

Your Voluntary Benefits Offering from Colonial Life!

Montgomery County Schools

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

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

10- Pay - Payroll Rate Samples

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

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

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

Accident 1.0: Off Job Coverage, Worldwide, Preferred Plan

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

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

Cancer Assist: Level 2

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

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

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

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

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

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

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