

Your Voluntary Benefits Offering from Colonial Life!

Montgomery County Schools

Open Enrollment for Colonial Life: November 1 Till December 1st

Call 866-383-9955 With Any Questions or To Enroll in Any of the Benefits Below.

10- Pay - Payroll Rate Samples

Short Term Disability: Example \$1000/month, 3 Month Benefit Period

"Paycheck Insurance!" Provides income replacement to help you pay mortgage or rent, utility bills or other expenses should you become disabled due to a covered accident or illness. Maternity covered after policy has been in-force 9 months.

| | <u>7/7 Waiting Period</u> | <u>14/14/ Waiting Period</u> |
|-----------|---------------------------|------------------------------|
| Age 17-49 | \$33.00 | \$22.20 |
| Age 50-69 | \$39.60 | \$28.20 |

Accident 1.0: Off Job Coverage, Worldwide, Preferred Plan

Helps offset unexpected medical expenses that can result from accidental injury. Includes lump-sum benefits for ER or Urgent Care treatment, Surgery, Broken/Fractured Bones, Torn Ligaments, Concussions, Hospitalization, Physical Therapy & Devices, follow-up Doctor visits, and Catastrophic Coverage for covered accidents. All benefits paid directly to you. **Optional Spouse Disability Coverage available**

| | <u>Employee</u> | <u>EE + Spouse</u> | <u>EE + Child(ren)</u> | <u>Family</u> |
|--|-----------------|--------------------|------------------------|---------------|
| | \$22.80 | \$30.80 | \$36.62 | \$44.62 |

Cancer Assist: Level 2

Provides wellness benefits for screening tests and follow up. Benefits provide protection against out-of-pocket medical and "indirect" non-medical expenses related to cancer, such as companion transportation, lodging, child care, and experimental treatment. Also includes benefits for initial & reconstructive surgery, hospitalization, chemotherapy & radiation. Rate includes \$1,000 Initial Diagnosis, Specified Disease Riders and \$75 Wellness Benefits.

| | <u>Employee</u> | <u>EE + Spouse</u> | <u>EE + Child(ren)</u> | <u>Family</u> |
|--|-----------------|--------------------|------------------------|---------------|
| | \$27.00 | \$42.18 | \$27.48 | \$42.66 |

Critical Illness*: Example \$10,000 and \$25,000 Benefit Amount With Subsequent Diagnosis, Wellness Benefits

Complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness such as Heart Attack, Stroke, Major Organ Failure, End Stage Renal (Kidney) Failure, Permanent Paralysis due to a Covered Accident, Coma, Blindness, or Occupational Infectious HIV or Hepatitis B, C or D which can often be expensive and lengthy. Choose your own benefit amount. *Family coverage available.

| <u>\$10,000 Benefit</u> | | | | | <u>\$25,000 Benefit</u> | | | | |
|-------------------------|------------------------|---------|------------------------|---------|-------------------------|------------------------|----------|------------------------|----------|
| AGE | <u>1-parent Family</u> | | <u>2-parent Family</u> | | AGE | <u>1-parent Family</u> | | <u>2-parent Family</u> | |
| | Non-Tob | Tobacco | Non-Tob | Tobacco | | Non-Tob | Tobacco | Non-Tob | Tobacco |
| 17-24 | \$5.46 | \$6.66 | \$8.28 | \$10.20 | 17-24 | \$9.78 | \$12.78 | \$14.76 | \$19.56 |
| 25-29 | \$6.30 | \$8.22 | \$9.72 | \$12.60 | 25-29 | \$11.88 | \$16.68 | \$18.36 | \$25.56 |
| 30-34 | \$7.26 | \$10.26 | \$11.28 | \$15.84 | 30-34 | \$14.28 | \$21.78 | \$22.26 | \$33.66 |
| 35-39 | \$10.14 | \$14.22 | \$15.60 | \$21.84 | 35-39 | \$21.48 | \$31.68 | \$33.06 | \$48.66 |
| 40-44 | \$12.06 | \$18.42 | \$18.48 | \$28.32 | 40-44 | \$26.28 | \$42.18 | \$40.26 | \$64.86 |
| 45-49 | \$15.66 | \$23.70 | \$24.00 | \$36.36 | 45-49 | \$35.28 | \$55.38 | \$54.06 | \$84.96 |
| 50-54 | \$19.98 | \$29.82 | \$30.72 | \$45.72 | 50-54 | \$46.08 | \$70.68 | \$70.86 | \$108.36 |
| 55-59 | \$24.66 | \$37.86 | \$37.80 | \$58.20 | 55-59 | \$57.78 | \$90.78 | \$88.56 | \$139.56 |
| 60-64 | \$30.54 | \$45.54 | \$46.92 | \$69.96 | 60-64 | \$72.48 | \$103.98 | \$111.36 | \$168.96 |
| 65-70 | \$34.62 | \$52.02 | \$53.16 | \$80.04 | 65-70 | \$82.68 | \$126.18 | \$126.96 | \$194.16 |

* Premiums depend on Exact Age, Tobacco Status and Face Amount Desired, and any spouse or dependent riders you may choose to add.

This is a brief summary, see the Outline of Coverage for complete details of benefits, exclusions and limitations. This is not an application for coverage; you must complete the required Enrollment Application and Forms.