or not; war; 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 covered progressive disease.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing Condition means a sickness or physical condition which caused a covered person to seek medical advice, diagnosis, care or treatment during the 6 months immediately preceding 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-ID and certificate form GCI6000-C-ID and riders R-GCI6000-HB-ID, R-GCI6000-PD-ID. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

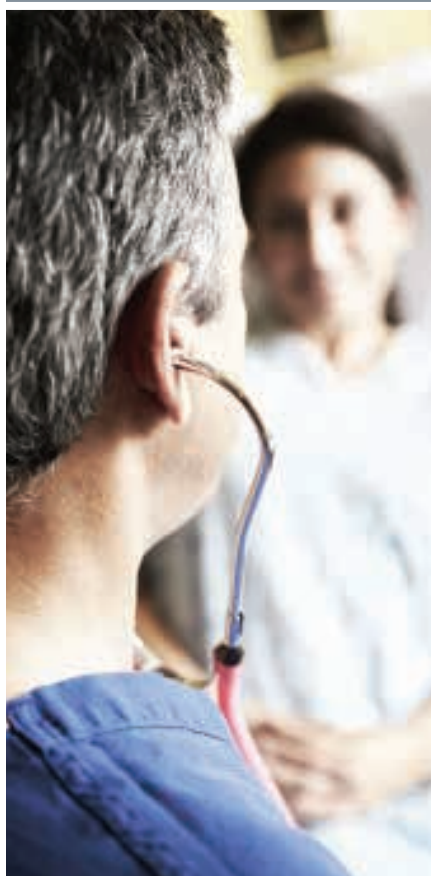
Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC

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For more information,
talk with your
benefits counselor.

ColonialLife.com



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. If you're admitted to the hospital for a covered accident or covered sickness, Group Medical Bridge,SM Colonial Life's hospital indemnity insurance, could help pay for out-of-pocket costs.

One family's journey

Nathan was doing yard work with his wife when his chest pains began. After an emergency room visit, the couple was relieved to learn it was a false alarm. A few weeks later, Nathan had a follow-up appointment with his family doctor.

Nathan's Group Medical Bridge benefits helped pay for the out-of-pocket expenses associated with his medical care.

NATHAN'S OUT-OF-POCKET EXPENSES	
Emergency room co-pay	\$100
Deductible	\$1,500
Doctor's visit co-pay	\$25
Coinsurance	\$1,800
	\$3,425

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



Only 37% of Americans would have enough savings to pay an unexpected expense of around \$1,000.

Bankrate.com, Survey: How Americans Contend with Unexpected Expenses (Jan. 6, 2016)

To learn more, contact:

ColonialLife.com

Hospital Indemnity Insurance

These benefits are available for you, your spouse and eligible dependent children.

This brochure provides an overview of the plan. For complete details, refer to your certificate.



Basic benefits

Hospital confinement	\$1,000 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

Additional benefits

Outpatient surgical procedure	\$500 per day \$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.
Inpatient mental and nervous	\$500 per day	Maximum of 365 days per covered person per calendar year. Lifetime maximum benefit of \$2,000 per covered person.
Rehabilitation unit confinement	\$100 per day	Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year
Observation room	\$100 per day	Maximum of two days per covered person per calendar year

Medical treatment package

This package can help pay for out-of-pocket expenses related to the treatment of a covered accident or covered sickness.

Air ambulance	\$1000 per day	Maximum of one day per covered person per calendar year
Ambulance	\$100 per day	
Appliance	\$100 per day	
Emergency room visit	\$100 per day	Maximum of two days per covered person per calendar year
X-ray	\$25 per day	
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

Wellbeing assistance standard benefit

This benefit can help pay for routine preventive tests you have each year.

Wellbeing assistance standard	\$100	Maximum of one day per covered person per calendar year
Below is a sample of the tests that may be covered		
- Blood test for triglycerides - Breast ultrasound - Blood test for breast cancer - Carotid Doppler - Colonoscopy	- Echocardiogram (ECHO) - Electrocardiogram (EKG, ECG) - Fasting blood glucose test - Mammography - Pap smear	- PSA (prostate cancer blood test) - Serum cholesterol test for HDL and LDL levels - Skin cancer biopsy - Stress test — bicycle or treadmill

Outpatient procedures

The following procedures are a sampling of the procedures that may be covered. Surgical procedures must be performed by a doctor in a hospital or ambulatory surgical center.

Tier 1 outpatient surgical procedures

Breast - Axillary node dissection - Lumpectomy Cardiac - Pacemaker insertion Digestive - Colonoscopy* - Hemorrhoidectomy	Ear, nose, throat, mouth - Adenoidectomy - Tonsillectomy Gynecological - Dilation and curettage (D&C) - Endometrial ablation Liver - Paracentesis	Musculoskeletal - Carpal/cubital repair or release - Foot surgery Skin - Skin grafting
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*Colonoscopy must result in polyp removal or be recommended by a physician for the purposes of treating or diagnosing a sickness.

Tier 2 outpatient surgical procedures

Breast - Breast reconstruction - Breast reduction Cardiac - Angioplasty - Cardiac catheterization Digestive - Exploratory laparoscopy - Laparoscopic appendectomy	Ear, nose, throat, mouth - Ethmoidectomy - Mastoidectomy Eye - Cataract surgery - Glaucoma surgery Gynecological - Hysterectomy - Myomectomy	Musculoskeletal - Arthroscopic knee surgery with knee cartilage repair - Fracture Thyroid - Excision of a mass Urologic - Lithotripsy
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EXCLUSIONS AND LIMITATIONS

THIS POLICY PROVIDES LIMITED BENEFITS.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for Hospital Confinement, Daily Hospital Confinement or any of the following benefit(s) for any covered person when such loss results from a pre-existing condition as defined in this certificate, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule:

- Rehabilitation Unit Confinement
- Outpatient Surgical Procedure
- Inpatient Mental and Nervous
- Diagnostic Procedure
- Specified Critical Illness

GENERAL 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 covered person's:

- Addiction to alcohol or drugs, except for drugs taken as prescribed by his physician.
- Treatment for dental care or dental procedures, unless treatment is the result of a covered accident.
- Having cosmetic surgery that is not medically necessary, except that "cosmetic surgery" shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child.
- Participating in a felony, riot, or insurrection.
- Having a disorder including but not limited to neurosis, psychoneurosis, psychosis, or mental or emotional disease or disorder of any kind. Alzheimer's disease and other organic senile dementias are not considered mental or nervous disorders. This exclusion does not apply to inpatient mental and nervous benefit, if included.
- Undergoing elective abortion. This means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
- Dependent child's pregnancy, including services rendered to her child after birth.
- Committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- Being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority.

HOSPITAL CONFINEMENT LIMITATIONS

We will not pay benefits for hospital confinement or daily hospital confinement due to any covered person giving birth within the first nine (9) months after the coverage effective date of the certificate as a result of a normal pregnancy, including cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness.

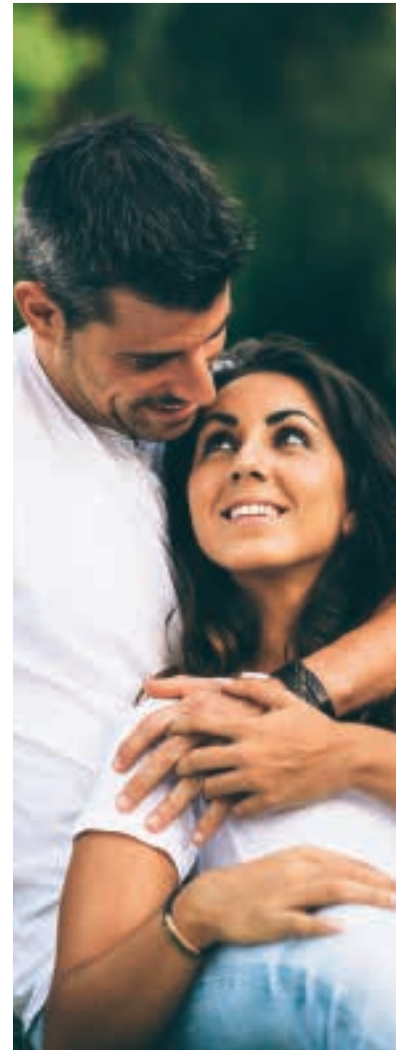
WELL BABY CARE LIMITATION

We will not pay benefits for hospital confinement or daily hospital confinement, if included, of a newborn child following his birth unless he is injured or sick.

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 GMB7000-P.

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

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Hospital Indemnity Insurance



Monthly Rates

Employee	\$35.57
Employee/Spouse	\$74.85
Employee/Children	\$54.25
Family	\$93.35

For more information,
talk with your benefits
counselor.

ColonialLife.com



Group Term Life Insurance

Voluntary coverage

Our group term life insurance can help increase financial security for your family if something were to happen to you. You can also apply for coverage for your spouse and eligible dependent children without health questions.¹

How much group term coverage do I need?

You: \$ _____	<ul style="list-style-type: none"> Available in \$1,000 increments Minimum of \$10,000 increments to a maximum of five times your salary to \$500,000
Your spouse: \$ _____	<ul style="list-style-type: none"> Available in \$1,000 increments Minimum of \$5,000 to a maximum of \$500,000 Spouse coverage cannot exceed your coverage amount²
Your dependent children (up to age 26): \$ _____	<ul style="list-style-type: none"> Available in \$1,000 increments Minimum of \$1,000 to a maximum of \$10,000 per dependent child Each dependent child is covered for the same amount, except children from live birth to six months for whom the death benefit is \$1,000



Why group term life insurance is a good option

- Death benefit
- Lower premiums
- Coverage during high-need years
- Benefit payment typically tax-free

	Employee		Spouse	Dependent Child
	Non Tobacco	Tobacco	Uni-tobacco	
17-24	0.056	0.070	0.073	0.345
25-29	0.060	0.074	0.084	0.345
30-34	0.080	0.100	0.115	Dependent children coverage is available up to age 26
35-39	0.117	0.153	0.168	
40-44	0.177	0.244	0.253	
45-49	0.276	0.381	0.392	
50-54	0.403	0.592	0.582	
55-59	0.585	0.776	0.853	
60-64	0.764	0.979	1.174	
65-69	1.096	1.356	1.680	
70-74	2.074	2.544	3.178	
75+	6.477	7.402	9.825	

Disability Insurance

How you can protect your income



If you become disabled, you could be out of work for a while. Without your income, how would you pay for your everyday living expenses? Fortunately, Colonial Life offers financial protection options that can help you.

What can cause a disability?

Many accidents or sicknesses can lead to short term disability claims, including pregnancy and childbirth; injuries from a major accident including dislocations, sprains and fractures; back problems; side effects from medicines or medical procedures; and some mental illnesses.

Regardless of your age or health, a disabling sickness or accidental injuries could keep you out of work for weeks or even months.

How reliable is your safety net?

While many people with disabilities look to workers' compensation or Social Security Disability Insurance (SSDI) for help, these resources aren't always reliable. In fact, 68% of workers who apply for SSDI are denied.¹ Even if these resources can help, they might not be enough to meet your financial obligations.

How to help yourself

You can be better prepared to preserve your way of life with short term disability insurance.

Disability insurance features:

- Benefits payable directly to you in regular payments if you can't work because of a covered accident or sickness (injury or illness).
- Disability benefits may be available if you return to work part time.
- In most cases, you can keep your coverage even if you change jobs, as long as you pay your premiums when due.

Your Colonial Life benefits counselor can help you determine the amount of coverage that's right for you.



Nearly

70%

of Americans worry about having enough emergency savings to cover a month's worth of living expenses.²



25%

of 20 year olds can expect to be out of work for at least a year for a disabling condition before they retire.³

Rates vary based on state and age

PayCheck Connection is pleased to offer a variety of benefits during your upcoming enrollment. You will have the opportunity to speak with a benefits counselor during open enrollment to find out about all of your benefit options.

The following Voluntary benefits will be offered during enrollment:

Dental Insurance provides benefits for a variety of procedures, from routine cleanings to more advanced procedures.

Disability Insurance helps replace a portion of your income to help make ends meet if you become disabled from a covered accident or sickness.

Group Accident Insurance can provide a benefit for a range of accidental injuries and treatments. You can use the money however you choose.

Group Critical Illness Insurance provides a benefit to help you manage the financial impacts of a critical illness.

Group Hospital Indemnity Insurance provides a benefit for hospital confinement or outpatient surgery to help with deductibles.

Group Term Life Insurance provides money to your family if you die within a certain time period, or "term." It can help them with final arrangements, living expenses, tuition and more.

Additional offerings

LawAssure™ one year of access to legal document preparation

WellCard provides discounts on prescription drugs, discounts on medical expenses, access to a telemedicine provider, and medical bill consultation.



If you have questions about your enrollment contact your local Colonial Life Independent Agent*:

Chris Jones* District General Agent

208-949-7805

chris.jones@coloniallifesales.com

To learn more about your available benefits, go to:
<https://calendly.com/d/cs29-qcz-b5m> or scan QR code above with your phone camera.

Additional offerings: State restrictions may apply. Terms and availability of service are subject to change. Service providers do not provide legal advice. Please contact your Benefits Counselor for details. LawAssure™ is a trademark of and service provided by Epoq, Inc. WellCard is not insurance and is not intended to replace insurance. Discounts are only available at participating pharmacies and providers. Void where prohibited by law. Services must be paid for at the time rendered to obtain discounts.

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.

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LegalShield Plan

Benefits	Description
Unlimited Toll-Free Phone Consultations	Unlimited toll-free phone consultations with your Provider Law Firm for any legal matter-personal or business
Phone Calls & Letters on your behalf	One (1) phone call or letter per subject matter One (1) call or letter for up to two (2) business matters per year
Contract & Document Review	Unlimited number of documents up to ten (10) pages each Plus one (1) business document up to ten (10) pages per year
Health Care Power of Attorney	Medical Power of Attorney preparation for you and your spouse Annual review and update
Living Will	Directive to Physician/Living Will preparation for you and your spouse Annual review and update
Will Preparation	Will preparation and annual reviews & updates for your and your covered family member
Motor Vehicle Services	Moving violation assistance Motor vehicle-related criminal charge assistance Up to 2.5 hours help with driver's license reinstatement & personal injury/property damage collection assistance of \$2,000 or less
Trial Defense Services (Not available in Washington State)	Defense of civil and job-related criminal suits for you and your spouse Up to 75 hours of trial time per year of which 17.5 hours is pre-trial
IRS Audit Legal Services (Not available in Washington State)	Up to fifty (50) hours of your Provider Law Firm's time for an IRS audit
Discounted Services	25% discount off your Provider Law Firm's standard hourly rate for any legal matter not otherwise covered
Legal Shield	24 hour access to an attorney if you were about to be detained or arrested, injured in an accident, if the authorities attempted to remove your child from your home or custody or if an officer arrived with a warrant.

Monthly Contribution
\$15.95



Identity Theft Shield Plan

IDENTITY THEFT SHIELD PLAN

Benefits	Description
Credit Report	Evaluate your current credit standing with: An Up-to-date credit report through Experian at no added cost. A personal credit score calculated by an independent scoring service. A detailed analysis of your personal credit score
Continuous Credit Monitoring	Suspicious activity will be brought to your attention, providing you with early detection. You'll receive prompt notice if the credit repository is notified by Experian that: New accounts have been opened in your name Derogatory notations have been added to your credit report Public records have been added to your report Inquiries have been made against your report A change of address has been requested
Identity Restoration	Identity theft can be devastating, and the process or restoring your name can be overwhelming and costly. You need more than "do it yourself" information if it happens to you.
Reduce Out-of-Pocket Expenses	A trained expert will take the steps to restore your name and credit for you!
Fraud Alert Notification	Fraud alert notifications will be sent on your behalf and applicable follow up will be done with affected agencies and institutions, including: credit card companies, financial institutions, all three credit repositories, Social Security Administration, Federal Trade Commission, Department of Motor Vehicles, law enforcement personnel, and the U. S. Postal Service.
Proactive Searches	Proactive searches of applicable local and national databases will be made on your behalf to look for information you may not be aware of, including: criminal activity in your name in your count's records and certain federal watch lists, Department of Motor Vehicle records in your state, unknown addresses affiliated with your name, and banking activity in your name reported as fraudulent.
Toll-Free Numbers	Toll-Free number to report any potential discrepancy in your credit report.
Coverage	You and your spouse.
Services Provided by	Kroll Background America – the world's leading risk consulting company.

Monthly Contribution

\$12.95 stand alone

\$9.95 if in combination

**with Pre-paid legal
Comprehensive Plan**