2019 - 2020

Benefit Summary

Por Vida

Academy Charter



POR VIDA ACADEMY CHARTER DISTRICT

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Benefits Overview

Por Vida is proud to offer a comprehensive benefits package to eligible, full-time employees who work 20 hours per week. The complete benefits package is briefly summarized in this booklet.

You share the costs of some benefits (medical) and Por Vida provides other benefits at no cost to you (life, accidental death & dismemberment) and Healthiest You (Teledoc). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

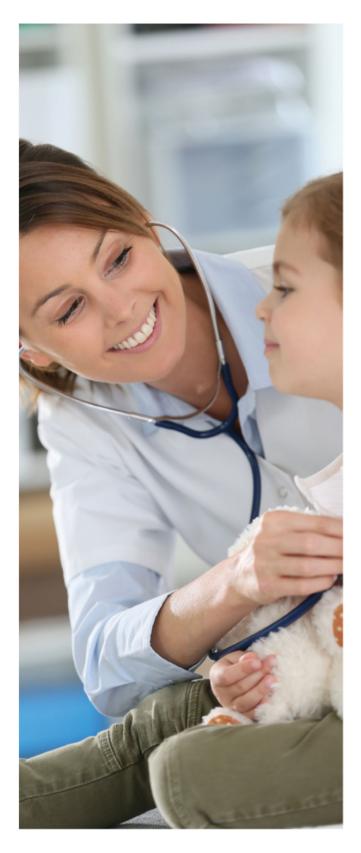
- Medical
- Dental
- Vision
- Basic /Accidental Death & Dismemberment (AD& D) & Voluntary Life Insurance
- Flexible Spending Account (FSA)
- Short Term Disability & Long Term Disability
- Healthiest You (Teledoc)
- · Accident, Cancer, Critical Illness & Medical Bridge
- ID Watchdog

Eligibility

All new hires have the option to enroll for TRS-Active Care coverage effective dates (actively-at-work date or the first of the month following the actively-at-work date).

Eligible dependents are your spouse, children under age 26, and disabled dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.



Medical Benefits

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Por Vida offers you a choice of two (2) medical plans. With the PPO, you may select where you receive your medical services. If you use innetwork providers, your costs will be less. Remember with ActiveCare Select, an In-Network provider must be used! ActiveCare 2 is a closed plan! Only participants presently enrolled are eligible to remain in this plan for 2019-2020! No new enrollments will be allowed!

2019-20 TRS-ActiveCare Plan Highlights

Effective Sept. 1, 2019 through Aug. 31, 2020 | In-Network Level of Benefits¹



Medical Coverage	TRS-ActiveCare 1-HD	TRS-ActiveCare Select/ TRS-ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical	TRS-ActiveCare 2 NOTE: If you're currently enrolled in TRS-ActiveCare 2
		Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.
Deductible (per plan year)			
In-Network	\$2,750 employee only/\$5,500 family	\$1,200 individual/\$3,600 family	\$1,000 individual/\$3,000 family
Out-of-Network	\$5,500 employee only/\$11,000 family	Not applicable. This plan does not cover out- of-network services except for emergencies.	\$2,000 individual/\$6,000 family
Out-of-Pocket Maximum (per plan year, medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum)	The individual out-of-pocket maximum only includes covered expenses incurred by that individual.		
In-Network	\$6,750 individual/\$13,500 family	\$7,900 individual/\$15,800 family	\$7,900 individual/\$15,800 family
Out-of-Network	\$20,250 individual/\$40,500 family	Not applicable. This plan does not cover out- of-network services except for emergencies.	\$23,700 individual/\$47,400 family
Coinsurance In-Network Participant pays (after deductible)	20%	20%	20%
Out-of-Network Participant pays (after deductible)	40% of allowed amount unless otherwise noted	Not applicable. This plan does not cover out- of-network services except for emergencies.	40% of allowed amount unless otherwise noted
Office Visit Copay Participant pays	20% after deductible	\$30 copay for primary \$70 copay for specialist	\$30 copay for primary \$70 copay for specialist
Diagnostic Lab Participant pays	20% after deductible	20% after deductible	20% after deductible
Preventive Care See below for examples	Plan pays 100%	Plan pays 100%	Plan pays 100%
Teladoc® Physician Services	\$40 consultation fee (counts toward deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
High-Tech Radiology (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
Inpatient Hospital Facility Charges Only (preauthorization required)			
In-Network	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
Out-of-Network	Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess over the \$500 per day cap	Not applicable. This plan does not cover out- of-network services except for emergencies.	Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess of over the \$500 per day cap
Freestanding Emergency Room Participant pays	\$500 copay per visit plus 20% after deductible	\$500 copay per visit plus 20% after deductible	\$500 copay per visit plus 20% after deductible
Emergency Room (true emergency use) Participant pays	20% after deductible	\$250 copay plus 20% after deductible (copay waived if admitted)	\$250 copay plus 20% after deductible (copay waived if admitted)
Outpatient Surgery Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
Bariatric Surgery (only covered if performed at an IOQ facility) Physician charges; Participant pays	\$5,000 copay (does apply to out-of- pocket maximum) plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
Annual Vision Examination (one per plan year, performed by an ophthalmologist or optometrist) Participant pays	20% after deductible	\$70 copay for specialist	\$70 copay for specialist
Annual Hearing Examination Participant pays	20% after deductible	\$30 copay for primary \$70 copay for specialist	\$30 copay for primary \$70 copay for specialist

Preventive Care

Some examples of preventive care frequency and services:

- Routine physicals annually age 12 and over
- Mammograms one every year age 35 and over
- Smoking cessation counseling eight visits per 12 months
- Well-child care unlimited up to age 12
- Colonoscopy one every 10 years age 45 and over
- Healthy diet/obesity counseling unlimited to age 22; age 22 and over – 26 visits per 12 months
- Well woman exam & pap smear annually age 18 and over
- Prostate cancer screening one per year age 50 and over
 Breastfeeding support six lactation counseling visits

Note: Covered services under this benefit must be billed by the provider as "preventive care." Non-network preventive care is not paid at 100%. If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the TRS-ActiveCare 1-HD and TRS-ActiveCare 2. There is no coverage for non-network services under the TRS-ActiveCare Select plan or TRS-ActiveCare Select Whole Health. For more information, please view the Benefits Booklet at www.trsactivecareaetna.com.



Prescription Coverage	TRS-ActiveCare 1-HD	TRS-ActiveCare Select/ ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	TRS-ActiveCare 2 NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.	
Drug Deductible (per person, per plan year)	Must meet plan-year deductible before plan pays. ²	\$0 generic; \$200 brand	\$0 generic; \$200 brand	
Short-Term Supply at a Retail Locat	ion (up to a 31-day supply)			
Tier 1 – Generic	20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%. ²	\$15 copay	\$20 copay	
Tier 2 – Preferred Brand	25% coinsurance after deductible ³	25% coinsurance (min. \$404; max. \$80)3	25% coinsurance (min. \$404; max. \$80)3	
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible ³	50% coinsurance ³	50% coinsurance (min. \$1004; max. \$200)3	
Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location (60- to 90-day supply) ⁵				
Tier 1 – Generic	20% coinsurance after deductible	\$45 copay	\$45 copay	
Tier 2 – Preferred Brand	25% coinsurance after deductible ³	25% coinsurance (min. \$1054; max. \$210)3	25% coinsurance (min. \$1054; max. \$210)3	
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible ³	50% coinsurance ³	50% coinsurance (min. \$2154; max. \$430)3	
Specialty Medications (up to a 31-day supply)				
Specialty Medications	20% coinsurance after deductible	20% coinsurance	20% coinsurance (min. \$2004; max. \$900)	

Short-Term Supply of a Maintenance Medication at Retail Location (up to a 31-day supply)

The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy, they will be charged the coinsurance and copays in the rows below. Participants can save more over the plan year by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location.

Tier 1 – Generic	20% coinsurance after deductible	\$30 copay	\$35 copay
Tier 2 – Preferred Brand	25% coinsurance after deductible ³	25% coinsurance (min. \$604; max. \$120)3	25% coinsurance (min. \$604; max. \$120) ³
Tier 3 - Non-Preferred Brand	50% coinsurance after deductible ³	50% coinsurance ³	50% coinsurance (min. \$1054; max. \$210)3

What is a maintenance medication?

Maintenance medications are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

When does the convenience fee apply?

For example, if you are covered under TRS-ActiveCare Select, the first time you fill a 31-day supply of a generic maintenance drug at a retail pharmacy you will pay \$15, then you will pay \$30 each month that you fill a 31-day supply of that generic maintenance drug at a retail pharmacy. A 90-day supply of that same generic maintenance medication would cost \$45, and you would save \$180 over the year by filling a 90-day supply.

Monthly Premiums

TRS-ActiveCare Monthly	TRS-ActiveCare	1-HD		TRS-ActiveCare ActiveCare Sele	e Select/ ect Whole Health		TRS-ActiveCare	2	
Premium	Full monthly premium*	Premium with min. state/district contribution**	Your semi-monthly deduction***	Full monthly premium*	Premium with min. state/district contribution**	Your semi-monthly deduction***	Full monthly premium*	Premium with min. state/district contribution**	Your semi-monthly deduction***
Individual	\$378	\$153	\$76.50	\$556	\$331	\$165.50	\$852	\$627	\$313.50
+Spouse	\$1,066	\$841	\$420.50	\$1,367	\$1,142	\$571.00	\$2,020	\$1,795	\$897.50
+Children	\$722	\$497	\$248.50	\$902	\$677	\$338.50	\$1,267	\$1,042	\$521.00
+Family	\$1,415	\$1,190	\$595.00	\$1,718	\$1,493	\$746.50	\$2,389	\$2,164	\$1,082.00

^{&#}x27;If you are not eligible for the state/district subsidy, you will pay the full monthly premium.

[&]quot;The premium after state, \$75 and district, \$150 contribution is the maximum you may pay per month. (This is the amount you will owe each month after all available subsidies are applied to your premium.)

available subsidies are applied to your premium.)

**Completed by your benefits administrator. The state/district contribution is \$225.

FLEXIBLE BENEFITS PLAN

Por Vida Independent School District
Employer ID NBS495595

PLAN HIGHLIGHTS

Login at: my obsbenefits com



Congratulations! Por Vida Independent School District has established a "Flexible Benefits Plan" to help you pay for your out-of-pocket medical expenses. One of the most important features of the Plan is that the benefits being offered are paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save. However, if you receive a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

DETERMINING CONTRIBUTIONS

Before each Plan Year begins, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year.

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections if you have a "change in status". Please refer to your Summary Plan Description for a change in status listing.

GENERAL PLAN INFORMATION

Plan Year End:	August 31st
Run-out Period:	90 Days
	1.5

Maximum Dependent Care Limit:.....\$5,000

Health FSA Carryover......Up to \$500 following the Plan run-out

WHEN AM I ELIGIBLE TO PARTICIPATE

If you work 20 hours or more each week for the company, you will be eligible to join the Plan following your date of employment.

You will enter the Plan on the first day of the month following the day in which you meet the above eligibility requirements.

WHAT TYPE OF BENEFITS ARE AVAILABLE

Under our Plan, you can choose the following benefits. Each benefit allows you to save taxes at the same time because the amount you elect is set aside on a pre-tax basis.

Health Flexible Spending Account:

The Health Flexible Spending Account (FSA) enables you to pay for expenses allowed under Section 105 and 213(d) of the Internal Revenue Code which are not covered by our insured medical plan. The most that you can contribute to your Health FSA each Plan Year is set by the IRS. This amount can be adjusted for increases in cost-of-living in accordance with Code Section 125(i)(2). Please note: If you contribute to this benefit you cannot elect a Health Savings Account (HSA) Benefit.

Health Savings Account:

A Health Savings Account allows participants insured by a Qualified High Deductible Insurance Plan to save for deductibles and other expenses not covered under the Plan. If you participate in this benefit you cannot participate in the Health Flexible Spending Account benefit.

Dependent Care Flexible Spending Account:

The Dependent Care Flexible Spending Account (DCAP) enables you to pay for out-of-pocket, work-related dependent day-care cost. Please see the Summary Plan Description for the definition of eligible dependent. The law places limits on the amount of money that can be paid to you in a calendar year. Generally, your reimbursement may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns; (b) your taxable compensation; (c) your spouse's actual or deemed earned income. Also, in order to have the reimbursements made to you and be excluded from your income, you must provide a statement from the service provider including the name, address, and in most cases, the taxpayer identification number of the service provider, as well as the amount of such expense and proof that the expense has been incurred.

Premium Expense Plan:

A Premium Expense portion of the Plan allows you to use pre-tax dollars to pay for specific premiums under various insurance programs that we offer you.

NBS Welfare Benefit Service Center

8523 S. Redwood Road West Jordan, UT 84088 801-532-4000 or 1-800- 274-0503 Fax: 1,800-478-1528



Por Vida Independent School District Flexible Benefits Plan Por Vida Independent School District

Plan Contact Person: Stephanie Rodriguez 1135 Mission Road San Antonio, Texas 78210 (210) 532-8816

Flexible Benefits Plan Highlights Continued

Please note: Policies other than company sponsored policies (i.e. spouse's or dependents' individual policies etc.) may not be paid through the Flexible Benefits Plan. Furthermore, qualified long-term care insurance plans may not be paid through the Flexible Benefits Plan.

HOW DO I RECEIVE REIMBURSEMENTS

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. You can get a claim form at www.NBSbenefits.com.

Claim forms must be submitted no later than 90 days after the end of the Plan Year for the Health Flexible Spending Account and the Dependent Care Flexible Spending Account. However, if you have unused contributions in your Health Flexible Spending Account following the Plan run-out period, you may roll up to \$500 to the new plan year. Any amount above \$500 in your Health FSA at the end of the Plan run-out period will be forfeited.

NBS Flexcard - FSA Pre-paid MasterCard

Your employer may sponsor the use of the NBS Flexcard, making access to your flex dollars easier than ever. You may use the card to pay merchants or service providers that accept credit cards, so there is no need to pay cash up front then wait for reimbursement.

Terminated Employees have 90 Days after their date of termination to submit receipts for services prior to their termination date

WHO ARE HIGHLY COMPENSATED & KEY EMPLOYEES

Under the Internal Revenue Code, "highly compensated employees" and "key employees" generally are Participants who are officers, shareholders or highly paid.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Please refer to your Summary Plan Description for more information. You will be notified of these limitations if you are affected.

Updated: 5/28/2019

NBS Welfare Benefit Service Center

8523 S. Redwood Road West Jordan, UT 84088 801-532-4000 or 1-800- 274-0503 Fax: 1-800-478-1528



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Getting started with HealthiestYou

With HealthiestYou you can connect to a doctor 24/7 that can diagnosis, treatment and even prescribe medication, when medically necessary, over the phone or via the mobile app... all from the comfort of your couch! You can also find providers in your area, price prescriptions, shop procedures and more on the app.

Set up your account online

Head over to member.healthiestyou.com and register your account on the member portal. Here you'll have access to the same amazing tools as the app, but from your computer.

Download the app

Search and download "HealthiestYou" or "HY" in the app store or Google Play!





Set up the app



Click "Sign In" to get started

The app login is the same information from the online member portal registration.



Select and enter some basic information about vourself.



Enter your primary phone number. We will default to this number when connecting to our telehealth service.

- Accept the "Terms & Conditions"
- Click Create Account

Use HealthiestYou next time you're sick

Open up the app and select "Visit Doctor". Verify your medical history and make any necessary changes. Verify your contact information and confirm the consultation. Sit back and a doctor will call you shortly.

No smartphone or internet? No problem, simply call toll-free on any phone to talk to a doctor: 866.703.1259



Voluntary Dental Insurance

HIGH PLAN - FOR EMPLOYEES OF POR VIDA, INC.

With this dental plan, you have a choice in coverage levels, either the High Plan or the Low Plan. The High Plan offers a higher level of coverage (ex. a larger benefit percentage is available for covered services), with more costly premiums than the Low Plan. The Low Plan offers a lower level of coverage, with more affordable premiums than the High Plan. You have the flexibility to enroll for the plan that best meets you and your dependents dental health needs.

ELIGIBILITY - DENTAL ALL ELIGIBLE EMPLOYEES IN HIGH PLAN			
You must be actively working a minimum of 20 hours per week to be eligible for coverage.			
A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as			
defined by Policy. In order for your spouse and/or children to be eligible for coverage, you			
must elect coverage for yourself.			
The premiums for this insurance are paid in full by you.			

LATE ENTRANT WAITING PERIODS	
Type A	None
Туре В	12 Months
Type C	12 Months
Orthodontia	12 Months

PLAN YEAR DEDUCTIBLES AND MAXIMUMS	IN-NETWORK	OUT-NETWORK
Type A	Waived	Waived
Type B & C Deductible		
Individual	\$50	\$50
Family	3 times Individual	3 times Individual
Annual Maximum	\$1,500	\$1,500
Orthodontia Lifetime Maximum	\$1,000	\$1,000

The same expenses may be used to satisfy both the In-Network and Out-Network deductible.

COVERED SERVICES	IN-NETWORK	OUT-NETWORK
Type A Services	100%	100%
 Examinations/Evaluations 		
Bitewing X-rays		
Full Mouth X-rays, Panoramic Film		
Fluoride Treatments		
Cleaning/Prophylaxis		
Sealants		
Space Maintainers		
Palliative Treatment		

COVERED SERVICES	IN-NETWORK	OUT-NETWORK
Type B Services	80%	80%
Brush Biopsy/Cancer Screening		
Fillings		
Stainless Steel Crowns		
Simple Extractions		
Oral Surgery		
Surgical Extractions		
General Anesthesia or I.V. Sedation		
Type C Services	50%	50%
Periodontal Maintenance		
Endodontics		
Periodontics		
Full or Partial Removable Dentures		
Repair of Full or Partial Removable Dentures		
 Adjustments, Tissue Conditioning, Rebasing or 		
Relining of Full or Partial Removable Dentures		
Bridges		
Repair/Recementation of Bridges		
Cast Crowns, Inlays, Onlays, Labial Veneers		
Repair/Recementation of Cast		
Crowns/Inlays/Onlays/Labial Veneers		
Surgical Periodontics		
Non-Surgical Periodontics	500/	500/
Child Orthodontia	50%	50%
Harmful Habit Appliances		

PREMIUM AMOUNTS AND ENROLLING FOR COVERAGE				
Coverage Tier Premium Amount (12 Payroll Deductions Per Year)				
Employee/Member	\$30.81			
Employee/Member + Spouse	\$76.88			
Employee/Member + Child(ren)	mber + Child(ren) \$84.20			
Employee/Member + Family	\$115.99			



Voluntary Dental Insurance

LOW PLAN - FOR EMPLOYEES OF POR VIDA, INC.

With this dental plan, you have a choice in coverage levels, either the High Plan or the Low Plan. The High Plan offers a higher level of coverage (ex. a larger benefit percentage is available for covered services), with more costly premiums than the Low Plan. The Low Plan offers a lower level of coverage, with more affordable premiums than the High Plan. You have the flexibility to enroll for the plan that best meets you and your dependents dental health needs.

ELIGIBILITY - DENTAL ALL ELIGIBLE EMPLOYEES IN LOW PLAN			
Eligibility You must be actively working a minimum of 20 hours per week to be eligible for coverage.			
Requirement			
Dependent Eligibility	A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as		
Requirement	defined by Policy. In order for your spouse and/or children to be eligible for coverage, you		
	must elect coverage for yourself.		
Premium Payment	The premiums for this insurance are paid in full by you.		

LATE ENTRANT WAITING PERIODS		
Type A	None	
Туре В	12 Months	
Type C	12 Months	

PLAN YEAR DEDUCTIBLES AND MAXIMUMS	IN-NETWORK	OUT-NETWORK
Type A	Waived	Waived
Type B & C Deductible		
Individual	\$50	\$50
Family	3 times Individual	3 times Individual
Annual Maximum	\$750	\$750

The same expenses may be used to satisfy both the In-Network and Out-Network deductible.

COVERED SERVICES	IN-NETWORK	OUT-NETWORK
Type A Services	100%	100%
 Examinations/Evaluations 		
Bitewing X-rays		
Full Mouth X-rays, Panoramic Film		
Fluoride Treatments		
Cleaning/Prophylaxis		
Sealants		
Space Maintainers		
Palliative Treatment		
Harmful Habit Appliances		

COVERED SERVICES	IN-NETWORK	OUT-NETWORK
Type B Services	60%	60%
Brush Biopsy/Cancer Screening		
Fillings		
Stainless Steel Crowns		
Simple Extractions		
Type C Services	25%	25%
Periodontal Maintenance		
Oral Surgery		
Endodontics		
 Periodontics 		
Full or Partial Removable Dentures		
Repair of Full or Partial Removable Dentures		
 Adjustments, Tissue Conditioning, Rebasing or 		
Relining of Full or Partial Removable Dentures		
• Bridges		
Repair/Recementation of Bridges		
 Cast Crowns, Inlays, Onlays, Labial Veneers 		
Repair/Recementation of Cast		
Crowns/Inlays/Onlays/Labial Veneers		
Surgical Extractions		
General Anesthesia or I.V. Sedation		
Surgical Periodontics		
 Non-Surgical Periodontics 		

PREMIUM AMOUNTS AND ENROLLING FOR COVERAGE			
Coverage Tier	Premium Amount (12 Payroll Deductions Per Year)		
Employee/Member	\$16.51		
Employee/Member + Spouse	\$34.54		
Employee/Member + Child(ren) \$39.55			
Employee/Member + Family	\$59.87		



See yourself healthy.

Vision Plan Benefits for Por Vida Charter District

Co-Pays	
Exam	\$10
Materials ¹	\$25
Contact Lens Fitting	\$25
(standard & specialty)	

Monthly Premiums			
Emp. only	\$7.09		
Emp. + spouse	\$14.07		
Emp. + child(ren) \$13.78			
Emp. + family	\$20.97		

Services/Frequency	
Exam	12 months
Frame	12 months
Contact Lens Fitting	12 months
Lenses	12 months
Contact Lenses	12 months

(Based on date of service)

Benefits through Superior National Network

	In-Network	Out-of-Network
Exam (Ophthalmologist)	Covered in full	Up to \$42 retail
Exam (Optometrist)	Covered in full	Up to \$37 retail
Frames	\$125 retail allowance	Up to \$68 retail
Contact Lens Fitting (standard ²)	Covered in full	Not covered
Contact Lens Fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$26 retail
Bifocal	Covered in full	Up to \$34 retail
Trifocal	Covered in full	Up to \$50 retail
Progressives lens upgrade	See description ³	Up to \$50 retail
Contact Lenses ⁴	\$120 retail allowance	Up to \$100 retail

Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on Covered Materials

Frames: 20% off amount over allowance

20% off retail Lens options:

Progressives: 20% off amount over standard progressive retail

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

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

Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses: 30% off retail

Lens options, contacts, other

prescription materials: 20% off retail Disposable contact lenses: 10% off retail

SuperiorVision.com **Customer Service** 800.507.3800

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

The Plan discount features are not insurance.

All allowances are retail: the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.



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

Materials co-pay applies to lenses and frames only, not contact lenses

See your benefits materials for definitions of standard and specialty contact lens fittings

Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay.

Contact lenses are in lieu of eyeglass lenses and frames benefit

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

Basic Life and Accidental Death & Dismemberment Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Por Vida. Por Vida provides basic life insurance of \$50,000 at no cost to you.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Por Vida provides AD&D coverage of \$50,000 at no cost to you. This coverage is in addition to your Basic life insurance described above.

Voluntary Life Insurance

You may purchase life insurance in addition to the company-provided coverage. You may also purchase life insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$200,000 or 7 times your salary, and up to \$50,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee— Up to 7 times your salary in increments of \$10,000; \$500,000 maximum amount

Spouse— Up to \$\$450,000 in increments of \$5,000—100% of Employee's benefit

> Voluntary Term Life Insurance



Help Protect What Matters - You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

We've Got You Covered

As an active employee of Por Vida, Inc., you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES				
		You must be actively working a minimum of 20 hours per week to be eligible for coverage.		
Requirement activit and a		To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.		
Premium Payment Th		The premiums for this insurance are paid in full by you.		
COVERAGE GUID	DELINES			
	Minimum		Guarantee Issue	Maximum
For You	\$10,000		7 times annual salary, up to \$200,000	\$500,000, in increments of \$10,000, but no more than 7 times annual salary
Spouse	\$5,000		100% of employee's benefit, up to \$50,000	100% of employee's benefit, up to \$500,000
Children	\$10,000		100% of employee's benefit	100% of employee's benefit, up to \$10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

Voluntary Term Life Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

- Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

- Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

		EMPLO	EE PREMI	IUM TABLE	E (12 PAYR	OLL DEDL	JCTIONS P	ER YEAR)		
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
30 - 34	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
35 - 39	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
40 - 44	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
45 - 49	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00
50 - 54	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
55 - 59	\$3.90	\$7.80	\$11.70	\$15.60	\$19.50	\$23.40	\$27.30	\$31.20	\$35.10	\$39.00
60 - 64	\$5.90	\$11.80	\$17.70	\$23.60	\$29.50	\$35.40	\$41.30	\$47.20	\$53.10	\$59.00
65 - 69	\$8.26	\$16.52	\$24.78	\$33.04	\$41.30	\$49.56	\$57.82	\$66.08	\$74.34	\$82.60
70 - 74	\$10.30	\$20.60	\$30.90	\$41.20	\$51.50	\$61.80	\$72.10	\$82.40	\$92.70	\$103.00
75+	\$14.70	\$29.40	\$44.10	\$58.80	\$73.50	\$88.20	\$102.90	\$117.60	\$132.30	\$147.00
Age	\$10,000.0 0	\$20,000.0 0	\$30,000.0 0	\$40,000.0 0	\$50,000.0 0	\$60,000.0 0	\$70,000.0 0	\$80,000.0 0	\$90,000.0 0	\$100,000. 00
0 - 29	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
30 - 34	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
35 - 39	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
40 - 44	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
45 - 49	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00
50 - 54	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
55 - 59	\$3.90	\$7.80	\$11.70	\$15.60	\$19.50	\$23.40	\$27.30	\$31.20	\$35.10	\$39.00
60 - 64	\$5.90	\$11.80	\$17.70	\$23.60	\$29.50	\$35.40	\$41.30	\$47.20	\$53.10	\$59.00
65 - 69	\$8.26	\$16.52	\$24.78	\$33.04	\$41.30	\$49.56	\$57.82	\$66.08	\$74.34	\$82.60
70 - 74	\$10.30	\$20.60	\$30.90	\$41.20	\$51.50	\$61.80	\$72.10	\$82.40	\$92.70	\$103.00
75+	\$14.70	\$29.40	\$44.10	\$58.80	\$73.50	\$88.20	\$102.90	\$117.60	\$132.30	\$147.00

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age,** so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50
30 - 34	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
35 - 39	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
40 - 44	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
45 - 49	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
50 - 54	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
55 - 59	\$1.95	\$3.90	\$5.85	\$7.80	\$9.75	\$11.70	\$13.65	\$15.60	\$17.55	\$19.50
60 - 64	\$2.95	\$5.90	\$8.85	\$11.80	\$14.75	\$17.70	\$20.65	\$23.60	\$26.55	\$29.50
65 - 69	\$4.13	\$8.26	\$12.39	\$16.52	\$20.65	\$24.78	\$28.91	\$33.04	\$37.17	\$41.30
Age	\$5,000.00	\$10,000.0 0	\$15,000.0 0	\$20,000.0 0	\$25,000.0 0	\$30,000.0 0	\$35,000.0 0	\$40,000.0 0	\$45,000.0 0	\$50,000.0 0

0 - 29	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50
30 - 34	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
35 - 39	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
40 - 44	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
45 - 49	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
50 - 54	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
55 - 59	\$1.95	\$3.90	\$5.85	\$7.80	\$9.75	\$11.70	\$13.65	\$15.60	\$17.55	\$19.50
60 - 64	\$2.95	\$5.90	\$8.85	\$11.80	\$14.75	\$17.70	\$20.65	\$23.60	\$26.55	\$29.50
65 - 69	\$4.13	\$8.26	\$12.39	\$16.52	\$20.65	\$24.78	\$28.91	\$33.04	\$37.17	\$41.30

ALL CHILDREN PREMIUM TABLE
(12 PAYROLL DEDUCTIONS PER YEAR)*
\$10,000
\$1.80

^{*}Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

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Voluntary Short-Term Disability Insurance



How Would You Pay Your Bills if You Were Sick or Injured Temporarily?

Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when your sick days run out? A short-term disability policy provides you with cash benefits when you need it.

We've Got You Covered

As an active employee of Por Vida, Inc., you have access to a disability insurance policy from United of Omaha Life Insurance Company.

A disability insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Coverage guidelines and benefits are outlined below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES						
Eligibility Requirement	You must be actively working a minimum of 18.75 hours per week to be eligible for coverage.					
Premium Payment	The premiums for this insurance are paid in full by you.					
BENEFITS						
Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin:					
	 On the 15th day of your disabling injury. On the 31st day of your disabling injury. On the 31st day of your disabling illness. 					
Weekly Benefit	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.					
Maximum Benefit Period	Up to 24 weeks					
Maximum Weekly Benefit	\$1,385					
Minimum Weekly Benefit	\$25					

44910 G000B7LV

PREMIUM RIDER

This rider is made a part of Group Policy GUC-B7LV.

This rider is effective on the Policy Effective Date.

CLASS(ES)

All Eligible Employees Enrolled in 30-30-22 Plan

All Eligible Employees Enrolled in 14-14-24 Plan

SHORT-TERM DISABILITY INSURANCE PREMIUMS

All Eligible Employees Enrolled in 30-30-22 Plan

The monthly premium for short-term disability insurance is as follows:

Attained Age of Employee	per \$100 of Total Monthly Benefits
< 20	\$0.26
20 - 24	
25 - 29	\$0.26
30 - 34	\$0.26
35 - 39	\$0.26
40 - 44	\$0.38
45 - 49	
50 - 54	\$0.76
55 - 59	\$1.01
60 - 64	\$1.17
65 - 69	\$1.17
70 - 99	

All Eligible Employees Enrolled in 14-14-24 Plan

The monthly premium for short-term disability insurance is as follows:

Attained Age of Employee	per \$100 of Total Monthly Benefits
< 20	\$0.34
20 - 24	\$0.34
25 - 29	
30 - 34	\$0.34
35 - 39	
40 - 44	\$0.51
45 - 49	\$0.69
50 - 54	
55 - 59	
60 - 64	\$1.17
65 - 69	
70 - 99	

Total Monthly Benefits means the total amount of benefits for which all Employees are insured under the Policy.

RATE GUARANTEE DATE

September 1, 2019 or any date thereafter agreed to in writing by Our authorized representative in Our home office.

UNITED OF OMAHA LIFE INSURANCE COMPANY A MUTUAL of OMAHA COMPANY



> Voluntary Long-Term Disability Insurance



Your Ability to Earn an Income May Be Your Most Important Asset

Most people don't think twice about insuring their home, automobile or health. However, many people don't recognize just how important it is to insure their income.

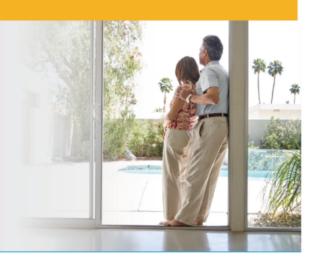
We've Got You Covered

As an active employee of Por Vida, Inc., you have access to a disability insurance policy from United of Omaha Life Insurance Company.

A lengthy disability can be devastating, and is more common than you might think. It may lead to a loss of income, independence and financial security.

A disability insurance policy can help provide security when you need it most. It pays you cash benefits when you're sick or hurt and can't work.

Coverage guidelines and benefits are outlined in the chart below.



Climilailita.	Very private has particular working a minimum of 10.75 hours nor work to be all sible for account
Eligibility Requirement	You must be actively working a minimum of 18.75 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.
BENEFITS	This Includes 90 & 180 day Plans
Elimination Period	Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short term disability ends.
Monthly Benefit	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources. The premium for your long-term disability coverage is waived while you are receiving benefits.
Maximum Monthly Benefit	\$6,000
Minimum Monthly Benefit	\$100
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partia disability benefits.

45104 G000B7LV

PREMIUM RIDER

This rider is made a part of Group Policy GUPR-B7LV.

This rider is effective on the Policy Effective Date.

CLASS(ES)

All Eligible Employees Enrolled in 90 Day Elim Plan

All Eligible Employees Enrolled in 180 Day Elim Plan

LONG-TERM DISABILITY INSURANCE PREMIUMS

All Eligible Employees Enrolled in 90 Day Elim Plan

The monthly premium for long-term disability insurance is as follows:

Attained Age of Employee	per \$100 of Monthly Covered Payroll
< 20	\$0.126
20 - 24	
25 - 29	
30 - 34	
35 - 39	
40 - 44	\$0.432
45 - 49	\$0.612
50 - 54	
55 - 59	
60 - 64	
65 - 69	
70 - 99	

All Eligible Employees Enrolled in 180 Day Elim Plan
The monthly premium for long-term disability insurance is as follows:

Attained Age of Employee	per \$100 of Monthly Covered Payroll
< 20	\$0.081
20 - 24	
25 - 29	
30 - 34	
35 - 39	
40 - 44	
45 - 49	
50 - 54	\$0.666
55 - 59	
60 - 64	\$1.035
65 - 69	\$1.035
70 - 99	\$1.035

Monthly Covered Payroll means the total amount of basic monthly earnings for which all Employees are insured under the Policy.

Accident Insurance



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

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

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries

- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

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

What additional features are included?

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

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

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

What if I change employers?

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

Can my premium change?

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

How do I file a claim?

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



Accident 1.0

Colonial Life's voluntary accident insurance policy is a medical indemnity plan that provides employees and their families with hospital, doctor, accidental death and catastrophic accident benefits in the event of a covered accident.

This policy offers six plan choices with varying benefit amounts and three optional riders:

- Basic
- · Basic with Health Screening Benefit
- Preferred
- Preferred with Health Screening Benefit
- Premier
- Premier with Health Screening Benefit

Each of the plans listed above may be offered as On/Off-Job or Off-Job Only.

Optional Riders:

- Off-Job Only or On/Off-Job Accident Disability Rider
- Off-Job Only or On/Off-Job Accident/Sickness Disability Rider
- Sickness Hospital Confinement Rider

Benefits

Base Policy Benefits	Basic	Preferred	Premier
Accident Emergency Treatment For treatment in a doctor's office,	\$75	\$125	\$125
urgent care facility or emergency room within the first 72 hours of the accident.			
If initially treated after 72 hours, please			
see Accident Follow-up Doctor's Visit			
Accident Follow-Up Doctor Visit	\$50/visit up to 2	\$50/visit up to 3	\$50/visit up to 4
	visits per accident	visits per accident	visits per accident
Accidental Death	\$20,000 Employee	\$25,000 Employee	\$50,000 Employee
	\$20,000 Spouse	\$25,000 Spouse	\$50,000 Spouse
	\$4,000 Child(ren)	\$5,000 Child(ren)	\$10,000 Child(ren)
Accidental Death:	\$80,000 Employee	\$100,000	\$200,000
Common Carrier	\$80,000 Spouse	Employee	Employee
	\$16,000 Child(ren)	\$100,000 Spouse	\$200,000 Spouse
		\$20,000 Child(ren)	\$40,000 Child(ren)
Accidental Dismemberment:	\$600- \$12,000	\$750- \$15,000	\$1,200-\$24,000
(Loss of Finger/Toe/Hand/Foot or			
Sight)			
Ambulance - Air	\$1,200	\$2,000	\$2,000
Ambulance - Ground	\$120	\$200	\$200
Appliances (such as wheelchair, crutches)	\$75	\$100	\$100

Applicable to TX

This information is only intended for proposal use with employers.

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

. 2009 Colonial Life & Accident Insurance Company 1200 Colonial Life Boulevard, Columbia, South Carolina 29210 PS01323



Base Policy Benefits	Basic	Preferred	Premier
Blood/Plasma/Platelets	\$300	\$300	\$300
Burns	\$1,000- \$12,000	\$1,000- \$12,000	\$1,000- \$12,000
(based on size and degree)			
Burns - Skin Graft	50% of burn	50% of burn	50% of burn
	benefit	benefit	benefit
Catastrophic Accident –	\$10,000 EE/SP	\$25,000 EE/SP	\$25,000 EE/SP
prior to 65	\$5,000 CH	\$12,500 CH	\$12,500 CH
(For severe injuries that result in the			
total and irrevocable: loss of one hand			
and one foot; loss of both hands or both			
feet; loss of sight in both eyes; loss of			
hearing of both ears; loss of the ability to speak.)			
365 day elimination period			
Amounts reduced for covered persons			
over age 65			
Coma (duration of at least 7 days)	\$7,500	\$10,000	\$12,500
Concussion	\$60	\$60	\$60
Dislocation (Based on joint and if	\$90-\$3,600	\$110 - \$4,400	\$120 - \$4,800
repaired by open or closed reduction)			
Emergency Dental Work	\$200 (crown,	\$300 (crown,	\$400 (crown,
	implant or denture)	implant or denture)	implant or denture)
	or \$50 (extract)	or \$75 (extract)	or \$100 (extract)
Eye Injury	\$200	\$300	\$300
Fractures (Based on bone and if	\$90 - \$4,500	\$110 - \$5,500	\$120 - \$6,000
repaired by open or closed reduction)			187 880
Hospital Admission*	\$750/accident	\$1,000/accident	\$1,250/accident
•			
Hospital Confinement	\$175	\$225	\$250
(Per day up to 365 days) Hospital ICU Admission*	¢1.500/1	\$2,000/	\$2.500/
Hospital ICO Admission	\$1,500/accident	\$2,000/accident	\$2,500/accident
Hospital ICU Confinement	\$350	\$450	\$500
(Up to 15 days per accident)			
Knee Cartilage - Torn	\$500	\$500	\$750
Laceration	\$30-\$500	\$30-\$500	\$30-\$500
(based on size and repair)			
Lodging (Companion)	\$100 per day	\$125 per day	\$150 per day
	up to 30 days	up to 30 days	up to 30 days
Medical Imaging Study	\$100 per accident	\$150 per accident	\$200 per accident
Limit one accident per year	Ø500 (1)	0500 (1)	0750 (1)
Prosthetic Device/Artificial Limb	\$500 (1); \$1,000 (2 or more)	\$500 (1); \$1,000 (2 or more)	\$750 (1); \$1,500 (2 or more
	\$1,000 (2 or more)	\$1,000 (2 or more)	\$1,500 (2 or more

^{*} We will pay either the Hospital Admission or Hospital ICU Admission benefit, but not both.

Applicable to TX
This information is only intended for proposal use with employers.
Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

2009 Colonial Life & Accident Insurance Company 1200 Colonial Life Boulevard, Columbia, South Carolina 29210 PS01323



Base Policy Benefits	Basic	Preferred	Premier
Rehabilitation Unit Confinement	\$100/day	\$100/day	\$150/day
Up to 15 days per confinement per			
covered accident.			
Maximum of 30 days per calendar year.			
Ruptured Disc	\$500	\$500	\$750
Surgery-Cranial, Open Abdominal, Thoracic	\$1,000:	\$1,500	\$1,500
Surgery- Hernia	\$100	\$150	\$150
Surgery – Exploratory or Arthroscopic	\$150	\$200	\$200
Tendon/Ligament/Rotator Cuff	\$500 (1);	\$500 (1);	\$750 (1);
	\$1,000 (2 or more)	\$1,000 (2 or more)	\$1,500 (2 or more)
Therapy - Occupational and	\$25 per day (10	\$25 per day (10	\$35 per day (10
Physical Therapy Benefit	visits/accident)	visits/accident)	visits/accident)
Transportation	\$400 per trip	\$500 per trip	\$600 per trip
up to 3 trips per accident			
X-Ray Benefit	\$20	\$30	\$40

Health Screening Benefit Available on selected plans

- \$50 per covered person per calendar year.
- Provides a benefit if the covered person has one of the health screening tests
 performed. This benefit is payable once per calendar year per covered person
 and is subject to a 30-day waiting period. Available to each covered person.

Tests include:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Carotid doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy

- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)

- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy



Premium Information

- Premiums for the base plans and all riders except the Accident/Sickness rider are not age banded. Premiums for the Accident/Sickness rider are age banded.
- Premium levels are available for Employee, Spouse or Child as the Named Insured, Employee/Spouse, One-Parent and Two-Parent family coverage.

Sample Monthly Premiums

Coverage Type	Plan	Optional Rider(s)	Disability Benefit Amount	Monthly Premium
Employee Only	Basic Off-Job Only Coverage	None	None	\$11.98 (base)
Employee Only	Preferred with Health Screening On- & Off- Job Coverage	On/Off-Job Accident Disability Income Rider 6 month benefit 0 day elimination	\$1,000 per month for employee	\$21.15 (base) \$22.00 (DI rider) Total Monthly Premium \$43.15
Employee/ Spouse	Premier with Health Screening On- & Off-Job Only Coverage	Off-Job Accident Disability Income Rider for Spouse 12 month benefit 14 elimination	\$800 per month for spouse	\$36.32 (base) \$8.00 (DI rider) Total Monthly Premium \$44.32
Two-Parent Family	Preferred Off-Job Only Coverage	Off Job Accident & Sickness Disability Income Rider 3 month benefit 0/14 day elimination Sickness Hospital Confinement Rider	\$1,000 per month for spouse (age 25) \$1,500 per month employee (age 30) \$100 per sickness	\$29.31(base) \$24.00 (SP DI Rider) \$36.00 (EE DI Rider) \$9.00 (SHC Rider) Total Monthly Premium \$98.31
		for 2 Parent Family	confinement per family member	



Cancer Insurance



Cancer Assist helps protect employees and their loved ones through diagnosis, treatment and recovery.

This individual voluntary policy pays benefits that can be used for both medical and out-of-pocket, non-medical expenses traditional health insurance may not cover. Cancer Assist can enhance any competitive benefits package without adding costs to a company's bottom line.

Competitive advantages

- Composite rates.
- Four distinct plan levels, each featuring the same benefits with premiums and benefit amounts designed to meet a variety of budgets and coverage needs (benefits overview on reverse).
- Indemnity-based benefits pay exactly what's listed for the selected plan level.
- The plan's Family Care Benefit provides a daily benefit when a covered dependent child receives inpatient or outpatient cancer treatment.
- Employer-optional cancer wellness/health screening benefits available:
 - Part One covers 24 tests. If selected, the employer chooses one of four benefit amounts for employees: \$25, \$50, \$75 or \$100. This benefit is payable once per covered person per calendar year.
 - Part Two covers an invasive diagnostic test or surgical procedure if an abnormal result from a Part One test requires additional testing. This benefit is payable once per calendar year per covered person and matches the Part One benefit.

Flexible family coverage

Attractive features

- Individual, Individual/Spouse, One-parent and Two-parent family policies.
- Family coverage includes eligible dependent children (to age 26) for the same rate, regardless of the number of children covered.
- Available for businesses with 3+ eligible employees.
- Broad range of policy issue ages, 17-75.
- Each plan level features full schedule of 30+ benefits and three optional riders (benefit amounts may vary based on plan level selected).
- Benefits don't coordinate with any other coverage from any other insurer.
- HSA compliant.
- Guaranteed renewable.
- Portable.
- Waiver of premium if named insured is disabled due to cancer for longer than 90 consecutive days and the date of diagnosis is after the waiting period and while the policy is in force.
- Form 1099s may not be issued in most states because all benefits require that a charge is incurred. Discuss details with your benefits representative, or consult your tax adviser if you have questions.

Optional riders

(available at an additional cost/payable once per covered person)

- Initial Diagnosis of Cancer Rider pays a one-time benefit for the initial diagnosis of cancer. A benefit amount in \$1,000 increments from \$1,000-\$10,000 may be chosen. The benefit for covered dependent children is two and a half times (\$2,500-25,000) the chosen benefit amount.
- Initial Diagnosis of Cancer Progressive Payment Rider pays a \$50 lump-sum payment for each month the rider has been in force, after the waiting period, once cancer is first diagnosed. The issue ages for this rider are 17-64.
- Specified Disease Hospital Confinement Rider pays \$300 per day for confinement to a hospital for treatment of one of 34 specified diseases covered under the rider.

CANCER ASSIST

Cancer Assist benefits overview

This overview shows benefits available for all four plan levels and the range of benefit amounts payable for most common cancer treatments.

Each benefit is payable for each covered person under the policy. Actual benefits vary based on the plan level selected.

Talk with your benefits representative to learn more.

Each benefit requires that charges are incurred for treatment. All benefits and riders are subject to a 30-day waiting period. Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. States without a waiting period will have a pre-existing condition limitation. Product has exclusions and limitations that may affect benefits payable. Benefits vary by state and may not be available in all states. See your Colonial Life benefits representative for complete details.

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Radiation/Chemotherapy

- Injected chemotherapy by medical personnel: \$250-\$1,000 once per calendar week
- Radiation delivered by medical personnel: \$250-\$1,000 once per calendar week
- Self-injected chemotherapy: \$150-\$400 once per calendar month
- Topical chemotherapy: \$150-\$400 once per calendar month
- Chemotherapy by pump: \$150-\$400 once per calendar month
- Oral hormonal chemotherapy (1-24 months): \$150-\$400 once per calendar month
- Oral hormonal chemotherapy (25+ months): \$75-\$200 once per calendar month
- Oral non-hormonal chemotherapy: \$150-\$400 once per calendar month

Anti-nausea Medication

\$25-\$60 per day, up to \$100-\$240 per calendar month

Medical Imaging Studies

\$75-\$225 per study, up to \$150-\$450 per calendar year

Outpatient Surgical Center

\$100-\$400 per day, up to \$300-\$1,200 per calendar year

Skin Cancer Initial Diagnosis

\$300-\$600 payable once per lifetime

Surgical Procedures

Inpatient and Outpatient Surgeries: \$40-\$70 per surgical unit, up to \$2,500-\$6,000 per procedure

Reconstructive Surgery

\$40-\$60 per surgical unit, up to \$2,500-\$3,000 per procedure including 25% for general anesthesia

Anesthesia

- General: 25% of Surgical Procedures Benefit
- Local: \$25-\$50 per procedure

Hospital Confinement

- 30 days or less: \$100-\$350 per day
- 31 days or more: \$200-\$700 per day

Family Care

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

Second Medical Opinion on Surgery or Treatment

\$150-\$300 once per lifetime

Home Health Care Services

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

Hospice Care

- Initial: \$1,000 once per lifetime
- Daily: \$50 per day [\$15,000 maximum for initial and daily hospice care per lifetime]

Transportation and Lodging

- Transportation for treatment more than 50 miles from covered person's home: \$0.50 per mile, up to \$1,000-\$1,500 per round trip
- Companion Transportation (for any companion, not just a family member) for commercial travel when treatment is more than 50 miles from covered person's home: \$0.50 per mile, up to \$1,000-\$1,500 per round trip
- Lodging for the covered person or any one adult companion or family member when treatment is more than 50 miles from the covered person's home: \$50-\$80 per day, up to 70 days per calendar year

Benefits also included in each plan

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



Cancer 1000

Colonial's Cancer 1000 insurance helps employees and their families maintain financial security in the event of a cancer diagnosis. Employees can choose from four levels of coverage amounts. Employee; Employee and Dependent Children; and Employee, Spouse, and Dependent Children plans are available.

Benefits

Base	Level 1	Level 2	Level 3	Level 4
Cancer Screening Benefits				
Part I. Cancer Screening/Wellness Benefit per calendar year	\$25	\$75	\$100	\$125
Part II. Additional Invasive Diagnostic Test or Surgical Benefit per calendar year	\$25	\$75	\$100	\$125
Cancer Benefits				
Air Ambulance per trip limit 2 trips per confinement	\$1,000	\$1,000	\$1,000	\$1,000
Ambulance per trip limit 2 trips per confinement	\$200	\$200	\$200	\$200
Anesthesia-Benefit for General is 25% of Surgical Procedures per procedure for local anesthesia	\$25	\$30	\$40	\$50
Antinausea Medication per day administered or per prescription filled maximum per month	\$20 \$80	\$40 \$160	\$50 \$200	\$60 \$240
Attending Physician (per day)	\$10	\$20	\$200	\$20
Blood/Plasma/Platelets/Immunoglobulins per day up to \$10,000 per cal year	\$200	\$200	\$200	\$200
Bone Marrow Stem Cell Transplant per lifetime	\$10,000	\$10,000	\$10,000	\$10,000
Bone Marrow Stem Cell Donation Benefit per lifetime	\$1,000	\$1,000	\$1,000	\$1,000
Companion Transportation (\$ per mile) up to \$1,500 per round trip	0.50	0.50	0.50	0.50
Experimental Treatment per day up to \$10,000 per lifetime	\$300	\$300	\$300	\$300
Family Care per day	\$60	\$60	\$60	\$60
Hair/External Breast/Voice Box Prosthesis per cal year	\$200	\$200	\$200	\$200
Home Health Care Services per day up to greater of 30 days/calendar year or 2 times days confined	\$75	\$75	\$75	\$75
Hospice per day, no lifetime limit	\$70	\$70	\$70	\$70
Hospital Confinement, Days 1-30, benefit per day	\$100	\$200	\$300	\$400
Hospital Confinement, Days 31+, benefit per day	\$200	\$400	\$600	\$800
Hospital Confinement in a US Government Hospital	\$100	\$200	\$300	\$400

Cancer 1000 Available in TX

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

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Making benefits count.

Days 1-30, benefit per day				
Hospital Confinement in a US Government Hospital Days 31+, benefit per day	\$200	\$400	\$600	\$800
Lodging per day up to 70 days per calendar year	\$75	\$75	\$75	\$75
Medical Imaging Studies per study, \$500 calendar year max	\$250	\$250	\$250	\$250
Outpatient Surgical Center per day	\$200	\$200	\$300	\$400
calendar year maximum	\$600	\$600	\$900	\$1,200
Peripheral Stem Cell Transplant lifetime maximum	\$5,000	\$5,000	\$5,000	\$5,000
Private Full Time Nursing Services per day	\$150	\$150	\$150	\$150
Prosthesis/Artificial Limb per device, limit 1 per site, \$6,000 lifetime	\$3,000	\$3,000	\$3,000	\$3,00
Radiation/Chemotherapy per day	\$100	\$200	\$300	\$300
(no monthly limit for chemotherapy injected or radiation delivered by medical personnel) Monthly Maximum				
Self Injected	\$800	\$1,600	\$2,400	\$2,40
Pump	\$400	\$800	\$1,200	\$1,20
Topical	\$400	\$800	\$1,200	\$1,20
Oral	\$400	\$800	\$1,200	\$1,20
Any Other Method Not Listed	\$400	\$800	\$1,200	\$1,20
Reconstructive Surgery per unit value	\$40	\$40	\$60	\$60
maximum per procedure for Surgery and Anesthesia, limit 2 per site	\$2,500	\$2,500	\$3,000	\$3,00
Second Medical Opinion limit once per malignant condition	\$300	\$300	\$300	\$300
Skilled Nursing Care Facility per day up to days confined in hosp		\$100	\$100	\$100
Skin Cancer Initial Diagnosis once per lifetime	\$300	\$300	\$300	\$300
Supportive or Protective Care Drugs & Colony Stimulating Factors				
per day	\$50	\$100	\$150	\$200
calendar year maximum	\$400	\$800	\$1,200	\$1,60
Surgical Procedures-Unit Value	\$40	\$50	\$60	\$70
maximum per procedure	\$2,500	\$3,000	\$5,000	\$6,00
Transportation (per mile) up to \$1,500 per trip	0.50	0.50	0.50	0.50
Waiver of Premium	Yes	Yes	Yes	Yes

Cancer 1000 Available in TX
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Optional Riders

A choice of optional riders is available and can be purchased at an additional cost to provide extra coverage and benefits.

Specified Disease

- Paid for hospital confinement for covered specified diseases.
- \$300 per day when hospitalized
- \$125,000 lifetime maximum

The specified diseases covered under this rider are:

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

Initial Diagnosis

- Paid for the first diagnosis of internal (not skin) cancer.
- Available in \$1,000 units from \$1,000 \$5,000
- Pays 1.5 times amount for children on family coverage.

Progressive Payment

- Paid for the first diagnosis of internal (not skin) cancer. The progressive payment accumulates \$50 per month for each month the policy has been in force after the first 30 days.
- Issue age for Progressive Payment rider is 17-64.



Individual Cancer Rates

LEVEL 1 – Monthly Premiums - Composite Rates					
	Employee	Employee /Spouse	One-Parent Family	Two-Parent Family	
Level 1 WITHOUT Cancer Wellness/Health Screening					
Premium	\$11.45	\$18.25	\$11.60	\$18.40	
Level 1 with \$25 Cancer W	ellness/Health	Screening			
Premium	\$12.90	\$20.50	\$13.05	\$20.65	
Level 1 with \$50 Cancer W	ellness/Health	Screening			
Premium	\$14.35	\$22.75	\$14.50	\$22.90	
Level 1 with \$75 Cancer Wellness/Health Screening					
Premium \$16.20 \$25.65 \$16.35 \$25.8				\$25.80	
Level 1 with \$100 Cancer Wellness/Health Screening					
Premium	\$18.10	\$28.60	\$18.25	\$28.75	

LEVEL 2 – Monthly Premiums - Composite Rates					
	Employee	Employee /Spouse	One-Parent Family	Two-Parent Family	
Level 2 WITHOUT Cancer Wellness/Health Screening					
Premium	\$15.00	\$23.50	\$15.30	\$23.80	
Level 2 with \$25 Cancer W	ellness/Health	Screening			
Premium	\$16.45	\$25.75	\$16.75	\$26.05	
Level 2 with \$50 Cancer W	ellness/Health	Screening			
Premium	m \$17.90		\$18.20	\$28.30	
Level 2 with \$75 Cancer W	ellness/Health	Screening			
Premium	\$19.75	\$30.90	\$20.05	\$31.20	
Level 2 with \$100 Cancer Wellness/Health Screening					
Premium	\$21.65	\$33.85	\$21.95	\$34.15	



LEVEL 3 – Monthly Premiums - Composite Rates					
	Employee	Employee /Spouse	One-Parent Family	Two-Parent Family	
Level 3 WITHOUT Cancer Wellness/Health Screening					
Premium	\$20.00	\$34.05	\$20.45	\$34.50	
Level 3 with \$25 Cancer Wellness/Health Screening					
Premium	\$21.45	\$36.30	\$21.90	\$36.75	
Level 3 with \$50 Cancer W	ellness/Health	Screening			
Premium	\$22.90	\$38.55	\$23.35	\$39.00	
Level 3 with \$75 Cancer Wellness/Health Screening					
Premium \$24.75 \$41.45 \$25.20 \$41.90				\$41.90	
Level 3 with \$100 Cancer Wellness/Health Screening					
Premium	\$26.65	\$44.40	\$27.10	\$44.85	

LEVEL 4 – Monthly Premiums - Composite Rates					
	Employee	Employee /Spouse	One-Parent Family	Two-Parent Family	
Level 4 WITHOUT Cancer Wellness/Health Screening					
Premium	\$28.95	\$49.05	\$29.55	\$49.65	
Level 4 with \$25 Cancer Wellness/Health Screening					
Premium	\$30.40	\$51.30	\$31.00	\$51.90	
Level 4 with \$50 Cancer W	ellness/Health	Screening			
Premium	\$31.85	\$53.55	\$32.45	\$54.15	
Level 4 with \$75 Cancer W	ellness/Health	Screening			
Premium	\$33.70	\$56.45	\$34.30	\$57.05	
Level 4 with \$100 Cancer Wellness/Health Screening					
Premium	\$35.60	\$59.40	\$36.20	\$60.00	

Specified Critical Illness Insurance



Even with the most generous employer-provided medical and disability insurance plans, workers need additional resources to help meet their financial needs if they suffer a critical illness and are faced with lengthy, expensive recovery periods.

Wouldn't you like to provide additional benefits at no direct cost to you that help strengthen your benefits package and help you attract and retain top talent?

This product pays a lump-sum benefit (up to \$100,000) for diagnosis of a covered specified critical illness.

Covered Illnesses Include:

- Heart Attack (Myocardial Infarction)
- Stroke
- Major Organ Failure
- End Stage Renal (Kidney)
 Failure
- Cancer (optional)
- Coronary Artery Bypass Graft Surgery
- Blindness
- Occupational Infectious HIV/Hepatitis B, C, or D

Colonial Life & Accident Insurance Company offers employees the protection they need with

Specified Critical Illness Insurance.

Benefits and Features:

- A Wellness (Health Screening) benefit is available.
- A Subsequent Diagnosis benefit is available, which means the policy pays more than once.
- A Health Savings Account (HSA) compliant plan option is available.
- This product is individually owned and portable with no increase in premium or change in plan design if the employee changes jobs or retires.

Expenses covered by health insurance

Benefits may be used for:

- Out-of-pocket expenses
- Home health care needs/ household modifications
- Travel expenses to and from treatment centers
- Childcare expenses

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Deductions per year: 12

Critical Illness 1.0 for TX

Applicable to policy form CI-1.0

• with Subsequent Diagnosis Coverage, Health Screening Benefit

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
¢E 000					
\$5,000	17-24	\$3.35	\$5.10	\$3.35	\$5.10
	25-29	\$3.70	\$5.70	\$3.70	\$5.70
	30-34	\$4.10	\$6.35	\$4.10	\$6.35
	35-39	\$5.30	\$8.15	\$5.30	\$8.15
	40-44	\$6.10	\$9.35	\$6.10	\$9.35
	45-49	\$7.60	\$11.65	\$7.60	\$11.65
	50-54	\$9.40	\$14.45	\$9.40	\$14.45
	55-59	\$11.35	\$17.40	\$11.35	\$17.40
	60-64	\$13.80	\$21.20	\$13.80	\$21.20
	65-70	\$16.50	\$25.35	\$16.50	\$25.35
\$15,000	17-24	\$5.75	\$8.70	\$5.75	\$8.70
	25-29	\$6.80	\$10.50	\$6.80	\$10.50
	30-34	\$8.00	\$12.45	\$8.00	\$12.45
	35-39	\$11.60	\$17.85	\$11.60	\$17.85
	40-44	\$14.00	\$21.45	\$14.00	\$21.45
	45-49	\$18.50	\$28.35	\$18.50	\$28.35
	50-54	\$23.90	\$36.75	\$23.90	\$36.75
	55-59	\$29.75	\$45.60	\$29.75	\$45.60
	60-64	\$37.10	\$57.00	\$37.10	\$57.00
	65-70	\$45.20	\$69.45	\$45.20	\$69.45
\$25,000	17-24	\$8.15	\$12.30	\$8.15	\$12.30
	25-29	\$9.90	\$15.30	\$9.90	\$15.30
	30-34	\$11.90	\$18.55	\$11.90	\$18.55
	35-39	\$17.90	\$27.55	\$17.90	\$27.55
	40-44	\$21.90	\$33.55	\$21.90	\$33.55
	45-49	\$29.40	\$45.05	\$29.40	\$45.05
	50-54	\$38.40	\$59.05	\$38.40	\$59.05
	55-59	\$48.15	\$73.80	\$48.15	\$73.80
	60-64	\$60.40	\$92.80	\$60.40	\$92.80
	65-70	\$73.90	\$113.55	\$73.90	\$113.55
550,000	17-24	\$14.15	\$21.30	\$14.15	\$21.30
,	25-29	\$17.65	\$27.30	\$17.65	\$27.30
	30-34	\$21.65	\$33.80	\$21.65	\$33.80
	35-39	\$33.65	\$51.80	\$33.65	\$51.80
	40-44	\$41.65	\$63.80	\$41.65	\$63.80
	45-49	\$56.65	\$86.80	\$56.65	\$86.80
	50-54	\$74.65	\$114.80	\$74.65	\$114.80
	55-59	\$94.15	\$144.30	\$94.15	\$144.30
	60-64	\$118.65	\$182.30	\$118.65	\$182.30
	65-70	\$118.65	\$182.30	\$118.65	\$223.80



(Continued...)

Critical Illness 1.0 for TX

Applicable to policy form CI-1.0

• with Subsequent Diagnosis Coverage, Health Screening Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$75,000	17-24	\$20.15	\$30.30	\$20.15	\$30.30
	25-29	\$25.40	\$39.30	\$25.40	\$39.30
	30-34	\$31.40	\$49.05	\$31.40	\$49.05
	35-39	\$49.40	\$76.05	\$49.40	\$76.05
	40-44	\$61.40	\$94.05	\$61.40	\$94.05
	45-49	\$83.90	\$128.55	\$83.90	\$128.55
	50-54	\$110.90	\$170.55	\$110.90	\$170.55
	55-59	\$140.15	\$214.80	\$140.15	\$214.80
	60-64	\$176.90	\$271.80	\$176.90	\$271.80
	65-70	\$217.40	\$334.05	\$217.40	\$334.05

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	17-24	\$3.85	\$5.90	\$3.85	\$5.90
	25-29	\$4.50	\$6.90	\$4.50	\$6.90
	30-34	\$5.35	\$8.25	\$5.35	\$8.25
	35-39	\$7.00	\$10.75	\$7.00	\$10.75
	40-44	\$8.75	\$13.45	\$8.75	\$13.45
	45-49	\$10.95	\$16.80	\$10.95	\$16.80
	50-54	\$13.50	\$20.70	\$13.50	\$20.70
	55-59	\$16.85	\$25.90	\$16.85	\$25.90
	60-64	\$20.05	\$30.80	\$20.05	\$30.80
	65-70	\$24.30	\$37.35	\$24.30	\$37.35
15,000	17-24	\$7.25	\$11.10	\$7.25	\$11.10
	25-29	\$9.20	\$14.10	\$9.20	\$14.10
	30-34	\$11.75	\$18.15	\$11.75	\$18.15
	35-39	\$16.70	\$25.65	\$16.70	\$25.65
	40-44	\$21.95	\$33.75	\$21.95	\$33.75
	45-49	\$28.55	\$43.80	\$28.55	\$43.80
	50-54	\$36.20	\$55.50	\$36.20	\$55.50
	55-59	\$46.25	\$71.10	\$46.25	\$71.10
	60-64	\$55.85	\$85.80	\$55.85	\$85.80
	65-70	\$68.60	\$105.45	\$68.60	\$105.45



(Continued...)

Critical Illness 1.0 for TX

Applicable to policy form CI-1.0

 with Subsequent Diagnosis Coverage, Health Screening Benefit Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$25,000	17-24	\$10.65	\$16.30	\$10.65	\$16.30
	25-29	\$13.90	\$21.30	\$13.90	\$21.30
	30-34	\$18.15	\$28.05	\$18.15	\$28.05
	35-39	\$26.40	\$40.55	\$26.40	\$40.55
	40-44	\$35.15	\$54.05	\$35.15	\$54.05
	45-49	\$46.15	\$70.80	\$46.15	\$70.80
	50-54	\$58.90	\$90.30	\$58.90	\$90.30
	55-59	\$75.65	\$116.30	\$75.65	\$116.30
	60-64	\$91.65	\$140.80	\$91.65	\$140.80
	65-70	\$112.90	\$173.55	\$112.90	\$173.55
\$50,000	17-24	\$19.15	\$29.30	\$19.15	\$29.30
	25-29	\$25.65	\$39.30	\$25.65	\$39.30
	30-34	\$34.15	\$52.80	\$34.15	\$52.80
	35-39	\$50.65	\$77.80	\$50.65	\$77.80
	40-44	\$68.15	\$104.80	\$68.15	\$104.80
	45-49	\$90.15	\$138.30	\$90.15	\$138.30
	50-54	\$115.65	\$177.30	\$115.65	\$177.30
	55-59	\$149.15	\$229.30	\$149.15	\$229.30
	60-64	\$181.15	\$278.30	\$181.15	\$278.30
	65-70	\$223.65	\$343.80	\$223.65	\$343.80
\$75,000	17-24	\$27.65	\$42.30	\$27.65	\$42.30
	25-29	\$37.40	\$57.30	\$37.40	\$57.30
	30-34	\$50.15	\$77.55	\$50.15	\$77.55
	35-39	\$74.90	\$115.05	\$74.90	\$115.05
	40-44	\$101.15	\$155.55	\$101.15	\$155.55
	45-49	\$134.15	\$205.80	\$134.15	\$205.80
	50-54	\$172.40	\$264.30	\$172.40	\$264.30
	55-59	\$222.65	\$342.30	\$222.65	\$342.30
	60-64	\$270.65	\$415.80	\$270.65	\$415.80
	65-70	\$334.40	\$514.05	\$334.40	\$514.05

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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



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Medical Bridge_{SM} 3000 Benefits-Plan 4

Base Plan + Outpatient Surgical Procedure + Doctor's Office Visit

Wellness	X
Doctor's Office Visit	X
Outpatient Surgical Procedure	X
Hospital Confinement	X
Rehabilitation Unit	X
Waiver of Premium	X

Wellness Benefit: \$50; one per calendar year for employee only coverage; two per calendar year combined for family coverage.

Doctor's Office Visit Benefit: A \$25 benefit is paid per visit up to three visits per calendar year for employee only coverage; five visits combined for family coverage. Payable for any doctor's office visit for any reason, including an annual physical exam.

Outpatient Surgical Benefit*: The employer chooses one option to be offered.

Outpatient Surgery	Option 1	Option 2	Option 3
Tier 1	\$500	\$750	\$1,000
Tier 2	\$1,000	\$1,500	\$2,000
Calendar Year Maximum per covered person per year	\$1,500	\$2,500	\$3,000

Hospital Confinement Benefit*: Six levels from \$500-\$3000 in \$500 increments. You will choose two levels of hospital confinement. The levels cannot be separated by more than \$1,000. (For example, \$1,000 and \$2,000 are acceptable; \$1,000 and \$2,500 are not.)

+ = ,			
Level 1:	\$500	Level 4:	\$2,000
Level 2:	\$1,000	Level 5:	\$2,500
Level 3:	\$1.500	Level 6:	\$3,000

Rehabilitation Unit Benefit*: \$100 per day up to 15 days per confinement as an inpatient in a rehabilitation unit. 30-day maximum per covered person per calendar year. Must occur immediately after the hospital confinement.

Waiver of Premium Benefit: after 30 continuous days of the employee's hospital confinement. Waives premium for the entire policy.

*The pre-existing condition limitation is applicable to these benefits.

Applicable to AK, AL, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, VA, UT, WV,

WI, WY
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Medical Bridge_{SM} 3000 Plan 4 Benefit Amount Options & Monthly Premiums

	Hospital Confinement	Outpatient Surgery Tier 1	Outpatient Surgery Tier 2	Doctor's Office Visit
JA	\$500	\$500	\$1,000	\$25
JB	\$1,000	\$500	\$1,000	\$25
JC	**\$1,500	\$500	\$1,000	\$25
JD	*\$2,000	\$500	\$1,000	\$25
JE	*\$2,500	\$500	\$1,000	\$25
JF	*\$3,000	\$500	\$1,000	\$25
KA	\$500	\$750	\$1,500	\$25
KB	\$1,000	\$750	\$1,500	\$25
кс	**\$1,500	\$750	\$1,500	\$25
KD	*\$2,000	\$750	\$1,500	\$25
KE	*\$2,500	\$750	\$1,500	\$25
KF	*\$3,000	\$750	\$1,500	\$25
LA	\$500	\$1,000	\$2,000	\$25
LB	\$1,000	\$1,000	\$2,000	\$25
LC	**\$1,500	\$1,000	\$2,000	\$25
LD	*\$2,000	\$1,000	\$2,000	\$25
LE	*\$2,500	\$1,000	\$2,000	\$25
LF	*\$3,000	\$1,000	\$2,000	\$25

^{*}Requires prior underwriting approval based on Major Medical deductible information.

^{**} Requires prior underwriting approval for Health Care, Governmental, and Educator groups based on Major Medical deductible information.



Medical Bridge 3000 Plan 4 Monthly Premiums Base Plan + Outpatient Surgical Procedures & Doctor's Office Visit

			Employee			
	JA	JB	JC	JD	JE	JF
17-49	\$19.35	\$24.75	\$30.15	\$35.55	\$40.95	\$46.35
50-59	\$24.35	\$31.85	\$39.35	\$46.85	\$54.35	\$61.85
60-64	\$29.90	\$39.65	\$49.40	\$59.15	\$68.90	\$78.65
65-74	\$35.90	\$48.15	\$60.40	\$72.65	\$84.90	\$97.15
		Emplo	yee & Spouse	9		
	JA	JB	JC	JD	JE	JF
17-49	\$38.40	\$50.05	\$61.70	\$73.35	\$85.00	\$96.65
50-59	\$49.00	\$65.10	\$81.20	\$97.30	\$113.40	\$129.50
60-64	\$61.70	\$83.10	\$104.50	\$125.90	\$147.30	\$168.70
65-74	\$74.70	\$101.45	\$128.20	\$154.95	\$181.70	\$208.45
		Employee &	Dependent C	hildren		
	JA	JB	JC	JD	JE	JF
17-49	\$32.65	\$41.95	\$51.25	\$60.55	\$69.85	\$79.15
50-59	\$37.30	\$48.50	\$59.70	\$70.90	\$82.10	\$93.30
60-64	\$43.40	\$57.20	\$71.00	\$84.80	\$98.60	\$112.40
65-74	\$51.75	\$69.00	\$86.25	\$103.50	\$120.75	\$138.00
	Em	plovee. Spou	se & Depende	ent Children		
	JA	JB	JC	JD	JE	JF
17-49	\$44.35	\$58.45	\$72.55	\$86.65	\$100.75	\$114.85
50-59	\$54.25	\$72.50	\$90.75	\$109.00	\$127.25	\$145.50
60-64	\$66.15	\$89.30	\$112.45	\$135.60	\$158.75	\$181.90
65-74	\$80.20	\$109.20	\$138.20	\$167.20	\$196.20	\$225.20

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This information is only intended for proposal use with employers.



Medical Bridge 3000 Plan 4 Monthly Premiums Base Plan + Outpatient Surgical Procedures & Doctor's Office Visit

		E	Employee			
	KA	KB	КС	KD	KE	KF
17-49	\$21.85	\$27.25	\$32.65	\$38.05	\$43.45	\$48.85
50-59	\$27.80	\$35.30	\$42.80	\$50.30	\$57.80	\$65.30
60-64	\$34.40	\$44.15	\$53.90	\$63.65	\$73.40	\$83.15
65-74	\$41.55	\$53.80	\$66.05	\$78.30	\$90.55	\$102.80
		Emplo	yee & Spouse	<u> </u>		
	KA	КВ	КС	KD	KE	KF
17-49	\$43.80	\$55.45	\$67.10	\$78.75	\$90.40	\$102.05
50-59	\$56.30	\$72.40	\$88.50	\$104.60	\$120.70	\$136.80
60-64	\$71.45	\$92.85	\$114.25	\$135.65	\$157.05	\$178.45
65-74	\$86.95	\$113.70	\$140.45	\$167.20	\$193.95	\$220.70
		Employee &	Dependent C	hildren		
	KA	KB	КС	KD	KE	KF
17-49	\$36.85	\$46.15	\$55.45	\$64.75	\$74.05	\$83.35
50-59	\$42.40	\$53.60	\$64.80	\$76.00	\$87.20	\$98.40
60-64	\$49.60	\$63.40	\$77.20	\$91.00	\$104.80	\$118.60
65-74	\$59.55	\$76.80	\$94.05	\$111.30	\$128.55	\$145.80
	- Fm	nlavas Snav	sa 9 Dananda	nt Children		
	KA	KB	se & Depende KC	KD	KE	KF
17-49	\$50.85	\$64.95	\$79.05	\$93.15	\$107.25	\$121.35
50-59	\$62.50		-	-		
60-64		\$80.75	\$99.00	\$117.25	\$135.50	\$153.75
65-74	\$76.70 \$93.40	\$99.85 \$122.40	\$123.00 \$151.40	\$146.15 \$180.40	\$169.30 \$209.40	\$192.45 \$238.40

Applicable to AK, AL, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, VA, UT, WV, WI, WY
This information is only intended for proposal use with employers.



Medical Bridge 3000 Plan 4 Monthly Premiums Base Plan + Outpatient Surgical Procedures & Doctor's Office Visit

		Er	nployee			
	LA	LB	LC	LD	LE	LF
17-49	\$24.35	\$29.75	\$35.15	\$40.55	\$45.95	\$51.35
50-59	\$31.25	\$38.75	\$46.25	\$53.75	\$61.25	\$68.75
60-64	\$38.90	\$48.65	\$58.40	\$68.15	\$77.90	\$87.65
65-74	\$47.20	\$59.45	\$71.70	\$83.95	\$96.20	\$108.45
		Employ	ee & Spouse			
	LA	LB	LC	LD	LE	LF
17-49	\$49.15	\$60.80	\$72.45	\$84.10	\$95.75	\$107.40
50-59	\$63.60	\$79.70	\$95.80	\$111.90	\$128.00	\$144.10
60-64	\$81.20	\$102.60	\$124.00	\$145.40	\$166.80	\$188.20
65-74	\$99.20	\$125.95	\$152.70	\$179.45	\$206.20	\$232.95
		Employee & [Dependent Ch	ildren		
	LA	LB	LC	LD	LE	LF
17-49	\$41.05	\$50.35	\$59.65	\$68.95	\$78.25	\$87.55
50-59	\$47.50	\$58.70	\$69.90	\$81.10	\$92.30	\$103.50
60-64	\$55.80	\$69.60	\$83.40	\$97.20	\$111.00	\$124.80
65-74	\$67.35	\$84.60	\$101.85	\$119.10	\$136.35	\$153.60
	Emn	loyee, Spous	e & Denender	nt Children		
	LA	LB	LC	LD	LE	LF
17-49	\$57.30	\$71.40	\$85.50	\$99.60	\$113.70	\$127.80
50-59	\$70.80	\$89.05	\$107.30	\$125.55	\$143.80	\$162.05
60-64	\$87.25	\$110.40	\$133.55	\$156.70	\$179.85	\$203.00
65-74	\$106.60	\$135.60	\$164.60	\$193.60	\$222.60	\$251.60

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How to Use Your **ID Watchdog Account**

Once your account is activated, you will be taken to the **ID Watchdog Dashboard.**

Here, you can view credit reports and scores, create fraud alerts, access your lost wallet vault, and much more. ID Watchdog monitors billions of data points for signs of identity theft. To maximize your coverage, please click through each tab on the dashboard and enter any missing information not entered during the activation process.

Overview

The Overview tab provides a summary of monitoring results from ID Watchdog's ongoing scans. The data is based on the information captured upon registration, which you may edit by going to the **Account** tab.

Monitoring



INTERNET SURVEILLANCE/DARK **WEB MONITORING**

We continuously scan black market websites, chat rooms, bulletin boards, and other internet entities known for trafficking personal information. If anything is found in our scan, we will alert you immediately. Click the "Add Account" button to add email addresses, bank accounts, driver's license numbers, and other information so that we can monitor these as well.



NON-CREDIT LOANS

Using your identity to verify employment and income, a thief can receive a non-credit or payday loan in your name within the same day while promising to pay it back over a short period of time. If you do not recognize a loan agency, please notify us immediately so that we can take the appropriate action.



NATIONAL PROVIDER IDENTIFIER (NPI)

NPI numbers are used to identify a healthcare provider for the purposes of Medicare and Medicaid payment processing. ID Watchdog monitors NPI numbers for signs of fraudulent use and alerts the provider when any new activity associated with his or her NPI number is detected.



Scans of the National Change of Address (NCOA) database are included. Unrecognized records may be an indication that your identity has been compromised. As we discover records associated with your name, we ask you to review them and indicate whether or not you recognize the information.

continued »



Adult Subscribers and Dependents

Some plans allow the ability to add monitoring for dependents. All adult subscribers and dependents (over the age of 18) should create their own accounts, using their own Social Security numbers, dates of birth, and zip codes.



Minor Dependents

- » Minor dependents will be considered activated once their guardian (whose plan they are under) is registered.
- » Minor dependents do not have a dashboard due to the Children's Online Privacy Protection Rule (COPPA); alerts will be sent directly to the primary account holder.
- » All alerts will be addressed over the phone.
- When a minor turns 18, he or she can contact ID Watchdog by phone to create his or her own account.

Employee only - \$7.95

Employee & Family - \$14.95

www.idwatchdog.com 1.866.513.1518



HIGH-RISK MONITORING

Numerous organizations use technology that verifies a subscriber's identity before processing high-risk transactions, such as opening a new account, changing passwords, or transferring money to an outside account. We monitor this process and will alert you if an attempt is made to verify your identity by a participating institution, enabling you to quickly identify and verify the activity.



CREDIT MONITORING

ID Watchdog continuously monitors your credit and provides credit alerts within minutes of activity changes on the TransUnion credit report.



CREDIT SCORE SIMULATOR

Test different credit behaviors and model the impact they each have on your credit score.



SOCIAL NETWORK ALERTS

ID Watchdog monitors social media accounts for potential cyberbullying, cyber predators, and reputation-damaging items, including racist, violent, derogatory, vulgar, or inappropriate comments directed at you or your family. Here, you may connect your social media accounts and adjust alert sensitivity.



SEX OFFENDER NOTIFICATIONS

Request a report of registered sex offenders for a specific address. The report highlights the location of the offender, a photo ID, and the offense(s) committed. You may select one address to continuously monitor so that you receive alerts when new offenders move into that neighborhood. You may create or update up to ten reports per month.



THRESHOLD **ALERTS**

Among identity theft victims, 44% experience fraud within an existing checking, savings, or investment account-not their credit cards. Yet, how often do you search for fraudulent transactions across all of your accounts? ID Watchdog's Threshold Alerts lets you create customized, automated alerts for all of your financial accounts, so you can pay attention to your life, rather than daily account transactions.

Credit Reports

This section of the dashboard displays credit reports and scores, credit alerts, and the TransUnion score tracker. Your TransUnion credit score can be refreshed each calendar month. As you update your credit score, it will automatically be tracked over time. Credit report and score can be updated annually.

Account

This tab provides you with an overview of your ID Watchdog service plan. From this panel, you may also edit your contact information, password, and security questions.

Advanced Security Tools

Request an ID Snapshot, which is a comprehensive report that provides an in-depth look at information associated with your identity. You may also view ID Watchdog's insurance policies and add accounts to our Lost Wallet Vault.

Alert Communications

When we detect a change or other suspicious activity that might be indicative of identity theft, we send a red alert immediately notifying you to check your dashboard for possible threats to your identity. You will receive an account summary each month. A red alert at the end of the month indicates activity was detected. A green alert means we haven't detected any changes or activities related to your identity, and your profile is secure.



Take Action.

If you see any activity that is deemed fraudulent behavior, contact us immediately and we'll discuss our plan to resolve the issue for you.

Identity Theft Protection Specialists are available 24/7 to answer any questions you may have.

VISIT WWW.IDWATCHDOG.COM OR CALL 1.866.513.1518.



blog.idwatchdog.com 🔰 @ID_Watchdog 📍 idwatchdog1





The Newborns' and Mothers' Health Protection Act of 1996

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 a 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 her 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). Plans subject to state law requirements will need to prepare SPD statements describing any applicable state law.

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

All states of reconstruction of the breast on which the mastectomy was performed;

Surgery and reconstruction of the other breast to produce a symmetrical appearance;

Prostheses; and

Treatment of physician complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

HIPAA Special Enrollment Rights

Our records show that you are eligible to participate Por Vida's group health plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

- Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your de
- pendents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
- Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.
- New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Stephanie Rodriguez in Human Resources.

HIPAA Notice of Privacy Practices Reminder

Por Vida is committed to the privacy of your health information. The administrators of Por Vida's health plan (TRS Aetna) use strict privacy standards to protect your health information from unauthorized use or disclosure. The plan's policies protecting your privacy rights and your rights under the law are described in the plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Por Vida.

Michelle's Law

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under Por Vida's group health plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if, on the day before the medically necessary leave of absence begins, your child is covered under TRS Aetna's group health plan and was enrolled as a student at a post-secondary educational institution.

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PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2019. Contact your State for more information on eligibility.

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ALABAMA - Medicaid	FLORIDA - Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program	Website: http://dch.georgia.gov/medicaid
Website: http://myakhipp.com/	- Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
Phone: 1-866-251-4861	
Email: CustomerService@MyAKHIPP.com	
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	
ARKANSAS - Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/	Healthy Indiana Plan for low-income adults 19-64
Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://www.in.gov/fssa/hip/
	Phone: 1-877-438-4479
	All other Medicaid: Website: http://www.indianamedicaid.com Phone 1 -800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA - Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/	Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563
Health First Colorado Member Contact Center:1-800-221-3943/ State Relay 711	
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus	
CHP+ Customer Service: 1-800-359-1991/State Relay 711	

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE

KANSAS - Medicaid	NEW HAMPSHIRE - Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/ombp/nhhpp/
	Phone: 603-271-5218
	Hotline: NH Medicaid Service Center at 1-888-901-4999
KENTUCKY - Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website:
	http://www.state.nj.us/humanservices/
	http://www.state.nj.us/numanservices/
	dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392
	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA - Medicaid	NEW YORK - Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-
888-695-2447	800-541-2831
MAINE - Medicaid	NORTH CAROLINA - Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/ index.html	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
Phone: 1-800-442-6003	
TTY: Maine relay 711	
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/ masshealth/	Website: http://www.nd.gov/dhs/services/medicalserv/ medicaid/
Phone: 1-800-862-4840	Phone: 1-844-854-4825
MINNESOTA - Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/ health-	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
care-programs/programs-and-services/otherinsurance.jsp	
Phone: 1-800-657-3739	
MISSOURI - Medicaid	OREGON - Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/ hipp.htm	Website: http://healthcare.oregon.gov/Pages/index.aspx http://
Dhana 570 754 0005	www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
Phone: 573-751-2005 MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/ HIPP	Website: http://www.dhs.pa.gov/provider/medicalassistance/ healthin-
	surancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-
Phone: 1-800-694-3084	7462
NEBRASKA – Medicaid	RHODE ISLAND - Medicaid
Website: http://www.ACCESSNebraska.ne.gov	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
Phone: (855) 632-7633	
, ,	
Lincoln: (402) 473-7000	
Omaha: (402) 595-1178	
NEVADA – Medicaid	SOUTH CAROLINA - Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) CONTINUED

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-healthcare/program -administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS - Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/
	Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
CHIP Website: http://health.utah.gov/chip	
Phone: 1-877-543-7669	
VERMONT- Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/ programs premium assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/ programs premium assistance.cfm	
CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor U.S. Department of Health and Human Services Employee Benefits Security Administration Centers for Medicare & Medicaid Services www.dol.gov/agencies/ebsa www.cms.hhs.gov

1-866-444-EBSA (3272) PAPERWORK REDUCTION ACT STATEMENT

1-877-267-2323, Menu Option 4, Ext. 61565

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan. The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan – for example, by reaching age 26. If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, please contact Por Vida. Wellness Program

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Por Vida and for help in finding a wellness program with the same reward that is right for you in light of your health status.

Important Notice from TRS- Aetna about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Por Vida and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium
- Por Vida has determined that the prescription drug coverage offered by the TRS Aetna's health plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from TRS Aetna. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
- You can keep your current coverage from Por Vida. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully it explains your options.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

Since the coverage under TRS Aetna, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan? If you decide to join a Medicare drug plan, your current coverage from TRS Aetna may be affected.

If you do decide to join a Medicare drug plan and drop your current TRS Aetna coverage, be aware that you and your dependents be able to get this coverage back.

For more information about this notice or your current prescription drug coverage, contact TRS Aetna for further information. You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through TRS Aetna changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage, review the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage, visit www.medicare.gov, call your state health insurance assistance program or call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 800.MEDICARE 800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources

Benefit	Administrator	Phone	Website/Email
Medical	TRS—Aetna	800.222.9205	www.trsactivecareaetna.com
Flex Spending Account	National Benefits Services	800.274.0503	www.nbsbenefits.com
Physicians on Call	Healthiest You (Teladoc)	866.703.1259	Member.healthiestyou.com
Dental	Mutual of Omaha	800.655.5142	dfw.service@mutualofomaha.com
Voluntary Vision	Superior Vision	800.507.3800	contactus@superiorvision.com
Voluntary Life/Basic & AD&D	Mutual of Omaha	800.655.5142	dfw.service@mutualofomaha.com
Voluntary STD & LTD	Mutual of Omaha	800.655.5142	dfw.service@mutualofomaha.com
Voluntary Accident	Colonial	800.325.4368	www.coloniallife.com
Voluntary Cancer	Colonial	800.325.4368	www.coloniallife.com
Voluntary Critical Illness	Colonial	800.325.4368	www.coloniallife.com
Voluntary Medical Bridge	Colonial	800.325.4368	www.coloniallife.com
Identity Theft Protection	ID Watchdog	866.513.1518	www.idwatchdog.com

