

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.

20- 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	\$16.50	\$11.10
Age 50-69	\$19.80	\$14.10

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>
\$11.40	\$15.40	\$18.31	\$22.31

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>
\$13.50	\$21.09	\$13.74	\$21.33

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				
AGE	<u>1-parent Family</u>		<u>2-parent Family</u>		AGE	<u>1-parent Family</u>		<u>2-parent Family</u>	
	Non-Tob	Tobacco	Non-Tob	Tobacco		Non-Tob	Tobacco	Non-Tob	Tobacco
17-24	\$2.73	\$3.33	\$4.14	\$5.10	17-24	\$4.89	\$6.39	\$7.38	\$9.78
25-29	\$3.15	\$4.11	\$4.86	\$6.30	25-29	\$5.94	\$8.34	\$9.18	\$12.78
30-34	\$3.63	\$5.13	\$5.64	\$7.92	30-34	\$7.14	\$10.89	\$11.13	\$16.83
35-39	\$5.07	\$7.11	\$7.80	\$10.92	35-39	\$10.74	\$15.84	\$16.53	\$24.33
40-44	\$6.03	\$9.21	\$9.24	\$14.16	40-44	\$13.14	\$21.09	\$20.13	\$32.43
45-49	\$7.83	\$11.85	\$12.00	\$18.18	45-49	\$17.64	\$27.69	\$27.03	\$42.48
50-54	\$9.99	\$14.91	\$15.36	\$22.86	50-54	\$23.04	\$35.34	\$35.43	\$54.18
55-59	\$12.33	\$18.93	\$18.90	\$29.10	55-59	\$28.89	\$45.39	\$44.28	\$69.78
60-64	\$15.27	\$22.77	\$23.46	\$34.98	60-64	\$36.24	\$54.99	\$55.68	\$84.48
65-70	\$17.31	\$26.01	\$26.58	\$40.02	65-70	\$41.34	\$63.09	\$63.48	\$97.08

* 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.