



Preferred Advantage Benefits Plan



ABOUT US

Your association has partnered with the **Preferred Advantage Benefits** plan to bring one of the most comprehensive limited medical program available on the market today.

Our benefits programs are designed for the forgotten people in our nation. Those who make too much to qualify for state medical aid but can't afford the high cost of a traditional health insurance plan. If you fall into that category, the **Preferred Advantage Benefits** plan is right for you.

Through our cutting-edge approach to technology, customer service, virtual employee enrollment experience, and access to never-before-seen services. We are committed to bringing you one of the most advanced limited benefits plans available.

Preferred Advantage Benefits plan includes the following services:

- Administration services
- Claims processing
- Eligibility maintenance
- ID card production
- Customer service and account management
- Access to preferred provider organizations (PPOs)
- Plan documents
- Summary plan descriptions
- Online portal for members and employers

MINIMUM ESSENTIAL COVERAGE (MEC)

The **Preferred Advantage Benefits** plan is a cost effective, self-insured alternative to traditional health insurance. The defined benefit plan is neither insured nor stop loss protected. This plan satisfies the "A" penalty of the Federal ACA requirements and the Individual California Insurance Mandate requirement.

Care Guide Advocates Hospital Bill Eraser: We use our innovative technology to reduce or possibly even eliminate large medical and hospital bills.

Emergency Room Advocacy and Bill Reduction: Care Guide Advocates will analyze and fight to reduce all Emergency Room overcharges and billing errors on every ER bill.

Pricing Portal: Know the specific care costs before stepping in the door. We make sure our members are not the next victims of the broken billing process in the medical industry today.

Money Map: Using our proprietary, data-driven mapping tool, we can look up a provider that has low-cost service by zip code.

Durable Medical Equipment Price Reductions: We assist members with applying for patient financial assistance programs, which could reduce or eliminate the cost.

Lower or Eliminate Prescription Costs: We assist members with obtaining prescription coupons and getting their medications at the lowest price. Prescription drug card discounts are available at most local and chain pharmacies through the Pharmacy Benefit Manager listed on the member ID card.

Quest Select: Free lab work at all Quest Labs nationwide. No co-pay or cost for lab in our program.

Green Imaging Network: Using our nationwide network of imaging locations, you will pay no-copay for complex and other imaging services.

Provider Network: This plan utilizes the MultiPlan Nationwide provider PPO network.

Affordable Care Act (ACA) Compliance: This plan is ACA compliant, so preventive care mandated by the law is covered at 100%, preventing costly non-compliance tax penalties.

CareGuide Advocates is a benefits advocacy service. CareGuide Advocates is not an insurance policy and is not affiliated or serviced by any insurance carrier. The information presented here is for illustrative purposes only. All savings examples are demonstrative, and no savings are guaranteed. The use of any particular advocacy service offered will vary from case to case, and the results will also vary from case to case, with the services possibly resulting more favorable, less favorable, or the same outcomes than as described herein. Regardless of the services provided and outcomes, you are always personally responsible for your own medical bills, any tax benefits resulting from the services, and any necessary reporting to employers/ carriers/providers.

We encourage you to never cancel an unlimited federally compliant ACA plan and enroll in this plan unless you have a full understanding of the coverages and exclusions of this plan and how it will affect you financially and personally. This plan is NOT an unlimited benefits plan and is limited in nature. Should you need future information please see the "SPD" Summary of Plan Description and "SBC" Summary of Benefits and Coverages available from your human resources officer. Benefits are not guaranteed, and some services may require pre-authorization.



SPECIAL PROGRAMS

MONTHLY ADMINISTRATION	Employee Only	Employee Plus 1	Employee Plus 2	Employee Plus 3+
Care Guide Advocates	Included	Included	Included	Included
MyTelemedicine	Included	Included	Included	Included
COBRA/HIPAA Administration	Included	Included	Included	Included
PPO Network Access	Included	Included	Included	Included
Quest Select	Included	Included	Included	Included

Covered prescriptions must be obtained through a participating pharmacy only. All services must be performed by an in-network PPO provider. Claims for services provided in-network are deeply discounted, processed by ABA and paid by the plan (employer) claims reserve fund. If an out-of-network provider is used, the employee will pay the most and may receive a bill from the provider for the difference between the provider's charge and what the plan pays (i.e. balance billing). All preventive services are provided by the Multiplan Limited Benefit Plan network.

There is minimum employer contribution of 50%.
 Minimum participation is 10 employees.

PREFERRED ADVANTAGE BENEFITS

The Schedule of Benefits outlined below is designed as a quick reference only. For complete provisions of the medical and prescription drug benefits under this plan, refer to the Summary Plan Description (SPD).

MEDICAL BENEFIT	COST PER OCCURRENCE	LIMITATIONS
Preventive Care	\$0 copayment	All federally covered services; in-network only
MyTelemedicine	\$0 copayment	No maximum benefit; unlimited calls allowed
Outpatient Physician's Visit ¹	\$10 copayment	\$1,000 maximum benefit per plan year ²
Outpatient Specialist	\$25 copayment	\$1,000 maximum benefit per plan year ²
Urgent Care	\$75 copayment	\$1,000 maximum benefit per plan year ²
Emergency Room ²	\$250 copayment	\$1,000 maximum benefit per plan year ² CareGuide Advocates services are included
Imaging Services	\$0 copayment possible*	*0 copay if utilizing Green Imaging or \$500 copay Max benefit of \$1,250
Quest Select Lab work	\$0 copayment	No max benefit. \$0 Copay option for over 1,000 outpatient lab tests.
Inpatient Hospital Benefits (Illness)	\$250 copayment	\$2,500 Max benefit. CareGuide Advocates services are included
Inpatient Hospital Benefits (Injury)	\$250 copayment	\$2,500 Max benefit. CareGuide Advocates services are included
Inpatient Surgeon's Fees (Illness)	\$250 copayment	\$2,500 Max benefit. CareGuide Advocates services are included
Inpatient Anesthesiologist's Fees (Illness)	\$250 copayment	\$2,500 Max benefit. CareGuide Advocates services are included
Group Cancer Coverage	\$10,000 Initial Diagnosis Benefit	See Colonial Life Cancel Benefit Summary
Group Accident Insurance	\$50 - \$50,000 Accident Benefit	See Colonial Life Accident Benefit Summary
Group Life Insurance	\$25,000 Life Insurance Benefit	See Colonial Life Group Term Summary

Additional Benefits included at NO EXTRA CHARGE: Kindly Human Therapist Services, Chiropractic and Acupuncture, \$28 Gym Memberships, Aura Digital Guard Identity Theft, Hearing Aids, Diabetic Supplies Vitamin Discounts and more

The maximum benefit amounts listed above are per covered person, per plan year unless otherwise stated. All maximum amounts are applied and capped at \$2,500 per person, per plan year.

Note the following:

1. Outpatient physician office visits include office visit expenses as well as laboratory tests and X-rays taken during the same visit.
2. The maximums for emergency room, illness, injury, outpatient benefits, and outpatient physician's office visits are combined and capped at \$1,000 per person, per plan year.

PRESCRIPTION DRUG BENEFIT	COST PER DRUG	LIMITATIONS
Generic	\$10 copayment	\$500 maximum benefit per plan year
Brand Name	\$40 copayment	\$200 maximum benefit per plan year
Specialty	NA	Not Covered

Prescription drug benefits are limited to a 30-day supply. Prescription drugs obtained from a non-participating pharmacy are not covered.

TOTAL COST PER WEEK	Employee	Employee Plus 1	Employee Plus 2	Employee Plus 3+
TOTAL	\$46.16	\$70.37	\$90.76	\$112.76



PREVENTATIVE CARE

The following list briefly summarizes the preventive care services required by the ACA and covered under this plan. For the most updated and comprehensive list of ACA requirements with details, limitations and exclusions, visit www.healthcare.gov.

FOR ALL ADULTS

- Abdominal aortic aneurysm one-time screening
- Alcohol misuse screening and counseling
- Aspirin use
- Blood pressure and cholesterol screening
- Colorectal and lung cancer screening
- Depression screening
- Diabetes (Type 2) screening
- Diet and obesity screening and counseling
- Hepatitis B Hepatitis C screening
- HIV and syphilis screening
- Immunization vaccines
- Sexually transmitted infection (STI) prevention counseling
- Tobacco use screening

FOR WOMEN

- Anemia screening
- Breast cancer genetic test counseling (BRCA)
- Breast cancer mammography screenings
- Breast cancer chemoprevention counseling
- Breastfeeding support and counseling
- Cervical cancer screening
- Chlamydia, gonorrhea and syphilis screening
- Contraception
- Domestic and interpersonal violence counseling
- Folic acid
- Gestational diabetes screening
- Hepatitis B screening
- HIV screening and counseling
- Human Papillomavirus (HPV) DNA testing

- Osteoporosis screening
- Rh incompatibility screening
- Sexually transmitted infections counseling
- Tobacco use screening and interventions
- Urinary tract or other infection screening
- Well-woman visits

FOR CHILDREN

- Alcohol and drug use assessments
- Autism screening
- Behavioral assessments
- Blood pressure screening
- Cervical dysplasia screening
- Depression screening
- Developmental screening
- Dyslipidemia screening
- Fluoride chemoprevention supplements
- Gonorrhea preventive medication
- Hearing screening
- Height, weight and body mass index (BMI) measurements
- Hematocrit or hemoglobin screening
- Hemoglobinopathies or sickle cell screening
- Hepatitis B screening
- HIV screening
- Hypothyroidism screening
- Immunization vaccines
- Iron supplements
- Lead screening
- Medical history throughout development
- Obesity screening and counseling
- Oral health risk assessment
- Phenylketonuria (PKU) screening
- Sexually transmitted infection (STI) prevention counseling and screening
- Tuberculin testing
- Vision screening



MYTELEMEDICINE

MyTelemedicine is the premier telehealth provider of on-demand medical consultations over the phone, email or online video. After completing a short registration process and adding a brief medical history, employees and their dependents will have immediate access to some of the top doctors available to assist them with medical advice, non-emergency care and, if necessary, short-term prescriptions. Their medical records will be available to them at all times and be safely and securely protected in MyTelemedicine's medical record management system for their access only. Through this program, employees and their families can resolve their medical issues and concerns wherever they are, at any time of day or night.

ADVANTAGES OF MYTELEMEDICINE

- Save time by not having to wait for appointments or in waiting rooms for hours on end
- Save money by avoiding costly emergency room and urgent care copays
- Have the peace of mind that licensed doctors and nurses are always just a call or click away

WHEN TO USE THIS SERVICE

Many time-consuming and expensive visits to the doctor's office for common, minor conditions are unnecessary with MyTelemedicine. Eliminate the wasted time spent waiting in line at urgent care clinics or seeing a nurse or assistant instead of actually speaking to a doctor. MyTelemedicine physicians can help diagnose conditions, develop a treatment plan, and even send a prescription to local pharmacies.

MyTelemedicine can be utilized in order to:

- Treat minor, common medical conditions quickly
- Get answers to general health-related questions
- Save time and money that would have otherwise

been spent unnecessarily on a trip to a doctor or clinic for non-emergency care

- Speak to a doctor when away from a primary care physician
- Skip lines at urgent care or pharmacy clinics
- Speak to a doctor instead of a nurse or assistant
- Take care of a routine sinus infection, UTI or other common reoccurring condition
- Receive treatment for a child's ear infection or other typical childhood ailment

COMMON CONDITIONS TREATED

Some of the common conditions treated via phone or video consultation through MyTelemedicine include:

- Acid reflux high
- Acne
- Allergies
- Asthma
- Blood pressure
- Bronchitis
- Cold and flu symptoms
- Constipation
- Diabetes
- Ear infection
- Fever
- Headaches and migraines
- Hemorrhoids
- Nausea and vomiting
- Pink eye
- Poison ivy
- Rashes
- Respiratory infection
- Sinus and nasal conditions
- Sore throat
- Stomach virus
- Urinary tract infection



Helping Millions

Save Billions on Healthcare Costs

Employer Highlights:

MEC Plan Powered by CareGuide Advocates

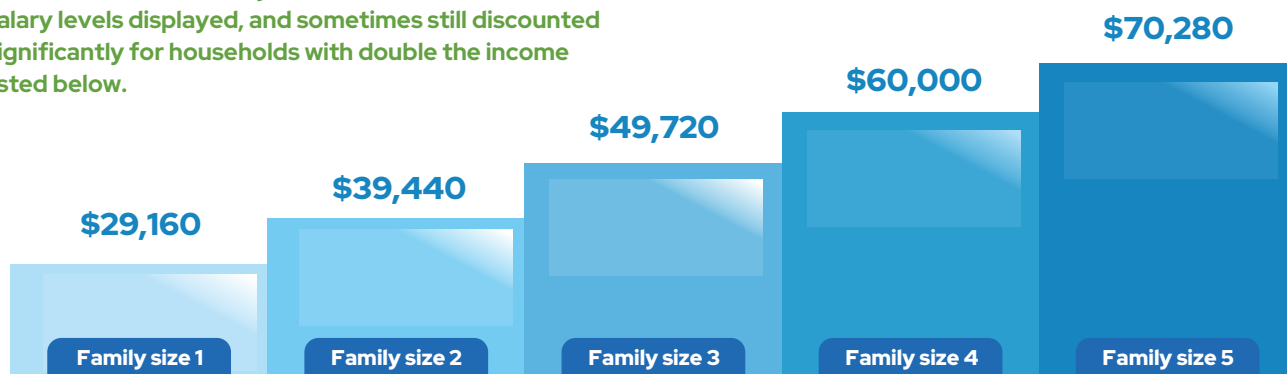
- ✔ Saves approximately \$500 per employee per year via IRS Cafeteria 125 pre-tax advantage. That's \$500,000 per year per 1,000 employees.
- ✔ HR and Benefits Directors – get burden relief. Never answer a question about hospital bills or Explanation of Benefits (EOB) again. CareGuide Advocates has your back.
- ✔ Better health benefits means better recruitment and retention – the other R & R.
- ✔ Employer avoids ACA Section 4980H \$2,700 penalty for every full time employee (FTE) not covered by a MEC plan.
- ✔ It's your money. Either pay Uncle Sam a bigger tax bill or keep your money in-house, improve your financial bottom line, and give your employees a better benefit.

Your care is almost always free below the household salary levels displayed, and sometimes still discounted significantly for households with double the income listed below.

Employee Highlights:

MEC Plan Powered by CareGuide Advocates

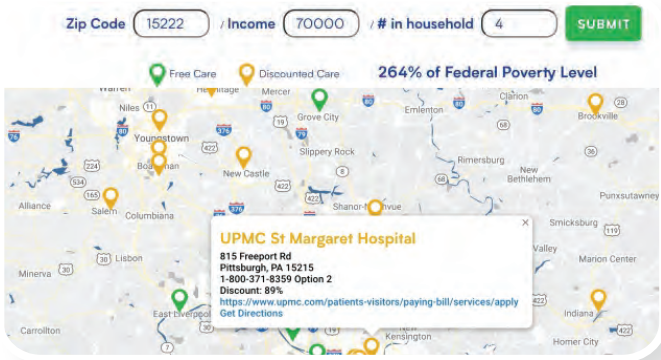
- ✔ Blood work and urine tests covered at 100% at over 2,000 Quest Diagnostics locations
- ✔ Unlimited blood work and urine tests per year.
- ✔ 1,000 generic drugs covered at 100%. No patient out-of-pocket.
- ✔ Hospital Bill Eraser program. Free hospital care in the blue zone below. Discounted hospital care, or even free care, at some hospitals with double the income shown.
- ✔ Money Map. Better-priced providers for care beyond the doctor's office are found on our Money Map and shared with each plan member. Get the care you need. Take home more pay.
- ✔ Employees get a pay raise of about \$100 per month.
- ✔ Employees get great health benefits at a great price - they pay nothing!



TOOL#1:

Hospital Bill Eraser.

Within seconds, we find the best-priced discounts or free care based on your income and family size at over 5,000 hospitals.



TOOL#2:

Money Map.

Within seconds, our Google map displays better-priced providers for routine care in your zip code.



TOOL#3:

Pricing Portal.

Hospitals want their pricing kept a secret but our advocates know them and use them to your advantage.

CPT Codes/Descriptions Up to 5 at a time	National Medicare Price Tags			National Carrier Price Tags			Target Cash Price Medicare + 25%		
	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee
27130 Total hip arthroplasty (joint r...	\$14752.00	\$14752.00	\$1415.00	\$27222.00	\$22123.00	\$2785.00	\$17702.40	\$17702.40	\$1698.00
28848 Carpal tunnel release, ends...	\$1280.00	\$1283.00	\$530.00	\$2565.00	\$2372.00	\$1116.00	\$1512.00	\$1539.60	\$636.00
71046 Chest x-ray, two views	\$52.00	\$51.00	\$11.00	\$179.00	\$164.00	\$82.00	\$62.40	\$61.20	\$13.20
80053 Complete Metabolic Panel (...)	\$12.00	\$12.00	N/A	\$83.00	\$29.00	N/A	\$14.40	\$14.40	N/A
93306 Echocardiogram	\$437.00	\$434.00	\$76.00	\$1133.00	\$874.00	\$140.00	\$524.40	\$520.80	\$91.20

TOOL#4:

Quest Select.™

No out-of-pocket cost at over 2,000 Quest Diagnostic labs for blood or urine tests. Walk in. Walk out. Don't pay.



DISCLAIMER:

This is not major medical insurance. Minimum essential coverage (MEC) is ACA compliant and preventive coverage only.

Frequently Asked Questions

Q. What is QuestSelect™?

A. QuestSelect™ is a voluntary program that allows you to obtain outpatient laboratory testing* at low or no cost to you. When your doctor orders lab testing, you can reduce or eliminate copays and/or deductibles by showing your QuestSelect™ card and asking to use your QuestSelect™ benefit. The testing must be covered and approved by your health benefit plan, and your physician or phlebotomist must indicate that you have QuestSelect™ coverage on a Quest Diagnostics requisition which accompanies your specimens to Quest Diagnostics.

Q. Is use of QuestSelect™ mandatory?

A. No. This is a voluntary, member-driven program. However, if you choose not to use QuestSelect™ your normal benefits will apply.

Q. Does QuestSelect™ replace current healthcare benefits?

A. No. It simply provides you the option to receive covered outpatient laboratory testing at low or no out-of-pocket cost to you*

Q. Who pays for laboratory testing when I don't use QuestSelect™?

A. If you don't use QuestSelect™, you and your health benefit plan pays some or all of the cost for covered outpatient lab tests.

Q. What tests are covered under QuestSelect™?

A. The program covers diagnostic outpatient laboratory testing, provided the tests have been ordered by your physician, are covered under the formulary, are approved by your health benefit plan, **and you have remembered to tell your doctor to use QuestSelect™**. Outpatient lab work includes:

- ◆ Blood testing (eg, cholesterol, CBC)
- ◆ Urine testing (eg, urinalysis)
- ◆ Cytology and pathology (eg, pap smears, biopsies)
- ◆ Cultures (eg, throat culture)

Q. What tests are NOT covered under QuestSelect™?

Lab work ordered during hospitalization.

Lab work needed on an emergency (STAT) basis and time-sensitive, esoteric outpatient laboratory testing such as fertility testing, bone marrow studies and spinal fluid tests.

Lab work performed without the use of your QuestSelect™ benefit.

Testing that is not approved and/or covered by your current health benefit plan.

Not All Lab Codes Are Included in QuestSelect™

For a complete list of Frequently Asked Questions, please visit QuestSelect.com.

Group Accident Insurance

Basic Plan



For more information,
talk with your
benefits counselor.

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Group accident insurance can help with medical or other costs associated with a covered accident or injury that your health insurance may not cover. With this coverage you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses. Coverage options are available for you, your spouse and eligible dependent children.

Benefits are per covered person per covered accident unless stated otherwise

Accident emergency treatment \$100

One visit per covered person per covered accident and
Up to four visits per covered person per calendar year

Accident follow-up doctor visit \$50

Up to three visits per covered person per covered accident and
Up to 12 visits per covered person per calendar year

Accidental death

Per covered person

	Accidental death	Accidental death common carrier
■ Named insured	\$25,000	\$100,000
■ Spouse	\$25,000	\$100,000
■ Dependent child(ren)	\$5,000	\$20,000

Examples of common carriers are mass transit trains, buses and planes

Accidental dismemberment

Loss or loss of use

■ One hand, arm, foot, leg or sight of an eye	\$7,500
■ Both hands, arms, feet, legs or the sight of both eyes; or any combination	\$15,000
■ One finger or one toe	\$1,050
■ Two or more fingers; two or more toes; or any combination	\$2,100

Air ambulance \$1,000

Transportation to or from a hospital or medical facility

Ambulance (ground)..... \$200

Transportation to or from a hospital or medical facility

Appliance aid in personal locomotion or mobility \$75

Walking boot, neck brace, back brace, leg brace, cane, crutches, walker and wheelchair

Blood/plasma/platelets \$300

Required during treatment of a covered accident

Burn

■ 2nd-degree burns (covering at least 36% of the body's surface)	\$750
■ 3rd-degree burns (based on size)	\$1,500 – \$12,000

Burn-skin graft..... 50% of applicable burn benefit

As a result of 2nd-degree or 3rd-degree burns

Alex was cleaning out the gutters when he fell.



EMERGENCY ROOM VISIT

Alex was taken by ambulance to the nearest emergency room and received immediate care.



DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Alex had fractured his leg.



HOSPITAL CONFINEMENT

Alex was admitted to the hospital for surgery on his leg. He was confined for three days.



APPLIANCE FOR MOBILITY

Alex used crutches.



PHYSICAL THERAPY

Alex had eight sessions of PT to help him regain the strength in his leg.



DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

ALEX'S OUT-OF-POCKET EXPENSES

When Alex totaled up the bills, he had to pay his annual deductible, as well as co-payments for the ambulance, emergency room, hospital, surgery, physical therapy and follow-up visits. Luckily, Alex had accident coverage to help with these expenses.

ALEX'S BENEFITS	
Ambulance	\$200
Emergency room visit	\$100
X-ray	\$50
Hospital admission	\$750
Hospital confinement	\$525
Leg fracture (surgical)	\$2,400
Physical therapy	\$280
Appliance (crutches)	\$75
Doctor's follow-up office visit	\$150
	\$4,530

Catastrophic accident

Total and irrecoverable loss or loss of use

- Both hands, arms, feet, legs or the sight of both eyes; or any combination; or
- Loss of hearing in both ears or loss of ability to speak

Subject to a 6-month elimination period; payable once per lifetime per covered person

- Named insured.....\$50,000
- Spouse.....\$50,000
- Dependent child(ren).....\$25,000

Coma \$7,500

Lasting for 14 or more consecutive days

Concussion \$275

Dislocation (separated joint) Non-surgical Surgical

- Hip \$2,000 \$4,000
- Knee (except patella).....\$1,000 \$2,000
- Ankle, bone or bones of the foot (other than toes).....\$960 \$1,920
- Collarbone (sternoclavicular)\$500 \$1,000
- Collarbone (acromioclavicular and separation).....\$140 \$280
- Lower jaw.....\$450 \$900
- Shoulder (glenohumeral).....\$750 \$1,500
- Elbow.....\$330 \$660
- Wrist.....\$390 \$780
- Bone(s) of the hand, (other than fingers).....\$540 \$1,080
- Finger, toe.....\$140 \$280
- Incomplete dislocation or dislocation reduction without anesthesia.....25% of the applicable non-surgical amount

Emergency dental work

- Dental crown or denture\$150
- Dental extraction\$50

Eye injury \$200

With surgical repair or removal of a foreign object

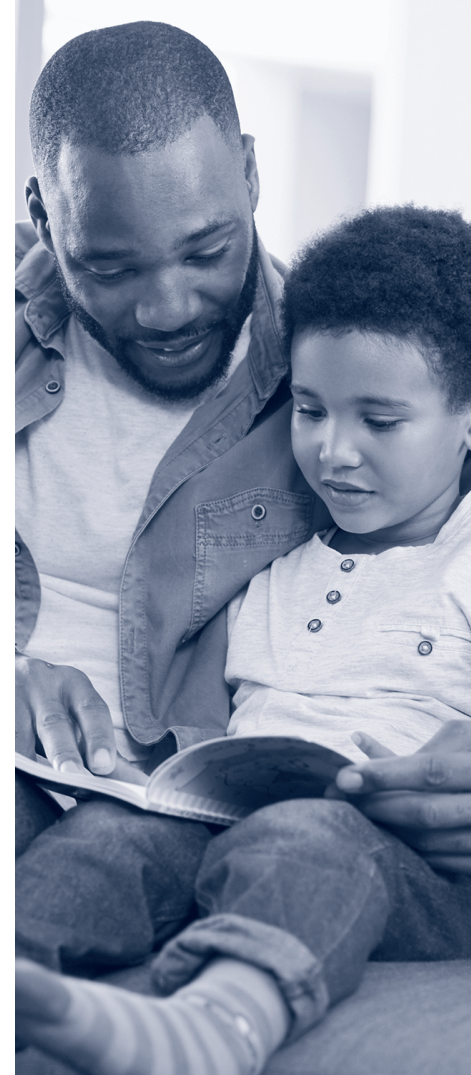
Fracture (broken bone) Non-surgical Surgical

- Skull, depressed fracture (except face/nose)\$2,250 \$4,500
- Skull, simple non-depressed fracture (except face/nose).....\$1,200 \$2,400
- Hip, thigh (femur).....\$2,100 \$4,200
- Body of vertebrae (excluding vertebral processes).....\$1,800 \$3,600
- Pelvis.....\$1,650 \$3,300
- Leg (tibia and/or fibula).....\$1,200 \$2,400
- Bones of the face or nose (except mandible or maxilla).....\$700 \$1,400
- Upper jaw, maxilla, upper arm between elbow and shoulder.....\$700 \$1,400
- Lower jaw, mandible.....\$720 \$1,440
- Kneecap, ankle, foot.....\$1,020 \$2,040
- Shoulder blade, collarbone.....\$810 \$1,620
- Vertebral processes.....\$450 \$900
- Forearm, hand, wrist.....\$1,020 \$2,040
- Rib.....\$225 \$450
- Coccyx.....\$240 \$480
- Finger, toe.....\$200 \$400
- Chip fracture.....25% of the applicable non-surgical amount

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The certificate has exclusions and limitations.

Hospital admission	\$750
Per covered person per covered accident	
Hospital confinement	\$175 per day
Up to 365 days per covered person per covered accident	
Hospital intensive care unit admission	\$1,500
Per covered person per covered accident	
Hospital intensive care unit confinement	\$300 per day
Up to 15 days per covered person per covered accident	
Knee cartilage (torn)	\$500
Laceration (no repair, without stitches)	\$50
Laceration (repaired by stitches)	
■ Total of all lacerations is less than two inches long	\$75
■ Total of all lacerations is at least two but less than six inches long	\$300
■ Total of all lacerations is six inches or longer	\$600
Lodging (companion)	\$150 per day
Up to 30 days per covered person per covered accident	
Medical imaging study (CT, CAT scan, EEG, MR or MRI)	\$150
One benefit per covered person per covered accident per calendar year	
Occupational or physical therapy	\$35 per day
Up to 10 days per covered person per covered accident	
Pain management for epidural anesthesia	\$50
Prosthetic device/artificial limb	
One benefit per covered person per covered accident	
■ One	\$750
■ More than one	\$1,500
Rehabilitation unit confinement	\$100 per day
Immediately after a period of hospital confinement due to a covered accident; up to 15 days per covered person per covered accident, not to exceed 30 days per covered person per calendar year	
Ruptured disc with surgical repair	\$600
Surgery	
■ Cranial, open abdominal and thoracic	\$1,000
■ Hernia with surgical repair	\$250
Surgery (exploratory and arthroscopic)	\$150
Tendon/ligament/rotator cuff	
■ One with surgical repair	\$600
■ Two or more with surgical repair	\$1,200
Transportation for hospital confinement	\$400 per round trip
Up to three round trips for more than 50 miles from home per covered person per covered accident	
X-ray	\$50



For more information,
talk with your
benefits counselor.



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HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS CERTIFICATE PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of a covered person's felonies or illegal occupations, hazardous avocations, racing, semi-professional or professional sports, sickness, suicide or injuries which any covered person intentionally does to himself, war or armed conflict. In addition, we will not pay Catastrophic Accident benefits for injuries a child received during birth, or for injuries that are the result of being intoxicated or under the influence of any narcotics.

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form GACC1.0-P-CA and certificate form GACC1.0-C-CA. Premium at the effective date will vary according to the family coverage type.

CA LIC#: _____

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Group Cancer Insurance*

Plan 4 – Level 1

When a cancer diagnosis takes life on an unexpected turn, your focus should be on treatment and recovery – not finances. Colonial Life group cancer insurance can help relieve the stress of financial worry by providing a lump-sum benefit payable directly to you to help cover any expenses.

Coverage amount: \$10,000

Cancer benefits

COVERED CONDITION [†]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis	\$400 per lifetime

Reoccurrence of invasive cancer (including all breast cancer)

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





BENEFITS STORY

Facing challenges together

Tom enjoys the outdoors, including hiking with his family, bike riding and walking his dog. When he was diagnosed with lung cancer, he worried that he'd never do those things again.

How Tom's coverage helped[†]

With his coverage, he received benefits for:

-  Initial lung cancer diagnosis **\$5,000**
-  Second opinion **\$150**
-  MRI scan **\$50**
-  Hospital stay of 3 nights **\$300**
- Total amount. . . . \$5,500**

[†] For illustrative purposes only. Coverage amounts vary based on benefit level and face amount chosen.



Key benefits

- Available coverage for spouse and eligible dependent children
- Cover your eligible dependent children at no additional cost
- No medical underwriting to qualify for coverage
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Level 1 benefits

Here is how cancer benefits can help provide financial protection.

Air ambulance \$2,000 per trip
*Transportation to or from a hospital/medical facility
(max. of two trips per confinement per covered person)*

Ambulance \$250 per trip
*Transportation to or from a hospital/medical facility
(max. of two trips per confinement per covered person)*

Anesthesia
Administered during a surgical procedure treatment of invasive cancer

- **General** 25% of surgical procedures benefit
- **Local** \$25 per procedure

Anti-nausea medication \$25 per day administered or per prescription filled
*Doctor-prescribed medication as a result of radiation or chemotherapy
(max. benefit amount of \$100 per covered person per calendar month)*

Blood/plasma/platelets/immunoglobulins \$150 per day
*A transfusion required during the treatment of invasive cancer
(max. benefit amount of \$10,000 per covered person per calendar year)*

Bone marrow donor screening \$50
*Testing in connection with being a potential donor
(max. of one per covered person per lifetime)*

Bone marrow or peripheral stem cell donation \$500
*Receiving another person's bone marrow or stem cells for a transplant
(max. of one per covered person per lifetime)*

Bone marrow or peripheral stem cell transplant \$3,500 per transplant
*Transplant you receive for the treatment of invasive cancer
(max. of two transplant benefits per covered person per lifetime)*

Cancer vaccine \$50
*An FDA-approved vaccine for the prevention of invasive cancer
(max. of one per covered person per lifetime)*

Companion transportation \$0.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment (max. benefit amount of \$1,000 per covered person per round trip)

Egg(s) extraction or harvesting/sperm collection and storage (cryopreservation)
*Extracted/harvested or collected before chemotherapy, radiation or immunotherapy
(max. of one per covered person per lifetime)*

- **Egg(s) extraction or harvesting or sperm collection** \$500
- **Egg(s) or sperm storage** \$150

Experimental treatment \$200 per day
*Hospital, medical or surgical care for experimental treatment of invasive cancer
(max. benefit amount of \$2,000 per covered person per calendar year)*

Hair/external breast/voice box prosthesis \$200 per year
*Prosthesis needed as a direct result of invasive cancer
(per covered person per calendar year)*

Home health care services \$50 per day

Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment (max. of 30 days per covered person per calendar year)

Hospice

(max. benefit amount of \$15,000 for initial and daily hospice care per covered person per lifetime)

- **Initial hospice care** \$1,000
(max. of one per covered person per lifetime)
- **Daily hospice care** \$50 per day

Hospital confinement

Hospital stay (including intensive care) required for the treatment of invasive cancer (per covered person)

- **30 days or less** \$100 per day
- **31 days or more** \$200 per day

Lodging \$50 per day

Hotel/motel expenses while being treated for invasive cancer more than 50 miles from home (max. of 90 days per covered person per calendar year)

Medical imaging studies \$50 per study

Specific studies for cancer treatment (max. benefit amount of \$100 per covered person per calendar year)

Outpatient surgical center \$150 per day

Surgery at an outpatient center for the treatment of invasive cancer (max. benefit amount of \$450 per covered person per calendar year)

Private full-time nursing services \$50 per day

Services while hospital-confined other than those regularly furnished by a hospital (per covered person)

Prosthetic device/artificial limb \$1,000 per device or limb

A surgical implant needed because of invasive cancer surgery (max. benefit amount of \$2,000 per covered person per lifetime)

Radiation/chemotherapy or immunotherapy

(max. benefit amount per covered person)

- **Self-administered** \$100 per calendar month
Self-injected/topical/oral non-hormonal
(max. benefit amount of \$1,200 per covered person per calendar year)
- **Physician-administered** \$250 per calendar month
Injected chemotherapy by medical personnel/pump/immunotherapy
(max. benefit amount of \$3,000 per covered person per calendar year)
- **Hormonal therapy** \$50 per calendar month
Oral hormonal (max. benefit amount of \$600 per covered person per calendar year)

Reconstructive surgery \$30 per surgical unit

Surgery to reconstruct anatomical defects resulting from treatment of invasive cancer (max. benefit amount of \$1,500 per covered person per procedure, including 25% for general anesthesia; limit two per site)

Second medical opinion \$150

A second physician's opinion on surgery or treatment following the positive diagnosis of invasive cancer (max. of one per covered person per lifetime)



Preparing for the unexpected is simpler than you think. With Colonial Life, you'll have the support you need to face life's toughest challenges.



For more information, talk with your Colonial Life benefits counselor.

- Skilled nursing care facility** \$75 per day
Confinement to a covered facility after hospital release during the treatment of invasive cancer. (max. of 30 days per covered person per calendar year)
- Supportive/protective care drugs and colony stimulating factors** \$25 per day
Doctor-prescribed drugs for the treatment of invasive cancer (max. benefit amount of \$200 per covered person per calendar year)
- Surgical procedures** \$30 per surgical unit
Inpatient or outpatient surgery for the treatment of invasive cancer (max. benefit amount of \$1,800 per covered person per procedure)
- Transportation** \$0.50 per mile
Travel expenses when being treated for invasive cancer more than 50 miles from home (max. benefit amount of \$1,000 per covered person per round trip)
- Waiver of premium** Yes
No premiums due if the named insured is disabled longer than 90 consecutive days (lifetime maximum of 24 months)

1. Please refer to the certificate for complete definitions of covered conditions.

* The filed product name is Group Cancer Specified Disease Insurance.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Invasive Cancer (including all Breast Cancer) Benefit, Non-Invasive Cancer Benefit, Benefit Payable Upon Reoccurrence of Invasive Cancer (including all Breast Cancer) or Skin Cancer Initial Diagnosis Benefit for a covered person's invasive cancer or non-invasive cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having invasive or non-invasive cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered under the certificate, and who are continuously covered from the date of birth or adoption.

EXCLUSIONS AND LIMITATIONS FOR CANCER BENEFITS RIDER

We will not pay Cancer Benefits for treatment of invasive cancer, including skin cancer where applicable, that is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period on the date the covered person receives treatment for invasive cancer, including skin cancer where applicable, or is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P-CA and certificate form GCI6000-C-CA and rider form R-GCI6000-CB-CA. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

CA LIC# _____



Group Term Life Insurance Voluntary Coverage

How secure is your family's financial future?

If something happened to you, would your family be able to maintain their way of life? Funeral expenses and medical bills could be just the beginning. How would they cover ongoing living expenses, such as a mortgage, utilities and health care?

Colonial Life & Accident Insurance Company's group term life insurance can help provide financial security for your family. You can also apply for coverage for your spouse and eligible dependent children with no health questions.¹

\$25,000

Group Term life insurance included in your premium

Why is group term life insurance a good option?

- Death benefit protection
- Lower cost option
- Coverage for specified periods of time, which can be during high-need years
- Benefit is typically paid tax-free to your beneficiaries

To learn more, talk with your Colonial Life benefits counselor.

ColonialLife.com

Additional benefits and services

- **Built-in Accelerated Death Benefit** provides an advance of up to 75% of the death benefit, to a maximum of \$150,000, if the covered person is diagnosed with a terminal illness.³
- **Health Advocate Employee Assistance Program** provides 24-hour confidential personal support and referral service, including a medical bill saver service. Face-to-face sessions and video counseling with mental health professionals are available.⁴

ONLINE

ColonialLife.com/EAP

TELEPHONE

1-888-645-1772

- **Life Planning Services** offer financial and legal counseling services, as well as grief support and referral for up to 12 months after a claim.⁴

Get the most out of your coverage

- **Portability:** If you retire or change jobs, you may still be able to take your coverage with you at an affordable rate. Eligibility may be based on your health.
- **Conversion:** You may be eligible to convert your coverage to a whole life policy without proof of good health when coverage ends under the group certificate.
- **Waiver of Premium:** If included in your plan, premium payments are waived if you become disabled.

1 Spouse and dependent coverage will not be effective if they are currently totally disabled. Being totally disabled means the inability to perform two or more activities of daily living, being confined to a hospital or similar institution, or being unable to attend school outside the home (for a dependent child age 5 up to age 26). In CT, ID, NH and TX, the definition of total disability does not include Activities of Daily Living (ADL) requirements. The ability to work does not determine disability. You can pay premiums on insurance for your dependents with no health questions asked. Coverage isn't effective until the earlier of the date they are no longer totally disabled or two years after the date that coverage would have otherwise become effective for the spouse or dependent child. This provision does not apply to newborn children born while dependent insurance is in effect.

2 The maximum benefit is 50% of your benefit in NE.

3 Terminal illness means an injury or sickness that results in the covered person having a life expectancy of 12 months or less and from which there is no reasonable prospect of recovery. A life expectancy of 24 months or less in IL, KS, MA, TX and WA.

4 The Employee Assistance Program and Life Planning Services, provided by Health Advocate, are available with Colonial Life & Accident Insurance Company's Group Term Life offering. Terms and availability of service are subject to change. The service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact the company for full details.

BENEFIT AGE REDUCTION SCHEDULE

When a covered person reaches age 70, but not 75, the amount of insurance will be:

- 65% of the amount of insurance prior to age 70; or
- 65% of the amount of insurance applied for on or after age 70 but before age 75.

When a covered person reaches age 75 or more, the amount of insurance will be:

- 50% of the amount of insurance prior to the first reduction; or
- 50% of the amount of insurance the employee applied for on or after age 75.

Once the benefit reduction schedule begins, there will be no further increases in insurance for a covered person. If the proposed insured is age 70, but not age 75 at the time of enrollment, the amount of insurance applied for will be reduced by 65%. If the proposed insured is age 75 or older at the time of enrollment, the amount applied for will be reduced by 50%.

This policy has exclusions and limitations. For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number GTL1.0-P and certificate number GTL1.0-C (including state abbreviations where used, for example: GTL1.0-P-TX and GTL1.0-C-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

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