



EMPLOYEE BENEFITS



City of Montgomery | Active Employees
2021 - 2022 Plan Year

Colonial Life®

This Benefits Booklet is Not a Contract

This booklet was developed to provide you with general information about benefits available to City of Montgomery employees and eligible dependents. This booklet is not to be interpreted as a complete disclosure of plans, nor is it intended to indicate entitlement to any of the benefits described. If any inconsistencies occur between the contents of this benefits booklet and the contracts, rules, or laws regulating administration of the various benefits, the benefit contract terms and/or appropriate legislation supersede this booklet.

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City of **Montgomery**, *Alabama*

Dear Colleagues,

Thank you for doing your absolute best to serve the people of our city in a time of unprecedented challenges. As an organization, our greatest strength comes from your diligence and dedication to working on behalf of everyone in Montgomery.

The Covid-19 pandemic forever changed our city, our state and our world. We lost colleagues. Many of us lost family members. However, you stayed strong, and Montgomery was ready for whatever lay ahead.

Even amid the uncertainty surrounding the Coronavirus crisis, your resilience and ability to adapt in ever-changing conditions provided a constant upon which our community could count. You ensured the continuity of all City services to all residents.



We asked a lot of you and your colleagues. Not only did you answer the call, but you did so by going above and beyond all expectations. Whether out on the front lines, inside the office or working remotely, our team pulled together in the face of one of the biggest tests of this generation. We are now ready to move forward together – a community that is closer and stronger than ever.

Just as you are dedicated to serving Montgomery, our City is committed to serving you. In doing so, we will ensure you are offered the benefits and compensation needed to give you and your families peace of mind.

This benefits book is the place to find all we currently offer and is a great tool to make sure you take advantage of the programs the City provides. The resources listed here will help you reach your goals of living a healthier, happier life while reaping the rewards of your hard work.

Without each and every one of you, it would be impossible to fulfill our vision for a Montgomery that works for everyone – a city that offers greater opportunity and advocates on behalf of better outcomes for all.

It is an honor to join you as we work to build A New Montgomery.

Sincerely,

Steven L. Reed
Mayor of Montgomery

Designated City Contacts Information

Risk Management Department Staff

Charles Richardson - Director of Risk Management - 334-625-2427

Benefits Division (City Hall 103 N. Perry St.)

Ph# 334-625-3692 | Fax# 334-625-4410

benefits@montgomeryal.gov

www.montgomeryal.gov/work/city-employee-resources/benefits

Benefit	Contact Person	Phone #
Voluntary/Involuntary Benefits (Supplemental), Flexible Spending Accounts, Vision Coverage, Voluntary Employee & Dependent Life Insurance and Claims, EAP/Mental Health, Drug Testing and Policies	Faye Gamble, <i>Employee Benefits Administrator</i>	334-625-2692
Medical and Dental Coverage, Webpage Content, & Risky Business Newsletter	Erika Levett, <i>Employee Benefits Coordinator</i>	334-625-2674
Retirement Benefits & RSA Liaison	Kim Neese, <i>Retirement Specialist</i>	334-625-2018
Prescription Drug Coverage & Wellness Program	Angela Berry, <i>Payroll & Benefits Assistant</i>	334-625-2510

Safety & Claims Division (City Lot 934 N. Ripley St.)

Fax# 334-625-3599

Commercial Driver's License Training, Accident and Incident Investigation, & Property and Casualty Liaison	Safety & Claims Administrator	334-625-2293
	Elaine Rodgers, <i>Safety & Claims Assistant</i>	334-625-2298
Workers' Compensation Claims & Payroll	Georgia Middleton, <i>Claims Adjuster</i>	334-625-2015
	Stephanie Cosgrove, <i>Safety & Claims Assistant</i>	334-625-3015

Other Important Contacts

Payroll Division

334-625-2115

Fax: 334-625-4423

Questions about your online paystub, direct deposit, and tax deductions.

Benefit Providers Contact Information

Colonial Benefits Counselor - Tracey Harris - 334-356-0243

visityouville.com/montgomeryal

Core Benefit Providers

Benefit	Provider	Phone Number	Website
Medical, Dental, and Prescription	Blue Cross Blue Shield of Alabama	1-800-828-6451	www.AlabamaBlue.com
Teladoc	Teladoc	1-855-477-4549	www.teladoc.com/Alabama
Employee Assistance Program (EAP) / Mental Health / Substance Abuse	American Behavioral	1-800-925-5327	www.americanbehavioral.com
Voluntary Employee & Dependent Life Insurance	MetLife	1-800-275-4638	www.metlife.com
Vision Coverage	Vision Service Plan (VSP)	1-800-877-7195	www.vsp.com
Flexible Spending Accounts	Alliance Insurance Group (AIG)	334-396-3960	www.allianceinsgroup.com
Wellness Centers	CareHere	1-877-423-1330	www.carehere.com
YMCA Wellness Partnership	YMCA of Greater Montgomery	334-269-4362	www.ymcamontgomery.org
Deferred Compensation	Nationwide Retirement Solutions (Jeremy White)	334-689-0947	www.nrsforu.com
Retirement	Retirement Systems of Alabama	334-517-7000	www.rsa-al.gov/ers

Voluntary Benefit Providers

Aflac	1-800-992-3522	www.aflac.com
Colonial Life Insurance	334-356-0243	www.coloniallife.com
Liberty National	1-866-441-3018	www.libertynational.com

What's New?

◆ Annual Health Assessment

Your Annual Health Assessment (AHA) is to be completed each year by September 30 to take advantage of the premium incentive. The non-compliance payroll deduction is \$25.00/pay period beginning January of each year.

◆ Flexible Spending Accounts

Healthcare and Dependent Care Flexible Spending Accounts will start October 1st this year.

◆ City-provided Life Insurance

The City-provided basic life insurance program ended December 31, 2020. The new voluntary employee and dependent life insurance program began February 1, 2021 for prior enrollees and May 1, 2021 for Special Enrollment Period enrollees. Future enrollments will require a medical questionnaire unless enrolling as a new hire.

◆ RSA Tier I/Tier II Benefit Change

Effective October 1, 2020, Tier II members began receiving Tier I retirement benefits.

NOTICE

All documents have been placed on the Benefits Division webpage on the City website. These documents include benefit plan booklets, Prescription Drug Formulary, AHA Private Physician form, RSA Beneficiary form, and more.

To view these documents, type www.montgomeryal.gov in your web browser, click on **City Employees** at the very top, click on **Benefits** on the left-hand side, click on **Benefit Resources** on the left-hand side.

Employee Benefits

You are eligible for benefits through the City of Montgomery if you are a full time employee or work an average of 30 or more hours a week.

The City of Montgomery offers a competitive benefits package composed of Core benefits offered to you by the City and voluntary benefits through Colonial Life & Accident Insurance Company.

Core Benefits

- Group Health Plan (*Medical, Dental, Prescription, Mental Health, Substance Abuse, & CareHere*)
- Voluntary Employee & Dependent Life Insurance
- Vision Insurance
- Healthcare/Dependent Care Flexible Spending Accounts
- YMCA Membership
- Deferred Compensation

Voluntary Benefits

- Group Specified Disease Insurance
- Life Insurance (*Term & Whole*)
- Dental Insurance
- Disability Insurance
- Cancer Insurance
- Hospital Confinement Indemnity Insurance
- Accident Insurance

Enrollment In Your Benefits

New Employees

All newly hired employees must view the New Employee Orientation video within 30 days of hire. After viewing the presentation, you are contacted by a Colonial Life Benefits Counselor to enroll in your benefits. All Core and Voluntary benefits are enrolled in at this time with the exception of the Group Health Plan .

You will either enroll or waive the Group Health Plan when you sign all new hire paperwork either with your

department or with the Payroll Division. There is a 30-day waiting period from date of hire before health insurance is effective. Health insurance can start immediately only if you provide a Proof of Coverage Letter showing there had been no more than a 63-day gap in insurance coverage.

After the 30 days has passed, the only time you can make changes is during the Open Enrollment period or within 30 days of a qualifying event.

Open Enrollment

Open Enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying event. During Open Enrollment, you can choose to add coverage for the first time, cancel coverage, change plans, and add or remove dependents.

The Open Enrollment period is generally held each year in May and June with an October 1st effective date. All employees are to watch the open enrollment video presentation and make benefit changes with a Colonial Life Benefits Counselor. The Colonial Life Benefit Counselors administer enrollment and changes to all of your Core and Voluntary benefits except for the Group Health Plan. Changes to the Group Health Plan are made on the Benefits Resources webpage.

Open Enrollment is also the time to check on other payroll deducted policies you may have through Aflac or Liberty National.

Qualifying Events

If you decline to enroll or make changes to your benefits as a New Hire or during Open Enrollment, the only time you will be permitted to enroll, cancel, or make a change to your benefits will be due to a Qualifying Event.

All qualifying events are subject to proper documentation that must be provided to the Benefits Office within 30 days of the event.

See qualifying event chart on next page.

Qualifying Events Chart

Qualifying Events	
Marriage	Divorce
Birth of a Child	Adoption of a Child
Death	Loss or Gain of Coverage

If you have the following change in status:	You must provide the following within 30 days of the event:
Marriage	
You wish to add spouse and/or child(ren)	Marriage Certificate
	Birth Certificate
	SSN for all
You wish to drop coverage	Marriage Certificate
Divorce	
You must drop coverage for spouse and any stepchild(ren) who cease to be your dependents	Final Signed Divorce Decree
You wish to enroll self and/or your eligible child(ren) under City's plan	Final Signed Divorce Decree
	Birth Certificate for Child(ren)
	SSN for all
Birth of a Child	
You wish to add new child	Birth Certificate
	SSN
You wish to add new child, spouse, and/or other child(ren)	Birth Certificate
	Marriage Certificate
	SSN for all
Adoption of a Child	
You wish to add new child	Adoption or Court-ordered Placement Papers to include date of birth and SSN for child
You wish to add new child, spouse, and/or other child(ren)	Adoption or Court-ordered Placement Papers
	Marriage Certificate
	Birth Certificate for other child(ren)
	SSN for all
Death	
Death of spouse and/or dependent child(ren)	Death Certificate
Loss or Gain of Coverage	
Loss of coverage under another plan and want to enroll self, spouse, and/or dependent child(ren) in City's plan	Proof of Coverage Letter showing coverage end date
	Marriage Certificate
	Birth Certificate
	SSN for all
Gain of coverage under another plan and want to cancel City's plan	Proof of Coverage Letter showing coverage start date

Section 125 of the Internal Revenue Code (IRS) provides guidelines for a Qualifying Event status change. Documentation is required within 30 days.

Dependent Eligibility

As part of our ongoing efforts to offer high quality benefits and control healthcare costs for you and your family, the City requires that all employees provide dependent verification before any dependents are considered to be eligible for coverage. Furthermore, it is your responsibility to notify the City within 30 days once a dependent is no longer eligible (i.e. divorced ex-spouse).

Who Is Eligible?

You can enroll the following family members in your benefit plans:

- Your spouse;
- A child (*biological, stepchild, adopted, or any child for whom the employee has permanent custody*) under the age of 26 married or unmarried, and if no employer-sponsored insurance is available;
- An unmarried, incapacitated child who 1) is age 26 and over; 2) is not able to support himself; and 3) depends on you for support, if the incapacity occurred before age 26

Who Is Not Eligible?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, siblings, aunts/uncles, nieces/nephews, and grandchildren;
- Divorced spouses;
- Former stepchildren as a result of divorce;
- Children over the age of 26 (*not incapacitated*)

About Your Benefits

Payroll Deductions

Employee benefit premiums are paid bi-weekly through payroll deduction. All benefits are on a 24-pay period cycle except Flexible Spending Accounts and Deferred Compensation plans which are on a 26-pay period cycle. Any missed benefit premium is expected to be paid within 30 days of that missed premium or will risk cancellation.

Change of Address

You must submit a change of address to your Department Administrative Clerk to update City of Montgomery payroll and benefit plan records.

ID Cards

The only benefits with ID cards are your Group Health Plan and Flexible Spending Accounts (FSA)/Health Reimbursement Account (HRA).

Group Health Plan cards are automatically generated to the address on file after you have submitted your application for enrollment. You may request more cards by logging into your myBlueCross account. All cards have the employee's name only.

FSA and HRA funds are loaded on the same card. Cards are automatically mailed to the address on file after enrollment into an FSA Account. Without FSA enrollment, cards are automatically mailed to the address on file after the HMP plan threshold has been met. You may request a new card by contacting AIG 396-3960.

Cancellation of Coverage

Open Enrollment is the only time you can cancel a benefit without providing documentation. Cancellation of benefits during the plan year can only be done subject to the Qualifying Event rules.

Benefits end either on the 15th or last day of the month depending on when the last premium was paid. If coverage ends due to termination, the department administrative clerk will provide the employee with a notice of his/her rights to COBRA for continuation of health coverage.

Cost Of Your Benefits

The charts below show the bi-weekly employee rates for the various benefit plans effective October 1, 2021 - September 30, 2022

Group Health Plan (Blue Cross Blue Shield of Alabama & American Behavioral)

Plan	Employee Only	Employee + Family
HMP Plan	\$43.00	\$123.00
PPO Plan	\$95.50	\$210.50
HMP Plan *(School Patrol Employee)	\$64.50	\$184.50
PPO Plan *(School Patrol Employee)	\$143.25	\$315.75

Rates are under review and subject to change

Rates include coverage for Medical, Dental, Prescription, Mental Health, Substance Abuse, and CareHere

PPO Plan is only available for employees hired before May 23, 2014

Vision Plan (VSP - Vision Service Plan)

Plan	Employee Only	Employee + 1	Employee + Family
Standard Plan	\$5.54	\$9.27	\$13.38
Premier Plan	\$6.33	\$10.59	\$15.28
Standard Plan *(School Patrol Employee)	\$8.31	\$13.91	\$20.07
Premier Plan *(School Patrol Employee)	\$9.50	\$15.89	\$22.92

Voluntary Employee and Dependent Life Insurance (MetLife Insurance Company)

Type	Premium	Benefit
Regular Employee	\$2.05	Employee - \$10,000
*School Patrol Employee	\$3.08	Spouse (Non-City Employee) - \$10,000 Eligible Dependent Children up to Age 26 - \$5,000

** School Patrol rates are based on 16 pay periods for the 2021 - 2022 plan year*

Rates for Colonial Life products may vary for each individual based on age and level of coverage.



BlueCross BlueShield
of Alabama

Medical Plans

The City of Montgomery Group Health Plan provides you with comprehensive medical coverage through Blue Cross Blue Shield of Alabama. Employees hired before May 23, 2014 have the option of both plans. Employees hired May 23, 2014 and after can only enroll in the HMP Plan. Both plans provide Minimum Essential Coverage and meet Minimum Value Standards as required by the Affordable Care Act. Contact BCBS 1-800-828-6451 or AlabamaBlue.com for more information.

Traditional PPO Plan

The Traditional PPO Plan offers you access to a large network of physicians who agree to discount their fees for services. Under this plan, you can access different physicians and specialists at your own discretion. While you may go to any doctor or hospital each time you need care, your copay will be lowest when you go to an in-network PPO provider. As long as you use providers who participate in the network, your care will be covered at the highest benefit level - 100% after deductible for most services.

Doctor Visit

Primary Doctor - \$50 copay

Specialist - \$60 copay

Inpatient Hospital Admission - \$300 per admission with \$60 copay for days 2-5

Emergency Room Visit Facility Copay for Medical Emergency - \$150 copay

Outpatient Surgery Facility Copay - \$175 copay

HMP Plan

The HMP Plan is a high deductible health plan that combines a Health Reimbursement Account (HRA) with traditional medical coverage. This plan offers the same access to a large network of physicians as the Traditional PPO Plan but it has a higher annual deductible that must be met before benefits are paid by the plan. After the deductible is met, the plan pays 80% for most in-network services.

Your HRA is administered by Alliance Insurance Group (AIG) and is funded by the City of Montgomery to help you meet your deductible. These funds are placed on an AIG debit card.

Calendar Year Deductible

Single Coverage - \$1,500

Family Coverage - \$3,000

Deductibles start over each January.

HMP Plan - Health Reimbursement Account (HRA)

The HRA will reimburse the employee for eligible expenses that are applied to the deductible.

1. Employee Threshold must be met before the HRA becomes active:

Single Coverage - \$250 Threshold

Family Coverage - \$500 Threshold

2. Once the Employee Threshold has been met, the HRA will pay up to the maximum contribution amounts:

Single Coverage - \$750 HRA

Family Coverage - \$1,500 HRA

** HRA has a rollover feature which allows an employee to rollover to the next calendar year any unused amount up to a maximum of the contributed amount.*

** HRA funds are normally reimbursed to you through a check*

from AIG the month after claims are processed. You can also log on to allianceinsgroup.com to elect reimbursement through direct deposit.

3. After the HRA funds have been expensed, the employee is responsible for the remainder of the calendar year deductible:

Single Coverage - \$500 Remaining

Family Coverage - \$1,000 Remaining

Contact AIG 334-396-3960 or www.allianceinsgroup.com for more information.



Alliance Insurance Group
Employee Benefit Consultants

The chart below provides a side-by-side comparison of key features and benefits under the two medical plans. Full plan details can be found on the Benefits Resources webpage.

Benefit	Traditional PPO Plan (Optional for employees hired before May 23, 2014)		HMP Health Management Plan (Only option for employees hired May 23, 2014 & after)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	Individual - \$300 Family - \$900		Individual - \$1500 Family - \$3000	Individual - \$3000 Family - \$6000
Out-of-Pocket Maximum	Individual - \$2500 Family - \$5000	No out-of-pocket maximum for out-of-network services	Individual - \$4000 Family - \$8000	No out-of-pocket maximum for out-of-network services
	All deductibles, copays, and coinsurance for in-network services apply to the out-of-pocket maximum. The individual calendar year deductible must be satisfied on a per member per calendar year basis, subject to the family calendar year deductible. Out-of-network services do not apply to the out-of-pocket maximum. After you reach your individual Calendar Year Out-of-Pocket Maximum, applicable expenses are covered at 100% for remainder of calendar year.			
INPATIENT HOSPITAL BENEFITS				
First 365 days of care during each confinement	100% of the allowance after \$300 per admission deductible & \$60 copay per day for days 2-5	65% of the allowance after \$500 per admission deductible.	Covered at 100% after deductible	Covered at 60% after deductible
Days of confinement extending beyond the 365-day maximum	80% of the allowance after deductible	65% of the allowance after deductible	Covered at 80% after deductible	Covered at 60% after deductible
OUTPATIENT HOSPITAL BENEFITS				
Outpatient Surgery (Including Ambulatory Surgical Centers)	100% of the allowance, subject to a \$175 hospital copay	65% of the allowance, after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Emergency Room (Medical Emergency)	100% of the allowance, subject to a \$150 hospital copay	100% of the allowance, subject to a \$150 hospital copay & deductible	Covered at 80% after deductible	Covered at 80% after deductible
Emergency Room (Accident)	100% of the allowance with no deductible or copay required	100% of the allowance with no deductible or copay within 72 hours of the accident. Thereafter, covered at 65% of the allowance, subject to the calendar year deductible	Covered at 80% after deductible	Covered at 80% after calendar year deductible for services rendered within 72 hours; thereafter, covered at 60% after deductible
Outpatient Diagnostic Lab, X-Ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	100% of the allowance with no deductible or copay	65% of the allowance, after deductible	Covered at 80% after deductible	Covered at 60% after deductible
PHYSICIAN BENEFITS				
Office Visits & Consultations	100% of the allowance subject to a \$50 copay for Primary Physician; \$60 copay for Specialist	65% of the allowance, after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Inpatient Visits	100% of the allowance with no deductible or copay	65% of the allowance, after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Surgery & Anesthesia	100% of the allowance with no deductible or copay	65% of the allowance, after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Emergency Room Physician	100% of the allowance with no deductible; with \$60 copay	100% of the allowance, after deductible and \$60 copay	Covered at 80% after deductible	Covered at 80% after deductible
Chemotherapy and Radiation Therapy	100% of the allowance with no deductible or copay	65% of the allowance, after deductible	Covered at 80% after deductible	Covered at 60% after deductible

Benefit	Traditional PPO Plan (Optional for employees hired before May 23, 2014)		HMP Health Management Plan (Only option for employees hired May 23, 2014 & after)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Second Surgical Opinions	100% of the allowance with no deductible or copay	65% of the allowance, after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Maternity	100% of the allowance with no deductible or copay	65% of the allowance, after deductible	Covered at 80% after deductible	Covered at 60% after deductible
PHYSICIAN PREVENTIVE BENEFITS Visit AlabamaBlue.com/PreventiveServices for a listing of the specific immunizations and preventive services				
Routine Preventive Services & Immunizations	100% of the allowance with no deductible or copay.	Not Covered	Covered at 100%; no deductible	Not Covered
Routine Bone Density (One exam each year for females age 50 & over) and Lab Tests (Limited to CBC, Urinalysis, & TB Skin Test)	100% of the allowance with no deductible or copay.	Not Covered	100% of the allowance; no deductible.	Not Covered
BENEFITS FOR OTHER COVERED SERVICES				
Allergy Testing & Treatment	Covered at 80% of the allowance, after deductible		Covered at 80% after deductible	Covered at 60% after deductible
Ambulance Services	Covered at 80% of the allowance, after deductible		Covered at 80% after deductible	Covered at 60% after deductible
Chiropractic Services	Covered at 80% of the allowance, after deductible	Covered at 80% of the allowance, after deductible. In Alabama: 50% of the allowance, after deductible	Covered at 80% after deductible	Covered at 60% after deductible. In Alabama: 50% after deductible
Durable Medical Equipment (DME)	Covered at 80% of the allowance, after deductible		Covered at 80% after deductible	Covered at 60% after deductible. In Alabama: 50% after deductible
Physical Therapy	Covered at 80% of the allowance, after deductible		Covered at 80% after deductible	Covered at 60% after deductible
Occupational Therapy	Covered at 80% of the allowance, after deductible		Covered at 80% after deductible	Covered at 60% after deductible
Home Health & Hospice	100% of the allowance with no deductible or copay.	65% of the allowance after deductible. In Alabama: Not Covered	Covered at 80% after deductible	Covered at 60% after deductible. In Alabama: Not Covered
Physician Administered Drugs (For Services Related to Mental Health/ Substance Abuse Diagnosis)	Covered at 80% of the allowance, after deductible		Covered at 80% of the allowance, after deductible	
HEALTH MANAGEMENT BENEFITS				
Individual Case Management	Coordinates care in the event of a catastrophic or lengthy illness or injury. For more information, call 1-800-821-7231.			
Chronic Condition Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease and other specialized conditions.			
Baby Yourself Program	Maternity program. Member must enroll before 24 weeks gestation. After completion, both inpatient per admission deductible and per day copay are waived when the member is admitted to the hospital for the delivery of the baby.		Maternity program. Member must enroll before 24 weeks gestation. After completion, \$300 will be added to your Health Reimbursement Account to cover any out-of-pocket prenatal expenses.	
Call 1-800-222-4379 or visit AlabamaBlue.com/BabyYourself for more information.				

Other Health Benefits



Teladoc *(Only for members on the HMP Plan)*

Teladoc gives you 24/7/365 access to U.S. board-certified doctors through convenience of phone, video or mobile app visits. It's an affordable alternative to costly urgent care and ER visits when you need care now.

MEET OUR DOCTORS	GET THE CARE YOU NEED	WHY TELADOC?
<p>Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:</p> <ul style="list-style-type: none"> • Are practicing PCPs, pediatricians, and family medicine physicians • Average 20 years experience • Are U.S. board-certified • Are credentialed every three years, meeting NCQA standards 	<p>Teladoc doctors can treat many medical conditions, including:</p> <ul style="list-style-type: none"> • Cold & flu symptoms • Allergies • Sinus problems • Sore throat • Respiratory infection • Skin problems • And more! 	<p>It is a convenient and affordable option for quality care.</p> <ul style="list-style-type: none"> • When you need care now • If you're considering the ER or urgent care for a non-emergency issue • On vacation, on a business trip, or away from home • For short term prescription refills

Talk to a doctor anytime for **\$10!**

Teladoc.com/Alabama
1-855-477-4549

Baby Yourself Program



Baby Yourself Program helps ensure expectant mothers and their babies receive the best possible healthcare during pregnancy. Expectant mothers should enroll in the program by 24 weeks gestation. The program is completely free and mothers will receive an incentive after completion of the program.

Benefits:

- Support and educational material from a Blue Cross registered nurse, experienced in prenatal care, labor and delivery, and newborn care
- A personal nurse that you can call with any questions or concerns throughout your pregnancy
- Care coordination, including the arrangement of home health services when indicated, for high-risk pregnancies
- Useful gifts that support healthy habits, highlight the importance of prenatal care, and address the changes and challenges that accompany pregnancy

Incentives:

PPO Plan Incentive - Inpatient deductible (currently \$300) is waived when admitted for delivery of the baby.

HMP Plan Incentive - \$300 added to your HRA to help pay for any out-of-pocket prenatal expenses.

Call 1-800-222-4379 or visit www.AlabamaBlue.com/BabyYourself to enroll or for more information.





Dental Plan

The Group Health Plan also provides dental coverage, also provided through Blue Cross and Blue Shield of Alabama. Currently, there are approximately 241,000 access points for participating dentists nationwide through Blue Cross' partnership with Dental Networks of America (DNOA). Contact BCBS for more information 1-800-828-6451 or AlabamaBlue.com.

GENERAL PROVISIONS	
Deductible	\$25 deductible per member per calendar year; maximum of 3 deductibles per family each calendar year.
Maximum	No maximum for members up to age 19. \$1,000 per member age 19 and over each calendar year.
Annual Out-of-Pocket Maximum	For members up to age 19, deductibles and coinsurance for in-network dental services will apply to the annual in-network out-of-pocket maximum set forth in the health plan.
Preferred Dentists	Non-Preferred and Out-of-State Dentists
DIAGNOSTIC AND PREVENTIVE (Exams and Cleanings)	
<p>Covered at 100% of the allowed amount, not subject to the deductible. Includes:</p> <ul style="list-style-type: none"> Dental exams up to twice per benefit period. Full mouth x-rays, one set during any 36 consecutive months. Bitewing x-rays, up to twice per benefit period. Other dental x-rays, used to diagnose a specific condition. Routine cleanings, twice per benefit period. Tooth sealants on teeth numbers 3, 14, 19, and 30, limited to one application per tooth each 48 months. Limited to the first permanent molars of children through age 13. Fluoride treatment for children through age 18 twice per benefit period. Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18. 	<p>Covered at 80% of the allowed amount, subject to the deductible. Includes:</p> <ul style="list-style-type: none"> Dental exams up to twice per benefit period. Full mouth x-rays, one set during any 36 consecutive months. Bitewing x-rays, up to twice per benefit period. Other dental x-rays, used to diagnose a specific condition. Routine cleanings, twice per benefit period. Tooth sealants on teeth numbers 3, 14, 19, and 30, limited to one application per tooth each 48 months. Limited to the first permanent molars of children through age 13. Fluoride treatment for children through age 18 twice per benefit period. Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18.
RESTORATIVE (Fillings and Root Canals)	
Covered at 80% of the allowed amount, subject to the deductible.	
<ul style="list-style-type: none"> Fillings made of silver amalgam and synthetic tooth color materials. Simple tooth extractions. Direct pulp capping, removal of pulp and root canal treatment. Repairs to removable dentures. Emergency treatment for pain 	
SUPPLEMENTAL (Oral Surgery and Anesthesia)	
Covered at 80% of the allowed amount, subject to the deductible.	
<ul style="list-style-type: none"> Oral surgery for tooth extractions and impacted teeth. General anesthesia given for oral or dental surgery. This means drugs injected or inhaled for relaxation or to lessen pain, or to make unconscious, but not analgesics, drugs given by local infiltration, or nitrous oxide. Treatment of the root tip of the tooth including its removal. 	
PROSTHETIC (Crowns and Dentures)	
<p>Covered at 50% of the allowed amount, subject to the deductible. Includes:</p> <ul style="list-style-type: none"> Full or partial dentures. Fixed or removable bridges. Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate. 	Not covered.
PERIODONTIC (Gum Disease)	
Covered at 80% of the allowed amount, subject to the deductible.	
<ul style="list-style-type: none"> Periodontic exams twice each 12 months. Removal of diseased gum tissue and reconstructing gums. Removal diseased bone. Reconstruction of gums and mucous membranes by surgery. Removing plaque and calculus below the gum line for periodontal disease. 	

Prescription Drug Coverage

Also a part of the Group Health Plan is a retail prescription drug plan for covered employees and their dependents through Prime Therapeutics, an affiliate of the Blue Cross Blue Shield Network. Contact BCBS for more information 1-800-828-6451 or online AlabamaBlue.com/Pharmacy.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Precertification is required for certain prescription drugs; if precertification is not obtained, no benefits are available.		
Retail Prescription Prepaid Benefits The retail pharmacy network for the plan is the Prime Participating Retail Network <ul style="list-style-type: none"> Locate a Prime Participating Retail Network pharmacy at AlabamaBlue.com/PrimeParticipatingPharmacyLocator Maintenance drugs - up to 90-day supply may be purchased but copay applies for each 30-day supply <ul style="list-style-type: none"> View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList Prescription drugs (other than maintenance drugs) - up to a 30-day supply <ul style="list-style-type: none"> Some copays combined for diabetic supplies View the SourceRx 1.0 drug list that applies to the plan at AlabamaBlue.com/SourceRx1DrugList4T The only in-network pharmacy for some (specialty) drugs is the Pharmacy Select Network <ul style="list-style-type: none"> Specialty drugs can be dispensed for up to a 30-day supply View the Specialty Drug List at AlabamaBlue.com/SelfAdministeredSpecialtyDrugList 	Participating Pharmacy: Separate \$250 prescription drug deductible (combined retail and mail order) per person per calendar year; \$750 family maximum. Tier 1 Drugs: \$10 copay per prescription after drug deductible Tier 2 Drugs: Member will be responsible for 25% of the cost of the drug after drug deductible Tier 3 Drugs: Member will be responsible for 25% of the cost of the drug after drug deductible and \$20 copay per prescription	Not Covered
Extended Supply Prescription Prepaid Benefits The extended supply network for the plan is the Extended Supply Network <ul style="list-style-type: none"> Locate an Extended Supply Network (ESN) pharmacy at AlabamaBlue.com/ExtendedSupplyNetworkPharmacyLocator Only maintenance prescription drugs can be purchased through this extended supply pharmacy service - up to a 90-day supply with one copay <ul style="list-style-type: none"> View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList Some copays combined for diabetic supplies View the SourceRx 1.0 drug list that applies to the plan at AlabamaBlue.com/SourceRx1DrugList4T 		Not Covered
Mail Order Pharmacy Benefits <ul style="list-style-type: none"> Up to a 90-day supply with one copay Mail Order Drugs are available through Home Delivery Network (Enroll online at AlabamaBlue.com/HomeDeliveryNetwork or call 1-800-391-1886) Only maintenance drugs can be purchased through this mail order pharmacy service <ul style="list-style-type: none"> View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList View the SourceRx 1.0 drug list that applies to the plan at AlabamaBlue.com/SourceRx2DrugList4T 		Not Covered

- + Prescription drug costs are included in your health plan Out-of-Pocket Maximum (OOPM). Once the OOPM is met for the year, all covered prescriptions are covered at 100%.
- + Medications not on the formulary *may* be covered upon your treating physician submitting a Prior Authorization to BCBS.
- + The formulary, which is updated quarterly, along with the Prior Authorization and Prescription Drug Claim forms can be found on the Benefits Division webpage for your convenience.
- + Some manufacturers produce coupons to allow you to save money on eligible prescription drugs.



Register for
myBlueCross
at
AlabamaBlue.com

Log in to **myBlueCross**, where it really is all about you.

With the links under **Manage My Contract**, you can:

- View claim statements
- Order ID cards and view or email a virtual ID card
- View your contract and dependent information
- Review and pay your bill (if applicable)
- Authorize direct deposit

Under **Manage My Prescriptions**, you can:

- View your claim history
- Find drug definitions and pricing
- Find a participating pharmacy near you
- File a drug claim (if applicable)

In **Research & Tools**, you can:

- View benefit booklets and SBCs
- View covered immunizations
- Read medical policies
- View a list of preventive services

Under **Manage My Health**, you can:

- Take the HealthQuotient® (HQ)
- View your Personal Health Record
- Compare treatment costs
- Check your symptoms with WebMD's Symptom Checker
- Enroll in Baby Yourself®
- Learn about behavioral health services
- Additional information may be available based on your benefit plan

Under **Research Quality of Care**, you can:

- Find a healthcare provider or facility
- Learn about Blue Cross Quality Initiatives
- Rate your doctor
- Learn about Blue Distinction Centers

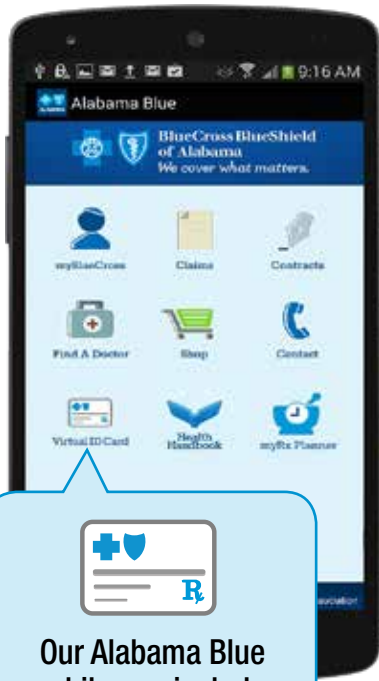
Under **Forms & Materials**, you can view or print claim forms and many other types of forms.

TIP

Save time by taking advantage of the links under **Frequently Visited** to see your latest page views.

AlabamaBlue.com





Our Alabama Blue mobile app includes the **Virtual ID Card** so you can view or email your Blue Cross ID card!



Alabama Blue MOBILE APP FOR PHONE & TABLET

- Check your benefits
- View or email your ID card
- Get your contract information
- Find a doctor...and more!

Register for **myBlueCross** to get enhanced features using **Alabama Blue**



Handy reference for your common health questions

Health Handbook APP

- Health conditions defined
- Information on medications
- Medical procedures explained
- Natural treatment options
- Medical dictionary
- English-to-Spanish translations



Medication tracker with custom profiles

myRx Planner APP

- Medication reminders
- Common dosages
- Possible drug interactions
- One-button dialing and turn-by-turn directions to pharmacy



BABY YOURSELF®

MOBILE APP FOR PHONE & TABLET

Tracks your baby's growth and your personal journey to motherhood

Our latest app is just right for expectant moms!

- Daily journal
- Photo gallery
- Kick counter
- Contraction counter
- Customizable reports
- Daily pregnancy and parenting tips
- One-button dialing to access your physician and/or Baby Yourself Nurse*

* For this service, you must be a Blue Cross and Blue Shield of Alabama member and enrolled in the Baby Yourself Maternity Program.



There is no charge from BCBS of Alabama to download, but rates from your wireless provider may apply. This information is for educational purposes only and is not a substitute for personal care from a licensed physician. Please consult your physician for diagnosis and treatment options.

myBlueWellness is a wellness website provided by Blue Cross and Blue Shield of Alabama and powered by WebMD®. WebMD® is an independent company providing health assessment tools, such as HealthQuotient®, to our customers.

PER-72 (Rev. 8-2016)



BlueCross BlueShield of Alabama

We cover what matters.

An Independent Licensee of the Blue Cross and Blue Shield Association

Primary Care & Wellness Centers



City of Montgomery employees, retirees, and dependents on the Group Health Plan are able to use the CareHere Centers at **NO COST** to you.

Why Choose CareHere?

CareHere is a trusted healthcare organization skilled at delivering innovative, quality and cost-effective primary care. Through this new access you'll have care at the CareHere Health & Wellness Center facilities, you can receive treatment for both acute and chronic conditions, all at no cost to you.

Get care for your sore throat, a cold or the flu, and help with high blood pressure or diabetes. The CareHere Health & Wellness Centers dispense 150+ select generic medications and also provide annual physicals, health coaching, lab work, and much more.

With high-quality care for ages 3 and up for acute visits, and ages 10 and up for chronic care, The CareHere Health & Wellness Centers are more than just clinics, we're inspiring healthier futures and changing lives.

Benefits

- No cost to you, no co-pays or deductibles for visits.
- No cost to you for on-site labs.
- No cost to you for select generic medications.
- Certified Health Coaching at no cost to you.
- Short or no time in a waiting room.
- Schedule appointments online with your computer, smartphone or tablet, or by calling the 24/7 help line.
- Private & secure, your records will not be shared with your employer or anyone else with your direction.

Mail Order Program

CareHere offers a 90-day Prescription Mail Order Program for chronic medications for free.

- Prescriptions are mailed directly to your home
- Less time needed for provider appointments

Be sure to ask your CareHere doctor if you are a good candidate for this program.

Hours & Locations

Mon-Sat 7:30a - 5:00p (*hours may vary on certain days*)

300 S. Hull Street

310 S. Hull Street

3845 Interstate Court (Perry Hill Center)

2549 Bell Road (Thursdays Only)

Registration

Registration and Appointments can be made either online or by calling toll-free **1-877-423-1330**

Visit www.carehere.com

Click **Member Login**

Access Code: **CMTG6**

Enter your personal information

Schedule An Appointment

Click **Make Appointment**

Select **Appointment Type**

Customize your **Date, Location, & Provider** and **Confirm Your Appointment**

No Show Policy

The City has a No Show Policy for employees and dependents using the CareHere centers. This policy states that anytime an employee or their dependent (s) fail to attend a scheduled appointment or is more than 10 minutes late, that individual will be counted as a No Show.

Each month, the Benefits Division is sent a report of employees and dependents who were no shows for the prior month. The 1st No Show, for either an employee or dependent, a warning letter will be sent to the employee. The next no show occurrence, and any thereafter, will result in \$25 deducted from the employee's paycheck.

You are able to cancel an appointment up to 10 minutes before your appointment online or by calling CareHere.

Contact the Benefits Division 625-2510 for any questions.

Wellness Program

The City of Montgomery Wellness Program is available to all employees insured on the City's Health Plan. The program is administered according to federal rules permitting employer-sponsored wellness programs to seek to improve employee health and/or prevent disease. The Wellness Program consists of a Tobacco Attestation and an Annual Health Assessment (AHA). Contact the Benefits Division 625-2510 with questions about this program.

TOBACCO ATTESTATION

Employees on the City's Health Plan will be charged \$12.50 per pay period for being a tobacco user. All employees are required to have a signed Tobacco Attestation Form on file in the Benefits Division. This form certifies that the employee either does or does not use tobacco products, including cigarettes, snuff, chewing or dipping products, cigars, or pipes. If an employee begins using tobacco products, he must notify the Benefits office within 3 business days to discontinue the tobacco-free credit. You can find this form on the Benefits Division webpage on the City website.

Failure to make timely notification or signing the attestation under false pretenses is subject to disciplinary action up to and including termination of employment and/or repayment of \$25 per month for the entire time you received the tobacco-free credit. Employees are also subject to nicotine testing at any time.

Free Tobacco Cessation Program

CareHere offers a "Be A Quitter" Tobacco Cessation Program for all insured employees who wish to break free from tobacco.

This comprehensive 8-week program leads you through designing your personal plan to quit or cut back on nicotine. It is based in psychology, the theory of behavior change, and addictions research. You decide your pace as you build your skills to quit and remain tobacco-free.

For more information, contact your CareHere medical provider who will schedule you a tobacco health coach appointment.

ANNUAL HEALTH ASSESSMENT

Beginning January 2020, the annual wellness screening changed its name from Health Risk Checkup (HRC) to Annual Health Assessment (AHA). All employees on the City's Health Plan are expected to complete the AHA anytime between January 1st - September 30th each year.

There are two options for completing the AHA - with CareHere or a Private Physician. Employees will need to 1) Schedule an appointment for the blood draw and vitals/biometrics and 2) Review the results with a medical provider within 90 days of the blood draw. Both steps must be completed between January 1st - September 30th.

CareHere

It is free to complete the AHA at CareHere; however, registration is required. After the blood draw, the CareHere medical provider will schedule the follow-up visit to review the results. Employees can check their compliance status on the CareHere website.

Private Physician

Employees who elect to go to their private physician will need to use their insurance and will be responsible for all costs pertaining to the office visit. Employees must also get their doctor to complete the Private Physician form to be returned to the Benefits Division. Forms must be completed in full and it is your responsibility to return the completed form to the Benefits Division by September 30th. Private Physician forms can be downloaded from the Benefits webpage.

Non-Compliance

Employees who do not complete the AHA between January 1st and September 30th will be charged \$25.00 per pay period through payroll deduction. This deduction will start January of the following year and will continue for one full year - No Exceptions!

Mental Health Benefits



The Group Health Plan also includes Mental Health & Substance Abuse Coverage through American Behavioral. 1. All benefits are based on the appropriate level of care and medical necessity guidelines. 2. In-network and out-of-network days/visits/units shall not be combined so that the combination exceeds the total number of days/visits/units available in this section of the Mental Health and Substance Abuse Benefits Summary. More information online www.americanbehavioral.com.

SUMMARY OF MENTAL HEALTH BENEFITS		
Benefit	In-Network	Out-of-Network
INPATIENT HOSPITAL SERVICES		
<ul style="list-style-type: none">Acute Inpatient HospitalizationInpatient Electroconvulsive Therapy (ECT)Partial Hospitalization/Day Treatment (PHP) <p>PHP: One (1) PHP Day Equals One (1) Inpatient Day</p>	<p>Pre-admission Certification Required Call 800-677-4544</p> <p>Covered at 100% of Allowed Amount* After Copay</p> <p>Patient Responsibility:</p> <ul style="list-style-type: none">Days 1-3: \$100 Per Day CopayDays 4-19: Full CoverageDays 20-30: \$25 Per Day Copay	<p>Pre-admission Certification Required Call 800-677-4544</p> <p>Covered at 50% of Allowed Amount*</p> <p>Patient Responsibility: All Billed Charges Not Covered by the Plan</p>
Intensive Outpatient Program (IOP)	NOT COVERED	
PROFESSIONAL SERVICES		
<ul style="list-style-type: none">Outpatient Office VisitsPsychological/Neuropsychological Testing <p>Precertification Required for Psychological/Neurological Testing if more than five (5) hours are requested or services are provided by an out-of-network provider. Call 800-677-4544.</p> <p>LIMITATIONS: Up to 30 Visits/Sessions/Group Therapy Sessions (Or Any Combination Thereof) Total for Outpatient Mental Health Care Each Contract Year</p>	<p>Covered at 100% of Allowed Amount* After Copay</p> <p>Patient Responsibility:</p> <ul style="list-style-type: none">Visits 1-5: \$5 Copay Per VisitVisits 6-20: \$20 Copay Per VisitDays 21-30: \$35 Copay Per Visit	<p>Covered at 50% of Allowed Amount*</p> <p>Patient Responsibility: All Billed Charges Not Covered by the Plan</p>
Inpatient Physician Services in Conjunction with Approved Inpatient Services	<p>Covered at 100% of Allowed Amount*</p> <p>Patient Responsibility: None</p>	<p>Covered at 50% of Allowed Amount*</p> <p>Patient Responsibility: All Billed Charges Not Covered by the Plan</p>
LIMITATIONS: Up to 30 Days Total for Inpatient Mental Health Care Each Contract Year, and Up to 60 Days Total for Inpatient Mental Health Care Per Lifetime		
Anesthesia in Conjunction with Approved ECT Treatment	<p>Covered at 80% of Allowed Amount* Subject to the Inpatient Copay Amount</p> <p>Patient Responsibility: 20% of Allowed Amount</p>	<p>Covered at 80% of Allowed Amount*</p> <p>Patient Responsibility: All Billed Charges Not Covered by the Plan</p>
COVERED BY MEDICAL PLAN		
Ambulance Imaging	Emergency Dept. Lab Work	COVERED BY THE CITY OF MONTGOMERY MEDICAL PLAN
BEHAVIORAL HEALTH CARE MANAGEMENT		
Care management is a service offered by the Plan to assist you with difficult behavioral health care needs. You have a personal care manager who acts as your advocate, assisting you whenever you have questions or concerns. Call American Behavioral at 800-677-4544 to talk to your personal care manager.		

***Allowed Amount:** The maximum amount on which payment for covered health care services is based. The allowed amount can often be considerably less than a provider's actual charge, so when you use an out-of-network provider, you can incur substantial out-of-pocket expenses.

Substance Abuse Benefits



All benefits are based on the appropriate level of care and medical necessity guidelines.

SUMMARY OF SUBSTANCE ABUSE BENEFITS		
Benefit	In-Network	Out-of-Network
INPATIENT HOSPITAL FACILITY SERVICES		
<ul style="list-style-type: none">Acute Inpatient Hospitalization/ DetoxPartial Hospitalization/Day Treatment (PHP) <p>LIMITATION: Up To 21 Days Total per 12 Consecutive Months Combined Inpatient Hospitalization/ Substance Detoxification, PHP, and IOP</p>	<p>Pre-admission Certification Required Call 800-677-4544</p> <p>Covered at 100% of Allowed Amount* After Per Admission Deductible</p> <p>Patient Responsibility: \$500 per Admission Deductible</p>	<p>NO OUT-OF-NETWORK BENEFIT</p>
<p>Intensive Outpatient Program (IOP)</p> <p>LIMITATION: Up To 21 Days Total per 12 Consecutive Months Combined Inpatient Hospitalization/ Substance Detoxification, PHP, and IOP</p>	<p>Pre-admission Certification Required Call 800-677-4544</p> <p>Covered at 100% of Allowed Amount* After Per Admission Deductible</p> <p>Patient Responsibility: \$150 per Admission Deductible</p>	
<p>NOTE: Family program and continuing care services are provided through American Behavioral. Call 800-677-4544 to initiate these services.</p>		

*** Allowed Amount:** The maximum amount on which payment for covered health care services is based. The allowed amount can often be considerably less than a provider's actual charge, so when you use an out-of-network provider, you can incur substantial out-of-pocket expenses.



EMPLOYEE ASSISTANCE PROGRAM

The **City of Montgomery** Employee Assistance Program (EAP) is available to all employees and eligible dependents

The EAP provides confidential assessment and short-term, professional counseling services for personal problems that interfere with everyday living. Services available to you include:

Counseling Services

Up to six (6) free face-to-face sessions provided for issues such as:

- Grief and loss
- Coping with change
- Marital/family issues
- Interpersonal relationship difficulties
- Stress-related problems
- Referrals to other professionals when necessary

Work/Life Services

- **Unlimited Free (Scheduled) Telephonic Coaching:** scheduled telephonic sessions for non-clinical work/life issues such as grief, change, relationship issues, and stress.
- **Eldercare Support Services:** referrals for eldercare; resources and materials on retirement, housing concerns, grief and loss, disaster support, Medicare/Medicaid, and respite.
- **Legal Counseling Services:** a free, comprehensive legal consultation with access to a 25% discounted rate for future services. (These services do not apply to employment issues.)
- **Financial Counseling Services:** a free session with a certified financial professional with access to a 15% discount for future services and/or local community referrals to other financial advisement resources.
- **Community Support Resources:** access to referrals to thousands of community resources including 12-step groups, community mental health agencies, support groups, and more.
- **Peer Support Groups:** Attend up to 10 free online sessions in a group that suits your needs, including: Addiction Recovery, Depression Recovery, Employed and Depressed, Bipolar Support, Depression Support, or Women's Depression Support.
- **Virtual Wellness Chatbot:** Meet Tess. Tess is a mental health chatbot (artificial intelligence) that provides emotional support and check-ins to boost your wellness. Tess is available 24/7 to talk at your convenience whenever and wherever you need.

Personal Advantage

Personal Advantage is a work-life website that contains more than 20,000 articles and interactive resources for topics such as emotional well-being, family life, health, financial, legal, personal growth, and stress. Some popular items on the website include personal development trainings, downloadable will kits, financial calculators, and parenting articles.

Visit www.americanbehavioral.com and click on **Member Login**. To register, use company name **Montgomery** to create your username and password.



BEHAVIORAL HEALTH SERVICES

Available to employees and dependents who participate in the City of Montgomery health plan.

Whereas the EAP addresses everyday living problems, your mental health benefits address clinical issues such as depression, anxiety, abuse, childhood trauma, substance abuse, and other serious disorders.

Behavioral health care is an employer-sponsored program designed to provide disorder identification, clinical treatment referrals, and crisis intervention for employees and their family members who experience mental/behavioral conditions. American Behavioral assists employees and families by identifying and working through conditions that may be a focus of clinical attention such as:

- Adjustment Disorders
- ADD/ADHD
- Anxiety Disorders
- Impulse Control Disorders
- Depression and other Mood Disorders
- Substance Abuse Disorders
- Schizophrenia and other Psychotic Disorders



Voluntary Employee & Dependent Life Insurance

For You	For Your Spouse	For Your Dependent Children
\$10,000	\$10,000	\$5,000

Cost: Regular Employees - *\$2.05 per pay period*
School Patrol Employees - *\$3.08 per pay period*

- + City employees married to each other cannot be double covered by two dependent life policies and only one parent may have coverage on a child.
- + Dependent children ages from birth to 26 years old, or 26 years old if a child is a full-time student, are eligible for coverage.

What’s Not Covered?

Like most insurance plans, this plan has exclusions. This plan does not provide payment of benefits for death caused by suicide within the first two years of the effective date.

For Employee Coverage

Enrollment is available without providing health information as long as the enrollment takes place within 31 days from the date you are hired. Enrollment during the annual open enrollment period or due to a qualifying event will require completing a medical questionnaire.

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer for your coverage, and you may change your beneficiary(ies) at any time. You are the beneficiary for your Dependent coverage.

MetLife Advantages

Once enrolled, you have access to MetLife Advantages. This is a comprehensive suite of valuable services for support, planning and protection when you need it most. These services include Grief Counseling, Funeral Discounts and Planning Services, Life Settlement Account, Will Preparation, and Estate Resolution Services.

Visit www.metlife.com/insurance/life-insurance/metlife-advantages/ for more information. Your group number is 219725.

**IT IS YOUR RESPONSIBILITY TO MAKE SURE YOUR
BENEFICIARY DESIGNATIONS ARE UP TO DATE!**

BENEFICIARY FORMS CAN BE FOUND ON THE BENEFIT RESOURCES WEBPAGE

Vision Plan

The City offers voluntary vision coverage through VSP (Vision Service Plan) with the option of two plans - Standard and Premier. VSP is a paperless company so you do not have member cards. Your membership ID is your social security number. Upon retirement, you will no longer be eligible for VSP. Contact Faye Gamble 625-2692 or VSP directly 1-800-877-7195 for questions about coverage.

Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10
Prescription Glasses		\$10
	<div> <div>Standard Plan</div> <div>Premier Plan</div> </div>	
Frame	<div> <ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Costco frame allowance </div> <div> <ul style="list-style-type: none"> \$220 featured frame brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$110 Costco frame allowance </div>	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95-\$105 \$150-\$175
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0
Diabetic Eye Care Plus Program	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 	
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam. 	
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. 	
Your Coverage with Out-of-Network Providers		
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.		
Exam.....	up to \$45	Lined Bifocal Lenses.....up to \$50
Frame.....	up to \$70	Lined Trifocal Lenses.....up to \$65
Single Vision Lenses.....	up to \$30	Progressive Lenses.....up to \$50
		Contacts.....up to \$105

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the event of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Log in to vsp.com to find an in-network provider based on your plan type.



Flexible Spending Accounts

A Flexible Spending Account is an employer-sponsored benefit that allows you to pay for eligible expenses on a pre-tax basis. The contributions you make to an FSA are deducted from your pay before your federal, FICA and state taxes are calculated and are never reported to the IRS. If you expect to incur medical or dependent care expenses that won't be reimbursed by another plan, FSA's are a great way to save money while covering those costs. **This FSA plan year is from October 1, 2021 - September 30, 2022.** Contact Faye Gamble 334-625-2692 or AIG 396-3960 for questions.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental, or vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to \$2,750 for the year.

Rollover

You are allowed to rollover a maximum of \$500 of unused funds to the next plan year. The rollover amount can be used to pay or reimburse healthcare expenses incurred during the entire plan year to which it is carried over.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

You can set aside up to \$5,000 for qualified Dependent Care. This benefit uses pre-tax contributions to cover dependent day care expenses for children up to age 13 and for elder dependents (like aging parents) who live in your home. You and your spouse must work or attend school full time to be eligible for the Dependent Care FSA.

Unlike Healthcare FSA's, Dependent Care FSA's are not "pre-funded"; you can only spend up to the amount that has been deducted from your paycheck.



Online access instructions and a list of some eligible expenses are on the following pages.

IMPORTANT CONSIDERATIONS

- You must re-enroll in flexible spending accounts each year during Open Enrollment.
- Elections cannot be changed during the plan year, unless you have a qualifying event such as marriage or birth of a child.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- You can obtain reimbursement for eligible expenses incurred by you and your family even if you are not covered on the City's Health Plan.
- If you terminate employment, participation in your FSA is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.



FSA Online Access Instructions

With the flexible benefits plan (Healthcare FSA, Dependent Care FSA, and HRA), you will have online access to your account. Once you have created your account, you will be able to view your balance, transactions and reimbursements. You will also have the option to upload your receipts for manual reimbursement requests. Below, you will find the instructions on how to get started.

Please follow these steps to log on to the FSA website.

Go to: www.allianceinsgroup.com

- Click on *FLEX Login* tab
- Click on **REGISTER** and follow the steps

You will need the Employee ID - this is the employee's social security number (no dashes) or a number assigned to the employee and the Employee's Card Number. If you are unsure of the Employee ID, please contact Alliance Insurance Group.

The user id must be between 5-10 characters - **Please be sure the USER ID is very unique.**

This is a nationwide system and it will not allow the same user id to be used or more than one account.

Password must contain an instance of at least three of the following four types of characters:

- An upper case character such as A
- A lower case character such as a
- A special character: ~ ! @ # \$ % ^ & * () _ + = ` < > ? / \ - ; : " ' { } []
- A number such as 9

Passwords expire every 90 days. You will be notified when it is time to reset the password when you login to the system. This is a security measure and cannot be changed. Once you change the password, close the webpage and log back in using your new information.

You may also file a manual claim reimbursement request by uploading the receipt to your account or printing the claim form and return by mail, email or fax to us for processing.

Should you ever have any questions about creating your account, resetting your password or any other functions with the system, please do not hesitate to contact us.

MOBILE APP

From the App Store on your device, please search using the following key words:

- iOS system: **Alliance Insurance Group FSA**
- Android system: **Alliance Ins FSA**

(You can only use the mobile app once you have created your account through the website)

Phone: 334.396.3960 or Toll Free: 866.396.3967

Office hours: Monday - Friday 8:00am-4:30pm (CST)

After hours and weekends: fsa@allianceinsgroup.com

Website: www.allianceinsgroup.com

Mailing Address: PO Box 240518

Montgomery, AL 36124

Acne treatments	Dental Care (including implants)/Non-Cosmetic	Nasal sprays & strips	Speech therapy
Acupuncture	Dentures, bridges, etc.	Norplant insertion or removal	Spermicidal (RX)
Allergy & sinus medicine and products	Diabetic monitor, test kits, strips and supplies	Occupational therapy (related to a medical condition or disability)	Student health fees billed for actual services received (dental, medical, prescription, vision)
Alcoholism Treatment	Diagnostic services	OB/GYN fees	Sterilization
Allergy medication	Diaper rash ointments and creams	Occlusal guards to prevent teeth grinding	Sunscreen with SPF 15+ and "broad spectrum", sunburn creams & ointments
Ambulance and emergency health services	Drug addiction treatment	Operations (for non-cosmetic purposes)	Sunglasses (RX only)
Anesthesia (for non-cosmetic purposes)	Drugs (prescription)	Operations for dental	Surgery (for non-cosmetic purposes)
Antacid	Ear drops and wax removal	Operations for vision	
Antibiotic ointment	Eye drops and treatments	Optometrist / ophthalmologist fees	Teeth grinding prevention devices
Aspirin or other pain reliever	Eye examinations	Organ transplants (recipient and donor)	Therapy (for treatment of a medical condition)
Asthma medicines or treatments	Eye surgery or treatment to correct vision	Ortho keratotomy	Transportation, parking & related travel expenses (essential to receive eligible care)
Athletic treatments/braces	Eye glasses	Orthodontia (braces and retainers)	Tubal ligation
Bandages and related items (over-the-counter)	Fertility treatment (for employee, spouse or dependent)	Orthopedic & surgical supports	Urological products
Birth control (over-the-counter)	First aid kit (over-the-counter)	Over-the-counter bandages	Vaccinations
Birth control (RX)	Flu shots	Over the-counter health care products	Varicose vein removal surgery (for medical care)
Blood pressure monitor	Gastrointestinal medication	Over-the-counter drugs and medicines (including for motion sickness, sleep aids and sedatives)	Vasectomy
Body scans	Hearing aids and batteries	Over-the-counter products for dental, oral and teething pain	Viagra and similar prescription medications
Breastfeeding classes	Hospital services and fees	Over-the-counter vision medications	Vision co-insurance
Breast pumps (for a lactating woman)	Immunizations	Ovulation monitor (over-the-counter)	Vision co-payment
Canker & cold sore treatments (ed)	Incontinence supplies	Oxygen	Vitamins (prescription only)
Chest rubs	Infertility treatment (for employee, spouse or dependent)	Physical exams	Walking aids (canes, walkers, crutches and related supplies)
Chiropractic office visit or treatment	Insulin, testing materials and supplies	Physical therapy	Wart removal treatments
Cholesterol test kits and supplies	Laboratory fees	Pregnancy tests (over-the-counter)	Weight loss drugs (for treatment of a medical conditions) (RX Only)
Co-insurance (dental, medical, RX, vision)	Lactose intolerance (Over the counter - RX needed)	Prescription drugs (for non-cosmetic purposes)	Wheelchair and repairs
Cold & flu medicine	Laser eye surgery/LASIK	Prosthesis	X-ray fees (dental, medical)
Condoms	Laxatives	Psychiatric care	
Contact lenses and solutions	Learning disability treatments	Psychologist fees	IMPORTANT REMINDER: For each expense, you must be able to submit documentation from the provider or a third party that includes Date of Service/ Amount/ Provider/Type of Expense Some expenses may require additional documentation to establish eligibility such as a physicians statement or RX
Contraceptives	Lice treatment	Radial keratotomy (Rx)	
Corn and callus remover	Listening therapy	Reading glasses (over-the-counter)	
Corneal keratotomy	Mastectomy-related special bras	Removal of benign mole, cyst or tumor	
Cough drops, cough syrup, sore throat lozenges	Medical abortion (letter required)	Retin-A (for non-cosmetic purposes)	
Crutches, canes, walkers or like equipment (purchase or rental)	Medical equipment (for treatment of medical condition) and repairs	Sales tax, shipping and handling fees (for any eligible expenses)	
Deductibles for dental, medical, prescription and vision plans	Menstrual products	Smoking cessation, gum and/or patches	
	Monitors & test kits (over-the-counter)		



YMCA Corporate Partnership



The City of Montgomery and the YMCA of Greater Montgomery have joined together to offer a great wellness benefit to all City employees and their family members. During the Open Enrollment period, join the YMCA and enjoy a waived one-time joining fee (\$100). The City will subsidize your membership at the rate of \$20 per month if you agree to join the YMCA for a minimum of 12 months as well as use the YMCA 8 times per month.

With this benefit, your direct cost is: **Individual Membership** - \$28/month **Family Membership** - \$41/month.

New Hires have the opportunity to take part in this discount by visiting the YMCA within the first 60 days of employment and completing a membership form.

YMCA members who are currently not taking advantage of this discount can complete a new payroll deduction form, during Open Enrollment, at any YMCA location to receive the City discount.

This Open Enrollment offer will expire June 30, 2021!

BENEFITS:

- 12 Convenient Locations
- Over 100 group wellness classes
- 2 indoor pools & 10 outdoor pools
- 1 indoor walking track
- State-of-the-art wellness centers
- Youth wellness centers
- Summer & afterschool programs
- Personal trainers available
- Adult and youth sports

CONTACT THE YMCA OF GREATER MONTGOMERY FOR MORE INFORMATION

PH: 334-269-4362 WEBSITE: ymcamontgomery.org

Montgomery Locations:

Bell Road YMCA

2435 Bell Road

Britton YMCA

850 S. Lawrence St.

Cleveland Ave YMCA

1201 Rosa L Parks Ave

Downtown YMCA

761 South Perry St

East Family YMCA

3407 Pelzer Ave

Emory Folmar Soccer Complex

300 Brown Springs Road

Goodtimes YMCA

2325 Mill Ridge Dr.

James W. Wilson Jr YMCA

1445 Wilson Park Dr

Kershaw YMCA

2229 W Fairview Ave

Midtown YMCA

3455 Carter Hill Road

Millbrook Location:

Grandview Family YMCA

4700 Camp Grandview Rd

Wetumpka Locations:

Camp Chandler

1240 Jordan Dam Rd

Wetumpka YMCA

200 Red Eagle Dr

Greenville Location:

Greenville Family YMCA

177 Academy Drive



Workers' Compensation Benefits

The City of Montgomery provides Workers' Compensation benefits for any employee who suffers an on-the-job injury due to an accident that arose out of, and in the course of, his or her employment. If you are injured while on duty, you are expected to report your injury to your immediate supervisor within 72 hours.

CAREHERE OCCUPATIONAL CENTER

CareHere is an important player in the City of Montgomery's workers' compensation. They serve as the occupational center to assess and plan care for injured workers. They are the authorized medical care provider for the City. If you are injured on the job, you are required to be seen by the CareHere Occupational Center. If you are seen outside of CareHere by an emergency provider such as Jackson Hospital ER, you must follow up with CareHere the very next business day.

AFTER-HOURS AND EMERGENCY CARE

If you sustain an on-the-job injury after hours and are in need of immediate medical attention, please go to the Jackson Hospital ER.

FORMS

You are responsible for taking a Physician Authorization Form (Blue Form) with you to all doctor and physical therapy appointments. This is for your file, as well as informs the doctor that you are allowed to be seen. It also shows us what kind of duty you have been assigned.

PULLED OFF WORK

If you are pulled off work by the treating physician under workers' comp, you will have three (3) holding days that can be taken as either Sick or Annual Leave. Once your 3 holding days have been completed you will be paid at a rate of 66 2/3 of your average weekly wage until you are returned to either full or light duty.

RETURN TO WORK

Full Duty

Once the physician has returned you to full duty, you will resume your normal duties that you performed before your injury.

Modified Light Duty

The physician may authorize you to return to work with work modifications so that you may work within certain parameters. If you are put on light duty, your department will adhere to those modifications and you will receive regular pay.

RETIREMENT

While you are on workers' compensation pay, it does not count towards your service years and retirement contributions are not deducted.

OTHER DEDUCTIONS

Your other voluntary deductions such as the Group Health Plan, Life Insurance, Vision, etc. will continue to come out of your check if you are in workers' compensation pay status.

CONTACT INFORMATION

Georgia Middleton (Claims Adjuster)

334-625-2015

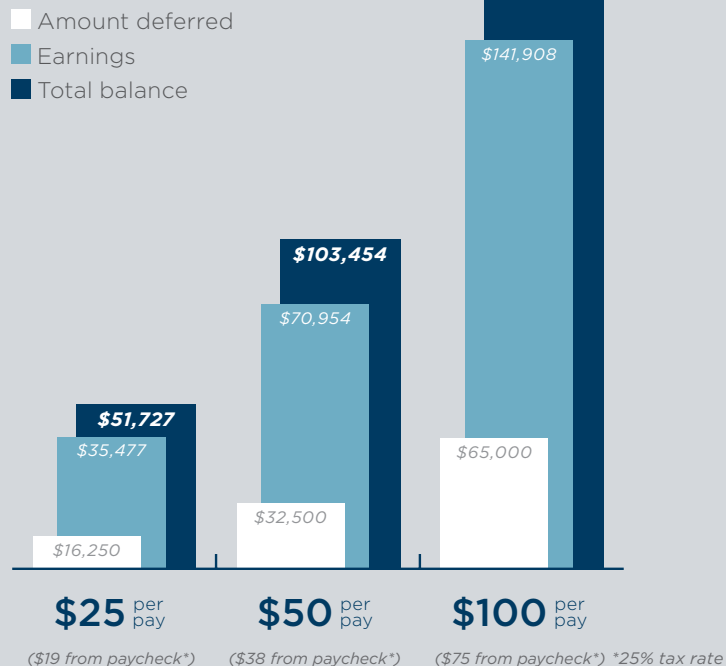
gmiddleton@montgomeryal.gov

Stephanie Cosgrove (Safety & Claims Assistant)

334-625-3015

scosgrove@montgomeryal.gov

After 25 years:



Put the power of time to work.

This hypothetical illustration shows how much different deferral amounts per biweekly paycheck for 25 years could accumulate, given an 8% annual rate of return for an investor. The white sections show how much is actually contributed, the light blue shows how much could be earned on top of those deferrals in that 25-year period, and the dark blue shows the total balance after 25 years. This example is not a yield projection for any specific investment. If fees, taxes, and expenses were reflected, the return would be less.

Withdrawals are taxed as ordinary income. Nationwide representatives cannot offer investment, tax or legal advice. You should consult your own counsel before making retirement plan decisions.

Why you should consider enrolling in Deferred Compensation

By contributing a little each payday to the Deferred Compensation Plan, you can put the power of time to work toward building a potentially more comfortable retirement.

Plan participation is:

- **Convenient** — Contributions are automatically deducted from your pay
- **Easy for saving** — Contribute as little as \$25 per pay
- **Flexible** — Make changes whenever you want (subject to federal regulation)
- **Accessible** — Manage your account 24/7/365 at nrsforu.com
- **Low cost** — As a governmental program, the Plan has no profit incentive

Take control of your retirement income now. **Enroll in your Deferred Compensation Plan today.**

NRM-7298M1.3 (03/17)



For more information contact:

Jeremy B. White
 334-689-0947
jeremy.white@nationwide.com

For more information contact:

Retirement Resource Group
 888-401-5272
nrsforu@nationwide.com

To schedule an appointment, scan this code:



Information provided by Retirement Specialists is for educational purposes only and not intended as investment advice. Nationwide Retirement Specialists and plan representatives are Registered Representatives of Nationwide Investment Services Corporation (NISC), member FINRA, Columbus, Ohio.

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Nationwide®

**RSA-1 DEFERRED
COMPENSATION PLAN**
RETIREMENT SYSTEMS OF ALABAMA



**WHAT YOU
GET OUT
TOMORROW**

**WHAT YOU
PUT IN
TODAY**



PLANT THE SEEDS FOR A MORE SECURE FUTURE.



**BECAUSE WHEN TOMORROW COMES YOU
WANT TO BE ABLE TO ENJOY IT.**

WHAT IS RSA-1?

RSA-1 allows Alabama public employees to make easy and flexible tax-deferred contributions toward their retirement. By contributing, you can lower your taxes now and save for a better retirement later.

WHY INVEST NOW?

Investing now through RSA-1 is extremely important to help ensure that your retirement is secure and your family is taken care of. By committing to investing early, you can contribute less but save more.

HOW MUCH DO I HAVE TO INVEST?

It's up to you. But even a small investment each month can grow into tens of thousands of dollars over time. It's the Power of Compounding.

WHAT ABOUT FEES?

There are no fees with RSA-1! No administrative fees, no investment commissions, nothing. RSA manages your money for free, allowing you to reap the full benefits of your savings.



**LEARN MORE ABOUT REACHING YOUR FULL
RETIREMENT SAVINGS POTENTIAL, VISIT
RSA-AL.GOV OR CALL 877.517.0020**

Retirement Systems of Alabama



All City employees became part of the Retirement Systems of Alabama (RSA) effective October 1, 2019 as either a Tier I or Tier II Active Member. Employees who elected to keep the City's retirement structure are still considered Tier I or Tier II based on the chart below. Full retirement benefits can be found online www.rsa-al.gov/ers/publications or by calling 334-517-7000.

Tier I Member	Tier II Member
Employees hired before October 1, 2013 or service credit under RSA prior to January 1, 2013.	Employees hired October 1, 2013 or after.

Effective October 1, 2020, Tier II members began receiving Tier I retirement benefits.

Employee Contributions	
Regular Employees	7.5%
Public Safety Employees	8.5%
When Can I Retire or Collect My Benefits?	
After 25 years of creditable service, regardless of age OR At age 60 with at least 10 years of creditable service	
How Will My Retirement Benefit Be Calculated?	
$\text{Average Final Salary} \times \text{Years \& Months of Service} \times \text{Benefit Factor (.020125)} \div 12 = \text{Maximum Monthly Benefit}$	

Employees who elected to keep the City retirement plan (20yr or 25yr) benefits are calculated according to that plan.

Preretirement Death Benefit

If a member dies prior to retirement, death benefits are calculated and paid to the beneficiary(ies) based on the member's age, service credit, employment status, and eligibility for retirement. Beneficiary changes can be made at any time.

Member Age	Years of Service Credit	Preretirement Death Benefit
Ineligible to Retire		
Under 60 Or 60 and Older	Between 1 and 25 Between 1 and 10	Member contributions, total interest earned, plus an amount equal to your salary for the prior fiscal year
Any age	Less than 1 year, death is job-related	Member contributions, total interest earned, plus an amount equal to your salary at time of death
Any age	Less than 1 year, death is not job-related	Member contributions, total interest earned, plus an amount matching the contributions and interest but limited to a maximum of \$5,000
Eligible to Retire or 25 Years of Service		
Any age Or 60 and Older	25 or more 10 or more	Choice of: 1. Option 3 monthly benefit (50% of member's retirement benefit) to the spouse or beneficiary (this choice is not available for multiple beneficiaries) or 2. Member contributions, total interest earned, plus an amount equal to the member's salary for the prior fiscal year

Member Discounts

RSA members receive hotel discounts at RSA-owned hotels and resorts. More information can be found online www.rsa-al.gov/real-estate/pch-hotels-resorts/member-discounts.

Planning For Retirement

If you are thinking about retiring, you should contact **Kim Neese 625-2018** to schedule an appointment to submit your Application for Retirement 30-90 days prior to your retirement date. You can only retire on the first day of a month.

The following planning tools can be found on the RSA website www.rsa-al.gov/ers/planning-for-retirement:

- Steps to Retirement video
- Retirement Planning Seminars
- RSA Counseling Appointments
- Retirement Calculators

CITY BENEFITS

Once retired, you are eligible to keep the Group Health Plan, YMCA, and policies through Colonial, Aflac, and Liberty National if your policy allows. You will not be able to keep the Flexible Spending Accounts, Vision, or Voluntary Employee & Dependent Life insurance as a retiree.

Group Health Plan

Effective October 1, 2005, if you go to work for another employer who offers health insurance, you will no longer be allowed to carry the City's Group Health Plan as primary. You may elect to drop the City's Group Health Plan or carry the plan as secondary without a reduction in your monthly premium.

You can only reduce coverage, not increase coverage. (i.e. go from Family Coverage to Single Coverage)

Once you or your spouse turn 65, or become eligible for Medicare, you must enroll in Medicare Part A & B and provide us with a copy of the card. Contact the Social Security Office www.socialsecurity.gov or 1-800-772-1213 to enroll or visit www.medicare.gov for more information about Medicare.

Voluntary Benefits 101



What are voluntary benefits?

Sometimes called “supplemental insurance,” voluntary benefits are policies you buy to add to the health and life insurance your employer may already provide. These benefits can help you pay for things your other insurance won’t, such as lost wages, out-of-pocket expenses and household bills.



Advantages*

Flexibility

Use claim payments however you like – pay deductibles, co-payments and other expenses not covered by your health or life insurance.

Portability

Take coverage with you if you leave your job or retire.

Stability

Maintain coverage whether or not you’re employed.

Convenience

Pay premiums using your choice of payroll deduction, bank draft or direct billing.

*Advantages may not apply to all products. See your Colonial Life benefits counselor for complete details.

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Policies

Accident insurance

Helps cover out-of-pocket expenses in the event of a covered accident

Cancer and critical illness insurance

Helps with the high cost of cancer or critical illness diagnosis and treatment

Dental insurance

Helps pay for dental procedures, like routine cleanings, crowns and root canals

Disability insurance

Replaces part of your regular income if you are unable to work because of a covered injury or illness

Hospital confinement indemnity insurance

Helps pay for covered hospital-related expenses, such as outpatient surgery and diagnostic procedures

Life insurance

Protects the people who depend on you by helping cover final expenses and loss of income

To learn more about voluntary benefits,
contact your Colonial Life benefits
counselor or visit ColonialLife.com.

ColonialLife.com

ACCIDENT, CANCER, CRITICAL ILLNESS AND HOSPITAL CONFINEMENT
INDEMNITY INSURANCE ARE LIMITED POLICIES.

Products have exclusions and limitations that may affect benefits payable. Products vary by state and may not be available in all states.



Accident Insurance

Premier Plan

You never expect an accident to happen. But if it does, your focus should be on recovery – not medical bills. Colonial Life accident insurance can help cover medical costs. Whether the accident is as simple as a cut hand from a fall or as complex as a car accident, you can count on us to support you.

OUR COVERAGE INCLUDES:

- Benefits payable directly to you
- No medical questions to qualify for coverage
- Coverage for simple and complex injuries
- Benefits payable, regardless of other insurance
- Worldwide coverage
- Keep coverage no matter where you go
- Works alongside your health savings account (HSA)

All of this can help you get back on your feet.



Milo was running on the playground when he tripped and injured his hand.



URGENT CARE CENTER VISIT

Milo went to an urgent care center and received immediate care.



DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Milo had fractured his hand.



LACERATION

The doctor also found that Milo had a cut on his hand.



MEDICAL EQUIPMENT

Milo was discharged with a splint.



DOCTOR'S OFFICE VISIT

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

MILO'S BENEFITS

With Colonial Life accident benefits, Milo's parents were able to pay the annual deductible and co-payments.

Accident emergency treatment	\$150
X-ray	\$40
Laceration (no stitches)	\$30
Fracture (hand)	\$425
Medical equipment (splint)	\$30
Accident follow-up treatment (3 visits)	\$195

Total: \$870

For illustrative purposes only.

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

Olivia was driving to the store when she got into a car accident.



AMBULANCE AND EMERGENCY ROOM VISIT

Olivia arrived by ambulance to the nearest emergency room and received immediate care.



DIAGNOSTIC PROCEDURES

The doctor ordered an X-ray and discovered Olivia had fractured her thigh (femur). He also ordered a CT scan of her head to check for brain injury.



HOSPITAL ADMISSION, CONFINEMENT AND SURGERY

Olivia was admitted to the hospital for surgery on her leg. She was confined for three days.



PHYSICAL THERAPY

Olivia had eight sessions of physical therapy to help regain the strength in her leg.



DOCTOR'S OFFICE VISITS

Over the next several weeks, she had six follow-up appointments with her doctor.

OLIVIA'S BENEFITS	
Olivia's accident benefits helped cover her annual deductible and co-payments.	
Ambulance	\$300
Accidental injury due to an automobile accident	\$250
Accident emergency treatment	\$150
X-ray	\$40
Medical imaging study (CT)	\$250
Hospital admission	\$1,500
Hospital confinement (3 days)	\$900
Thigh fracture - femur (surgical)	\$6,000
Surgery (exploratory/arthroscopic)	\$300
Medical equipment (crutches)	\$150
Accident follow-up treatment (6 visits)	\$390
Physical therapy (8 days)	\$320
Total: \$10,550	

For illustrative purposes only.

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

Benefits are per covered person per covered accident unless stated otherwise.

INITIAL CARE

Accident emergency treatment	\$150
Hospital emergency room, urgent care facility or physician's office	
Accidental injury due to an automobile accident	\$250
Air ambulance ¹	\$2,000
Ambulance – ground or water ¹	\$300
Observation room (up to two days per calendar year)	\$150 per day
X-ray	\$40

COMMON ACCIDENTAL INJURIES

Burn (based on size and degree)	\$2,000 – \$18,000
Burn – skin graft	50% of applicable burn benefit
Coma (lasting for seven or more consecutive days)	\$15,000
Concussion	\$200
Dislocation – separated joint	
■ Non-surgical – repair	\$125 – \$2,500
Incomplete dislocation – or dislocation without anesthesia	25% of benefit
Examples: elbow: \$600 ankle: \$1,250 knee: \$1,250 hip: \$2,500	
■ Surgical – repair	\$250 – \$5,000
Examples: elbow: \$1,200 ankle: \$2,500 knee: \$2,500 hip: \$5,000	
Emergency dental work	\$200 – \$600
Dental extraction or dental crown, denture or implant	
Eye injury – with surgical repair or removal of a foreign object	\$400
Fracture – complete	
■ Non-surgical – repair	\$275 – \$3,750
Chip fracture	25% of benefit
Examples: hand: \$425 foot: \$425 collarbone: \$750 leg: \$1,250	
■ Surgical – repair	\$550 – \$7,500
Examples: hand: \$850 foot: \$850 collarbone: \$1,500 leg: \$2,500	
Hearing-loss injuries ²	\$120
Knee cartilage – torn (with surgical repair)	\$750
Laceration (based on repair and length)	\$30 – \$600
Ruptured disc (with surgical repair)	\$1,250
Tendon/ligament/rotator cuff (with surgical repair)	
■ One	\$750
■ Two or more	\$1,500

HOSPITAL CARE

Hospital admission	\$1,500
Hospital confinement (up to 365 days)	\$300 per day
Hospital sub-acute intensive care unit confinement (up to 30 days)	\$400 per day
Intensive care unit admission	\$2,500
Intensive care unit confinement (up to 15 days)	\$500 per day

SURGICAL CARE

Blood/plasma/platelets – transfusion	\$500
Surgery (based on type of repair and surgery)	\$250 – \$1,500

TRANSPORTATION & LODGING

Transportation for hospital confinement \$700 per round trip
(up to three round trips, 50+ miles from home)

Lodging – companion (up to 30 days) \$150 per day

FOLLOW-UP CARE

Accident follow-up treatment – including transportation/telemedicine \$65
(up to six benefits per covered person per covered accident and
up to 12 benefits per covered person per calendar year)

Medical equipment

- **Tier 1** \$30
Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint
- **Tier 2** \$150
Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair,
walker or walking boot
- **Tier 3** \$300
Back brace, body jacket, continuous passive movement (CPM), halo, electric scooter,
hospital bed (including rental), knee scooter, stair lift chair, wheelchair

Medical imaging study – CT, CAT scan, EEG, EMG, MR or MRI \$250
(one per calendar year)

Pain management for epidural anesthesia – non-surgical \$150

Post-traumatic stress disorder (PTSD) \$200

Prosthetic device/artificial limb

- **One** \$1,000 ■ **More than one** \$2,000
- **Repair/replacement³** \$500/\$1,000

Rehabilitation unit confinement \$200 per day
(up to 15 days, not to exceed 30 days per calendar year)

Therapy – occupational, physical or speech (up to ten days) \$40 per day

ACCIDENTAL DISMEMBERMENT

Accidental dismemberment \$600 – \$30,000

- Loss, loss of use or paralysis – hand, arm, foot, leg, sight of eye
- Loss, loss of use – finger, toe, partial dismemberment of finger or toe

Accidental dismemberment due to a catastrophic accident

- Named insured, spouse or child** \$25,000⁴
 - Total and irrecoverable loss, loss of use or paralysis – 180-day elimination period
 - 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

ACCIDENTAL DEATH

Accidental death

- **Named insured, spouse** \$50,000
- **Child** \$15,000

Accidental death common carrier

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

- **Named insured, spouse** \$200,000
- **Child** \$45,000



For more information,
talk with your
benefits counselor.



ColonialLife.com

- 1 In Nevada , air ambulance or ambulance: We will pay this benefit directly to the provider unless the air ambulance or ambulance bill shows that all charges have been paid in full.
- 2 One benefit for each injured ear per covered person per lifetime.
- 3 One repair or replacement per prosthetic device/artificial limb per covered person per lifetime.
- 4 Payable once per lifetime per covered person.

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 POLICY 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 Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics.

State Variations for Exclusions and Limitations

IL: Not applicable to "hazardous avocations, racing, semi-professional or professional sports."

MT: Not applicable to "suicide or injuries which you intentionally do to yourself and injuries a child sustains during birth."

OK: Not applicable to "hazardous avocations, racing and semi-professional or professional sports." For Accidental Dismemberment Due to Catastrophic Accidents, replace "injuries a child sustains during birth, or for injuries that are the result of intoxication" with "alcoholism or drug addiction, or narcotics."

UT: Also includes "aviation." Not applicable to "hazardous avocations, racing, semi-professional or professional sports."

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 forms IAC4000 (plus state abbreviations where applicable, such as IAC4000-TX). Coverage may vary by state and may not be available in all states. Premium will vary according to the family coverage type.

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Cancer Insurance

How would cancer impact your way of life?

Hopefully, you and your family will never face cancer. If you do, a financial safety net can help you and your loved ones focus on what matters most — recovery.

If you were diagnosed with cancer, you could have expenses that medical insurance doesn't cover. In addition to your regular, ongoing bills, you could have indirect treatment and recovery costs, such as child care and home health care services.

Help when you need it most

Cancer coverage from Colonial Life & Accident Insurance Company can help protect the lifestyle you've worked so hard to build. It provides benefits you can use to help cover:

- Loss of income
- Out-of-network treatment
- Lodging and meals
- Deductibles and co-pays

One family's journey

Paul and Kim were preparing for their second child when they learned Paul had cancer. They quickly realized their medical insurance wouldn't cover everything. Thankfully, Kim's job enabled her to have a cancer insurance policy on Paul to help them with expenses.



DOCTOR'S SCREENING

Wellness benefit

Paul's wellness benefit helped pay for the screening that discovered his cancer.



SECOND OPINION

Travel expenses

When the couple traveled several hundred miles from their home to a top cancer hospital, they used the policy's lodging and transportation benefits to help with expenses.



SURGERY

Out-of-pocket costs

The policy's benefits helped with deductibles and co-pays related to Paul's surgery and hospital stay.

For illustrative purposes only

With cancer insurance:

- Coverage options are available for you and your eligible dependents.
- Benefits are payable directly to you, unless you specify otherwise.
- Benefits are payable regardless of any insurance you may have with other companies.
- You can take coverage with you, even if you change jobs or retire.



ONLY 5-10%
of ALL
CANCERS
are hereditary.

American Cancer Society, Family Cancer Syndromes, 2017.

Cancer insurance provides benefits to help with cancer expenses — from diagnosis to recovery.



TREATMENT

Experimental care

Paul used his plan's benefits to help pay for experimental treatments not covered by his medical insurance.



RECOVERY

Follow-up evaluations

Paul has been cancer-free for more than four years. His cancer policy provides a benefit for periodic scans.

Our cancer insurance offers more than 30 benefits that can help you with costs that may not be covered by your medical insurance.

Treatment benefits (inpatient or outpatient)

- Radiation/chemotherapy
- Anti-nausea medication
- Medical imaging studies
- Supportive or protective care drugs and colony stimulating factors
- Second medical opinion
- Blood/plasma/platelets/immunoglobulins
- Bone marrow or peripheral stem cell donation
- Bone marrow or peripheral stem cell transplant
- Egg(s) extraction or harvesting/sperm collection and storage
- Experimental treatment
- Hair/external breast/voice box prosthesis
- Home health care services
- Hospice (initial or daily care)

Surgery benefits

- Surgical procedures
- Anesthesia
- Reconstructive surgery
- Outpatient surgical center
- Prosthetic device/artificial limb

Travel benefits

- Transportation
- Companion transportation
- Lodging

Inpatient benefits

- Hospital confinement
- Private full-time nursing services
- Skilled nursing care facility
- Ambulance
- Air ambulance

Additional benefits

- Family care
- Cancer vaccine
- Bone marrow donor screening
- Skin cancer initial diagnosis
- Waiver of premium



LIFETIME RISK OF DEVELOPING CANCER

MEN
1 in 2



WOMEN
1 in 3



American Cancer Society, Cancer Facts & Figures, 2017.



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Optional riders

For an additional cost, you may have the option of purchasing additional riders for even more financial protection against cancer. Talk with your benefits counselor to find out which of these riders are available for you to purchase.

- **Initial diagnosis of cancer rider** — Offers a one-time, lump-sum benefit for the initial diagnosis of cancer. You may choose a benefit amount in \$1,000 increments between \$1,000 and \$10,000. If your dependent child is diagnosed with cancer, this rider can pay two and a half times (\$2,500 – \$25,000) the chosen benefit amount.
- **Initial diagnosis of cancer progressive payment rider** — Provides a lump-sum payment of \$50 for each month the rider has been in force after the waiting period and before cancer is first diagnosed.
- **Specified disease hospital confinement rider** — Can pay \$300 per day if you or your covered family members are confined to a hospital for treatment for one of the 34 specified diseases covered under the rider.

If cancer impacts your life, you should be able to focus on getting better — not on how you'll pay your bills. Talk with your Colonial Life benefits counselor about how cancer insurance can help provide financial security for you and your family.

THIS POLICY PROVIDES LIMITED BENEFITS.

WAITING PERIOD

The policy and its riders may have a waiting period. Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. If your cancer has a date of diagnosis before the end of the waiting period, coverage for that cancer will apply only to losses commencing after the policy has been in force for two years, unless it is excluded by name or specific description in the policy.

EXCLUSIONS

We will not pay benefits for cancer or skin cancer:

- If the diagnosis or treatment of cancer is received outside of the territorial limits of the United States and its possessions; or
- For other conditions or diseases, except losses due directly from cancer.

The policy and its riders may have additional exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form CanAssist and rider forms R-CanAssistIdx, R-CanAssistProg and R-CanAssistSpDis (including state abbreviations where applicable, for example: CanAssist-TX).



Group Critical Illness Insurance

Plan 2 Basic

If you're diagnosed with a covered critical illness or cancer, group critical illness insurance* from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

*The policy name is Critical Illness and Cancer Group Specified Disease Insurance.

Face amount: \$_____

Critical illness benefit

For the diagnosis of this covered critical illness condition: ¹	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Coronary artery bypass graft surgery/disease ²	25%

Subsequent diagnosis of a different critical illness³

If you receive a benefit for a critical illness, and later you are diagnosed with a different critical illness, the original percentage of the face amount is payable for that particular critical illness.

Subsequent diagnosis of the same critical illness³

If you receive a benefit for a critical illness, and later you are diagnosed with the same critical illness, 25% of the original face amount is payable. Critical illness conditions that do not qualify are: coronary artery bypass graft surgery/coronary artery disease.²

For more information,
talk with your
benefits counselor.

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Diagnosis of cancer benefit

Covered cancer benefits	
For this condition: ¹	The amount payable is:
Diagnosis of cancer (internal or invasive)	100% of the face amount
Diagnosis of carcinoma in situ	25% of the face amount
Skin cancer	\$500

Cancer vaccine benefit: \$50

This benefit is payable if you or your covered family members incur a charge for any FDA-approved cancer vaccine while your certificate is in force.



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

2 Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.

3 Dates of diagnoses of a covered critical illness must be separated by at least 180 days.

THIS POLICY PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of a Critical Illness that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; or 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 diagnosed with a critical illness.

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Diagnosis of Cancer Benefit, Diagnosis of Carcinoma in Situ Benefit, the Cancer Treatment and Care Benefit or the Skin Cancer Benefit for a covered person's cancer (internal or invasive), carcinoma in situ or skin 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 cancer (internal or invasive), carcinoma in situ or skin cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while you are covered under the policy, and who are continuously covered from the date of birth or adoption.

This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C (including state abbreviations where used, for example: GCC1.0-C-TX). The certificate or its provisions may vary or be unavailable in some states. Please see your Colonial Life benefits counselor for details.

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Group Critical Illness Insurance

Plan 3 Basic



If you're diagnosed with a covered critical illness, group critical illness insurance* from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

*The policy name is Critical Illness Group Specified Disease Insurance.

Face amount: \$_____

Critical illness benefit

For the diagnosis of this covered critical illness condition: ¹	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Coronary artery bypass graft surgery/disease ²	25%

For more information,
talk with your
benefits counselor.

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Subsequent diagnosis of a different critical illness³

If you receive a benefit for a critical illness, and later you are diagnosed with a different critical illness, the original percentage of the face amount is payable for that particular critical illness.

Subsequent diagnosis of the same critical illness³

If you receive a benefit for a critical illness, and later you are diagnosed with the same critical illness, 25% of the original face amount is payable. Critical illness conditions that do not qualify are: coronary artery bypass graft surgery/coronary artery disease.²



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

2 Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.

3 Dates of diagnoses of a covered critical illness must be separated by at least 180 days.

THIS CERTIFICATE PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this insurance.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of a Critical Illness that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; or 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 diagnosed with a critical illness.

This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C (including state abbreviations where used, for example: GCC1.0-C-TX). The certificate or its provisions may vary or be unavailable in some states. Please see your Colonial Life benefits counselor for details.

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Dental Insurance

Level 3

Dental insurance can help with a variety of dental costs, from routine cleanings to more advanced procedures. These benefits are available for you, your spouse and eligible dependent children.

The calendar year maximum for level 3 is \$1,800.

Dental wellness and radiographic image procedure (X-ray) benefits are not subject to the calendar year maximum.

Dental wellness \$50

Two wellness exams per covered person per calendar year; exams must be separated by 150 days

No waiting period

Radiographic image procedure (X-ray) \$35

One X-ray benefit per calendar year per covered person

No waiting period

Fillings and basic services \$15 – \$275

3-month waiting period

Pain management and adjunctive services \$35 – \$65

3-month waiting period

Other preventive services \$20 – \$120

6-month waiting period

Oral surgery, gum treatments and prosthetic repair \$30 – \$1,400

6-month waiting period

Crowns and major services \$20 – \$425

12-month waiting period

Major prosthetic services \$110 – \$1,400

24-month waiting period

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for: coding convention errors, misrepresentations or upcoding, crown replacement services within five years of last placement, inlay or onlay replacement services within five years of last placement, procedures prior to the effective date, procedures prior to the expiration of the waiting period, prosthetic replacement services within five years of last placement, repairs within six months of the initial procedure, sealant limitation (limited to secondary molars for dependent children under age 16 and will not be payable more often than every five years), teeth missing before the policy coverage effective date, treatment outside of the United States, unlisted procedures, or unrecommended or unrequired services. This list does not include a complete description of each limitation and exclusion. To obtain a complete description of benefits, limitations and exclusions, please refer to the policy or see your Colonial Life benefits counselor.

Applicable to policy Dental (including state abbreviations where used, for example: Dental-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.

For more information,
talk with your
benefits counselor.

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Sample of 400+ covered dental benefits

Procedure Codes	Dental Description	Waiting Period	Benefit Amount
Dental Wellness (Cleanings)*			
D0120	periodic oral evaluation - established patient	None	\$50
D1110	prophylaxis – adult	None	\$50
D1120	prophylaxis – child	None	\$50
Radiographic Image Procedure (X-ray)*			
D0210	intra-oral – complete series of radiographic images	None	\$35
D0272	bite-wings – two radiographic images	None	\$35
D0330	panoramic radiographic images	None	\$35
Fillings			
D2140	amalgam – one surface, primary or permanent	3 months	\$75
D2150	amalgam – two surfaces, primary or permanent	3 months	\$80
D2420	gold foil – two surfaces	3 months	\$275
Pain Management & Adjunctive Services			
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	3 months	\$35
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	3 months	\$65
Other Preventive Services			
D1351	sealant – per tooth	6 months	\$20
D1515	space maintainer – fixed – bilateral	6 months	\$120
Oral Surgery, Gum Treatments, and Prosthetic Repair			
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	6 months	\$50
D7240	removal of impacted tooth – completely bony	6 months	\$160
D7412	excision of benign lesion, complicated	6 months	\$400
D7710	maxilla – open reduction	6 months	\$1,400
Crowns and Major Services			
D2950	core build-up, including any pins when required	12 months	\$65
D2740	crown – porcelain/ceramic	12 months	\$375
D2750	crown – porcelain fused to high noble metal	12 months	\$375
D2530	inlay - metallic – three or more surfaces	12 months	\$400
Major Prosthetic Services			
D6750	retainer crown – porcelain fused to high noble metal	24 months	\$375
D5110	complete denture – maxillary	24 months	\$525
D5140	immediate denture – mandibular	24 months	\$525
D6050	surgical placement – transosteal implant	24 months	\$1,400

For a full listing of the dental codes and benefits available under this plan, visit ColonialLife.com/DentalBenefits or refer to your dental policy.

*Dental Wellness and Radiographic Image Procedure (X-ray) benefit categories are not subject to the calendar year maximum. Dental Wellness benefits are limited to two visits per calendar year per covered person. We will pay for one service per visit per covered person, regardless of the number of services performed. The visits must be separated by at least 150 days. Radiographic Image Procedure (X-ray) benefits are limited to one benefit per calendar year per covered person.

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Dental Insurance

Level 4

Dental insurance can help with a variety of dental costs, from routine cleanings to more advanced procedures. These benefits are available for you, your spouse and eligible dependent children.

The calendar year maximum for level 4 is \$2,000.

Dental wellness and radiographic image procedure (X-ray) benefits are not subject to the calendar year maximum.

Dental wellness \$75

Two wellness exams per covered person per calendar year; exams must be separated by 150 days

No waiting period

Radiographic image procedure (X-ray) \$35

One X-ray benefit per calendar year per covered person

No waiting period

Fillings and basic services \$20 – \$375

3-month waiting period

Pain management and adjunctive services \$45 – \$85

3-month waiting period

Other preventive services \$35 – \$150

6-month waiting period

Oral surgery, gum treatments and prosthetic repair \$45 – \$1,600

6-month waiting period

Crowns and major services \$30 – \$520

12-month waiting period

Major prosthetic services \$110 – \$1,600

24-month waiting period

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for: coding convention errors, misrepresentations or upcoding, crown replacement services within five years of last placement, inlay or onlay replacement services within five years of last placement, procedures prior to the effective date, procedures prior to the expiration of the waiting period, prosthetic replacement services within five years of last placement, repairs within six months of the initial procedure, sealant limitation (limited to secondary molars for dependent children under age 16 and will not be payable more often than every five years), teeth missing before the policy coverage effective date, treatment outside of the United States, unlisted procedures, or unrecommended or unrequired services. This list does not include a complete description of each limitation and exclusion. To obtain a complete description of benefits, limitations and exclusions, please refer to the policy or see your Colonial Life benefits counselor.

Applicable to policy Dental (including state abbreviations where used, for example: Dental-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.

For more information,
talk with your
benefits counselor.

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Sample of 400+ covered dental benefits

Procedure Codes	Dental Description	Waiting Period	Benefit Amount
Dental Wellness (Cleanings)*			
D0120	periodic oral evaluation - established patient	None	\$75
D1110	prophylaxis – adult	None	\$75
D1120	prophylaxis – child	None	\$75
Radiographic Image Procedure (X-ray)*			
D0210	intra-oral – complete series of radiographic images	None	\$35
D0272	bite-wings – two radiographic images	None	\$35
D0330	panoramic radiographic images	None	\$35
Fillings			
D2140	amalgam – one surface, primary or permanent	3 months	\$100
D2150	amalgam – two surfaces, primary or permanent	3 months	\$110
D2420	gold foil – two surfaces	3 months	\$375
Pain Management & Adjunctive Services			
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	3 months	\$50
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	3 months	\$85
Other Preventive Services			
D1351	sealant – per tooth	6 months	\$35
D1515	space maintainer – fixed – bilateral	6 months	\$150
Oral Surgery, Gum Treatments, and Prosthetic Repair			
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	6 months	\$60
D7240	removal of impacted tooth – completely bony	6 months	\$230
D7412	excision of benign lesion, complicated	6 months	\$500
D7710	maxilla – open reduction	6 months	\$1,600
Crowns and Major Services			
D2950	core build-up, including any pins when required	12 months	\$85
D2740	crown – porcelain/ceramic	12 months	\$520
D2750	crown – porcelain fused to high noble metal	12 months	\$520
D2530	inlay - metallic – three or more surfaces	12 months	\$520
Major Prosthetic Services			
D6750	retainer crown – porcelain fused to high noble metal	24 months	\$520
D5110	complete denture – maxillary	24 months	\$665
D5140	immediate denture – mandibular	24 months	\$665
D6050	surgical placement – transosteal implant	24 months	\$1,600

For a full listing of the dental codes and benefits available under this plan, visit ColonialLife.com/DentalBenefits or refer to your dental policy.

*Dental Wellness and Radiographic Image Procedure (X-ray) benefit categories are not subject to the calendar year maximum. Dental Wellness benefits are limited to two visits per calendar year per covered person. We will pay for one service per visit per covered person, regardless of the number of services performed. The visits must be separated by at least 150 days. Radiographic Image Procedure (X-ray) benefits are limited to one benefit per calendar year per covered person.

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You never know when a disability could impact your way of life. Fortunately, there's a way to help protect your income. If a covered accident or sickness prevents you from earning a paycheck, disability insurance can provide a monthly benefit to help you cover your ongoing expenses.

Can you afford to not protect your income?

You don't have the same lifestyle expenses as the next person. That's why you need disability coverage that can be customized to fit your specific needs.

After calculating your monthly expenses, your benefits counselor can help you complete the benefits worksheet.

		MONTHLY EXPENSES
		Round to the nearest hundred.
1	Rent or mortgage	\$
2	Transportation	\$
3	Utilities (phone, internet, electricity/gas, water, etc.)	\$
4	Food and necessities	\$
5	Other expenses	\$
Total monthly expenses (add lines 1-5 together)		\$

Benefits worksheet

How much coverage do I need?

Monthly benefit amount for off-job accident and off-job sickness: _____

Choose a monthly benefit amount between \$400 and \$6,500.*

If your plan includes on-job accident/sickness benefits, the benefit is 50% of the off-job amount.

What is the benefit period?

Benefit period: _____ months

The partial disability benefit period is three months.

When may my total disability benefits start?

After an accident: _____ days

After a sickness: _____ days



Product information

Total disability definition

Totally disabled or total disability means you are: unable to perform the material and substantial duties of your job, not working at any job, and under the regular and appropriate care of a physician.

How partial disability works

If you are able to return to work part time after at least 14 days of being paid for a total disability, you may be able to still receive 50% of your total disability benefit.

Waiver of premium

We will waive your premium payments after 90 consecutive days of a covered disability.

Geographical limitations

If you are disabled while outside of the United States, Canada or Mexico, you may receive benefits for up to 60 days before you have to return to the U.S. in order to continue receiving benefits.

Issue age

Coverage is available from ages 17 to 74.

Keep your coverage

You can keep your coverage to age 75 at no additional cost, even if you change jobs, as long as you pay your premiums when they are due.

For more information, talk with your benefits counselor.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of: cosmetic surgery, felonies or illegal occupations, flying, hazardous avocations, intoxicants and narcotics, psychiatric or psychological conditions, racing, semi-professional or professional sports, substance abuse, suicide or injuries which you intentionally do to yourself, war or armed conflict. We will not pay for losses due to you giving birth within the first nine months after the coverage effective date of the policy. We will not pay for loss when the disability is a pre-existing condition as described in the policy.

Pre-existing condition means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing, received medical advice or had taken medication within 12 months before the policy coverage effective date shown on the policy schedule.

After this policy has been in force for 12 months from the policy coverage effective date shown on the policy schedule, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began at least 12 months after the policy coverage effective date and the elimination period has been satisfied.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form ISTD3000 and rider form ISTD3000-ADIB (plus state abbreviations where applicable, for example ISTD3000-TX and ISTD3000-ADIB-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 and rider provisions will control.

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Individual Short-Term Disability Insurance

Psychiatric and Psychological Benefit

Although illnesses and accidents are often associated with disabilities, mental disorders can also leave you unable to earn an income.

If you're disabled with a covered mental or nervous condition, disability insurance from Colonial Life & Accident Insurance Company offers a monthly benefit that can help provide financial support while you focus on recovery.

Psychiatric and psychological benefit

- There is a maximum six-month benefit period limitation for any one occurrence of a psychiatric or psychological condition. There is a three-month benefit period limitation if you have a three-month benefit period.
- There is a 24-month cumulative lifetime maximum benefit period for all psychiatric or psychological conditions. This maximum includes a combination of total disability and partial disability occurrences.

For more information,
talk with your
benefits counselor.

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The psychiatric and psychological benefit is only applicable when combined with the ISTD3000 base policy. The exclusions listed on the ISTD3000 base policy apply, except for the psychiatric or psychological conditions exclusion. For cost and complete details, talk with your Colonial Life benefits counselor. Applicable to policy form ISTD3000 and rider form ISTD3000-ADIB (plus state abbreviations where applicable, for example: ISTD3000-TX and ISTD3000-ADIB-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 and rider provisions will control.

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Hospital Confinement Indemnity Insurance

Plan 2

Our Individual Medical BridgeSM insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement \$ _____

Maximum of one benefit per covered person per calendar year

Observation room \$100 per visit

Maximum of two visits per covered person per calendar year

Rehabilitation unit confinement \$100 per day

Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium

Available after 30 continuous days of a covered hospital confinement of the named insured

Outpatient surgical procedure

■ **Tier 1** \$ _____

■ **Tier 2** \$ _____

Maximum of \$ _____ per covered person per calendar year for all covered outpatient surgical procedures combined

For more information,
talk with your
benefits counselor.

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your policy.

Tier 1 outpatient surgical procedures

■ Breast

- Axillary node dissection
- Breast capsulotomy
- Lumpectomy

■ Cardiac

- Pacemaker insertion

■ Digestive

- Colonoscopy
- Fistulotomy
- Hemorrhoidectomy
- Lysis of adhesions

■ Ear, nose, throat, mouth

- Adenoidectomy
- Removal of oral lesions
- Myringotomy
- Tonsillectomy
- Tracheostomy
- Tympanotomy

■ Gynecological

- Dilation and curettage (D&C)
- Endometrial ablation
- Lysis of adhesions

■ Liver

- Paracentesis

■ Musculoskeletal system

- Carpal/cubital repair or release
- Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
- Removal of orthopedic hardware
- Removal of tendon lesion

■ Skin

- Laparoscopic hernia repair
- Skin grafting



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Tier 2 outpatient surgical procedures

■ Breast

- Breast reconstruction
- Breast reduction

■ Cardiac

- Angioplasty
- Cardiac catheterization

■ Digestive

- Exploratory laparoscopy
- Laparoscopic appendectomy
- Laparoscopic cholecystectomy

■ Ear, nose, throat, mouth

- Ethmoidectomy
- Mastoidectomy
- Septoplasty
- Stapedectomy
- Tympanoplasty

■ Eye

- Cataract surgery
- Corneal surgery (penetrating keratoplasty)
- Glaucoma surgery (trabeculectomy)
- Vitrectomy

■ Gynecological

- Hysterectomy
- Myomectomy

■ Musculoskeletal system

- Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
- Arthroscopic shoulder surgery
- Clavicle resection
- Dislocations (open reduction with internal fixation)
- Fracture (open reduction with internal fixation)
- Removal or implantation of cartilage
- Tendon/ligament repair

■ Thyroid

- Excision of a mass

■ Urologic

- Lithotripsy

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, war, or giving birth within the first nine months after the effective date of the policy. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the effective date of the policy.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000 (including state abbreviations where used, for example: IMB7000-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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Hospital Confinement Indemnity Insurance

Plan 3

Our Individual Medical BridgeSM insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement \$ _____

Maximum of one benefit per covered person per calendar year

Observation room \$100 per visit

Maximum of two visits per covered person per calendar year

Rehabilitation unit confinement \$100 per day

Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium

Available after 30 continuous days of a covered hospital confinement of the named insured

Diagnostic procedure

■ **Tier 1** \$250

■ **Tier 2** \$500

Maximum of \$500 per covered person per calendar year for all covered diagnostic procedures combined

Outpatient surgical procedure

■ **Tier 1** \$ _____

■ **Tier 2** \$ _____

Maximum of \$ _____ per covered person per calendar year for all covered outpatient surgical procedures combined

The following is a list of common diagnostic procedures that may be covered.

Tier 1 diagnostic procedures

- **Breast**
 - Biopsy (incisional, needle, stereotactic)
- **Diagnostic radiology**
 - Nuclear medicine test
- **Digestive**
 - Barium enema/lower GI series
 - Barium swallow/upper GI series
 - Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth**
 - Laryngoscopy
- **Gynecological**
 - Amniocentesis
 - Cervical biopsy
 - Cone biopsy
 - Endometrial biopsy
 - Hysteroscopy
 - Loop electrosurgical excisional procedure (LEEP)
- **Liver** – biopsy
- **Lymphatic** – biopsy
- **Miscellaneous**
 - Bone marrow aspiration/biopsy
- **Renal** – biopsy
- **Respiratory**
 - Biopsy
 - Bronchoscopy
 - Pulmonary function test (PFT)
- **Skin**
 - Biopsy
 - Excision of lesion
- **Thyroid** – biopsy
- **Urologic**
 - Cystoscopy

Tier 2 diagnostic procedures

- **Cardiac**
 - Angiogram
 - Arteriogram
 - Thallium stress test
 - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
 - Computerized tomography scan (CT scan)
 - Electroencephalogram (EEG)
 - Magnetic resonance imaging (MRI)
 - Myelogram
 - Positron emission tomography scan (PET scan)

For more information,
talk with your
benefits counselor.



ColonialLife.com

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your policy.

Tier 1 outpatient surgical procedures

■ Breast

- Axillary node dissection
- Breast capsulotomy
- Lumpectomy

■ Cardiac

- Pacemaker insertion

■ Digestive

- Colonoscopy
- Fistulotomy
- Hemorrhoidectomy
- Lysis of adhesions

■ Skin

- Laparoscopic hernia repair
- Skin grafting

■ Ear, nose, throat, mouth

- Adenoidectomy
- Removal of oral lesions
- Myringotomy
- Tonsillectomy
- Tracheostomy
- Tympanotomy

■ Gynecological

- Dilation and curettage (D&C)
- Endometrial ablation
- Lysis of adhesions

■ Liver

- Paracentesis

■ Musculoskeletal system

- Carpal/cubital repair or release
- Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
- Removal of orthopedic hardware
- Removal of tendon lesion

Tier 2 outpatient surgical procedures

■ Breast

- Breast reconstruction
- Breast reduction

■ Cardiac

- Angioplasty
- Cardiac catheterization

■ Digestive

- Exploratory laparoscopy
- Laparoscopic appendectomy
- Laparoscopic cholecystectomy

■ Ear, nose, throat, mouth

- Ethmoidectomy
- Mastoidectomy
- Septoplasty
- Stapedectomy
- Tympanoplasty

■ Eye

- Cataract surgery
- Corneal surgery (penetrating keratoplasty)
- Glaucoma surgery (trabeculectomy)
- Vitrectomy

■ Gynecological

- Hysterectomy
- Myomectomy

■ Musculoskeletal system

- Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
- Arthroscopic shoulder surgery
- Clavicle resection
- Dislocations (open reduction with internal fixation)
- Fracture (open reduction with internal fixation)
- Removal or implantation of cartilage
- Tendon/ligament repair

■ Thyroid

- Excision of a mass

■ Urologic

- Lithotripsy

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, war, or giving birth within the first nine months after the effective date of the policy. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the effective date of the policy.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000 (including state abbreviations where used, for example: IMB7000-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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Term Life Insurance

Peace of mind for you and your loved ones

You want what's best for your family, and that includes making sure they're prepared for the future. With term life insurance from Colonial Life & Accident Insurance Company, you can provide financial security to help them cover their ongoing living expenses.

Advantages of term life insurance

- Lower cost when compared to cash value life insurance
- Same benefit payout throughout the duration of the policy
- Several term period options for flexibility during high-need years
- Benefit for the beneficiary that is typically tax-free

Benefits and features

- Stand-alone spouse policy available whether or not you buy a policy for yourself
- Guaranteed premiums that do not increase during the selected term
- Ability to convert all or a portion of the benefit amount into cash value life insurance
- Flexibility to keep the policy if you change jobs or retire
- Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness¹
- Premium savings for face amounts over \$250,000 based on your health

[1-in-3]

married/partnered consumers wish their spouse or partner would purchase more life insurance.

LIMRA, 2018 Insurance Barometer Study.



54%

of Americans would have trouble paying living expenses immediately or within several months if the primary wage-earner died.

LIMRA, 2017 Insurance Barometer Study.

How much coverage do you need?

☐ **YOU** \$ _____

Select the term period:

- ☐ 10-year
- ☐ 15-year
- ☐ 20-year
- ☐ 30-year

☐ **SPOUSE** \$ _____

Select the term period:

- ☐ 10-year
- ☐ 15-year
- ☐ 20-year
- ☐ 30-year

Select any optional riders:

- ☐ Spouse term life rider
\$ _____ face amount
for _____-year term period
- ☐ Children's term life rider
\$ _____ face amount
- ☐ Accidental death benefit rider
- ☐ Chronic care accelerated death benefit rider
- ☐ Critical illness accelerated death benefit rider
- ☐ Waiver of premium benefit rider

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

ColonialLife.com

Optional riders

At an additional cost, you can purchase the following riders for even more financial protection.

Spouse term life rider

Your spouse may receive a maximum death benefit of \$50,000; 10-year and 20-year spouse term riders are available.

Children's term life rider

You can purchase up to \$20,000 in term life coverage for all of your eligible dependent children and pay one premium. The children's term life rider may be added to either your policy or your spouse's policy – not both.

Accidental death benefit rider

The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.¹ A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living.² Premiums are waived during the benefit period.

Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a \$5,000 benefit is payable.¹ A subsequent diagnosis benefit is included.

Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period.³

1 Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.

2 Activities of daily living are bathing, continence, dressing, eating, toileting and transferring.

3 You must resume premium payments once you are no longer disabled.

EXCLUSIONS AND LIMITATIONS

If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid, without interest. Product may vary by state. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This brochure is applicable to policy forms ICC18-ITL5000/ITL5000 and rider forms ICC18-R-ITL5000-STR/R-ITL5000-STR, ICC18-R-ITL5000-CTR/R-ITL5000-CTR, ICC18-R-ITL5000-WP/R-ITL5000-WP, ICC18-R-ITL5000-ACCD/R-ITL5000-ACCD, ICC18-R-ITL5000-CI/R-ITL5000-CI, ICC18-R-ITL5000-CC/R-ITL5000-CC and applicable state variations.

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Whole Life Insurance

You can't predict your family's future, but you can be prepared for it.

You like to think that you'll be there for your family in the years to come. But if something happened to you, would your family have the income they need?

It's not easy to think about such serious circumstances, but it's important to make sure your family is financially protected. You can gain peace of mind with whole life insurance from Colonial Life.



In the U.S., medical spending in the **last 12 months** of life is nearly \$80,000 per person.

HealthAffairs.org, End-Of-Life Medical Spending In Last Twelve Months Of Life Is Lower Than Previously Reported, July 2017.



Your cost will vary based on the level of coverage you select.

Talk with your benefits counselor for information about what level of coverage would work best for you.

Advantages of whole life insurance

- Permanent coverage that stays the same throughout the life of the policy
- Guaranteed level premiums that do not increase because of changes in health or age
- Access to the policy's cash value through a policy loan for emergencies¹
- Benefit for the beneficiary that is typically tax-free

Benefits and features

- Two plan options to choose what age your premium payments will end – Paid-Up at Age 70 or Paid-Up at Age 100
- Stand-alone spouse policy available whether or not you buy a policy for yourself
- Flexibility to keep the policy if you change jobs or retire
- Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness²
- Immediate \$3,000 claim payment that can help your designated beneficiary pay for funeral costs or other expenses
- Pays cash surrender value at age 100 (when the policy ends)

Benefits worksheet

For use with your
benefits counselor

HOW MUCH COVERAGE DO YOU NEED?

☐ **YOU** \$ _____

Select the option:

- ☐ Paid-Up at Age 70
☐ Paid-Up at Age 100

☐ **SPOUSE** \$ _____

Select the option:

- ☐ Paid-Up at Age 70
☐ Paid-Up at Age 100

☐ **DEPENDENT STUDENT** \$ _____

- ☐ Paid-Up at Age 70
☐ Paid-Up at Age 100

Select any optional riders:

- ☐ Spouse term life rider
\$ _____ face amount
for _____-year term period
- ☐ Children's term life rider
\$ _____ face amount
- ☐ Accidental death benefit rider
- ☐ Chronic care accelerated death benefit rider
- ☐ Critical illness accelerated death benefit rider
- ☐ Guaranteed purchase option rider
- ☐ Waiver of premium benefit rider

Additional coverage options

Spouse term life rider

Cover your spouse up to a maximum death benefit of \$50,000; 10-year and 20-year spouse term riders are available.

Juvenile whole life policy

You can purchase a policy while children are young and premiums are low – whether or not you buy a policy on yourself. You may also increase the coverage when the child is 18, 21 and 24 without providing proof of good health. The plan is paid-up at age 70.

Children's term life rider

You may purchase up to \$20,000 in term life coverage for all of your eligible dependent children and pay one premium. The children's term life rider may be added to either your policy or your spouse's policy – not both.

Accidental death benefit rider

The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.² A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living (bathing, continence, dressing, eating, toileting and transferring). Premiums are waived during the benefit period.

Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a \$5,000 benefit is payable.² A subsequent diagnosis benefit is included.

Guaranteed purchase option rider

If you are age 50 or younger when you purchase the policy, you can add the rider, which allows you to purchase additional whole life coverage – without having to answer health questions – at three different points in the future. You may purchase up to your initial face amount, not to exceed a total combined maximum of \$100,000 for all options.

Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period. Once you are no longer disabled, premium payments will resume.

¹ Loan should be repaid to protect the policy's value.

² Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.

EXCLUSIONS AND LIMITATIONS

If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid without interest, minus any loans and loan interest to you. Product may vary by state. For costs and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This brochure is applicable to policy forms ICC19-IWL5000-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO and applicable state variations.

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To learn more, talk with your
benefits counselor.

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Juvenile Whole Life Insurance

A lower rate for life

By purchasing juvenile whole life insurance for a child or grandchild, you can begin a lifetime of protection at affordable rates. The younger the child is when you purchase coverage, the lower the rate will be for the life of the policy.

Also, if an unexpected accident or illness makes life insurance more expensive – or even unavailable – for them later on, they'll have this whole life coverage to help protect their loved ones.

Coverage features

- Available for your children or grandchildren through age 17 (dependent students ages 18-26 may be eligible for an adult plan)
- Accumulates cash value at a guaranteed rate over the life of the coverage
- Stays in force as long as you continue making payments
- Option to add accidental death benefit rider at any time
- Ability to pass ownership or enhance coverage with optional riders after your child or grandchild's 18th birthday



Your cost will vary based on the amount of coverage you select.

Talk with your benefits counselor for information about how much coverage would work best for you.

HOW MUCH COVERAGE DO YOU NEED?

FACE AMOUNT \$ _____

GIVE A GIFT THAT LASTS A LIFETIME



CHILDHOOD

They grow up so fast. Get them off to a great start.

18TH BIRTHDAY

Give them ownership of their policy as they take more control of their future.



FIRST JOB

Provide a base to build on as they establish themselves.

WEDDING

They can purchase coverage on a new spouse.



CHILDREN

They can extend coverage as their family grows.



RETIREMENT

As years go by, know they're protected by the coverage you purchased.

To learn more,
talk with your
benefits counselor.

ColonialLife.com

Additional features

\$3,000 immediate claim payment

This payment can help meet immediate needs, such as funeral costs, by providing an initial death benefit payment of \$3,000 to the designated beneficiary.

Terminal illness accelerated death benefit

If the insured child is diagnosed with a terminal illness, you can request up to 75% of the policy's death benefit, up to \$150,000.

Guaranteed purchase option

Additional whole life coverage may be purchased on the child – without health questions – at ages 18, 21 and 24. Coverage up to the initial face amount may be purchased, not to exceed a total combined maximum of \$100,000 for all options.

Optional rider

Accidental death benefit rider

When you purchase this rider, it pays an additional benefit if the insured child or grandchild dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% of the accidental death benefit will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seat belt.

Additional options available at age 18 (and after policy ownership has been passed to child)

Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies the insured has a chronic illness, the policy owner may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.¹ A chronic illness means substantial supervision is required due to a severe cognitive impairment or the inability to perform at least two of the six Activities of Daily Living (bathing, continence, dressing, eating, toileting and transferring). Premiums are waived during the benefit period.

Critical illness accelerated death benefit rider

If the insured suffers a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a \$5,000 benefit is payable.¹ A subsequent diagnosis benefit is included.

Spouse term life rider

The policy owner can purchase term life coverage for a spouse, with a maximum death benefit of up to \$50,000. 10-year and 20-year coverage periods are available. Coverage may be converted to a cash value policy within certain time periods later on – without having to answer health questions.

Children's term life rider

The policy owner may purchase up to \$20,000 in term life coverage for all eligible dependent children and pay one premium. Each eligible child can later convert this coverage to a cash value life insurance policy – without having to answer health questions – upon the parent's or grandparent's 70th birthday or the child's 25th birthday, whichever comes first.

¹ Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.

EXCLUSIONS AND LIMITATIONS

If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid without interest, minus any loans and loan interest to you. Product may vary by state. For costs and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This product is underwritten by Colonial Life & Accident Insurance Company.

This brochure is applicable to policy forms ICC19-IWL5000J/IWL5000J, rider forms ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC and applicable state variations.

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Mobile/Online Resources

Check out the mobile and online resources available to you on-the-go!

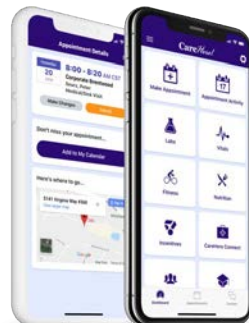


Alabama Blue App

The Alabama Blue app helps you manage health information and your coverage - anywhere, anytime.

- View claim statements and medication history
- Find a doctor, pharmacy, hospital or dentist near you
- View and order your ID card

www.alabamablue.com



CareHere App

Registered CareHere patients access powerful tools in an easy to use App.

- Make, modify, & cancel appointments
- Set text & e-mail appointment reminders
- Access your health record
- Review your vitals

www.carehere.com



RSA Member Online Services

Use the Member Online Services to:

- View your account details
- Make requests to the RSA
- View your beneficiary

mso.rsa-al.gov

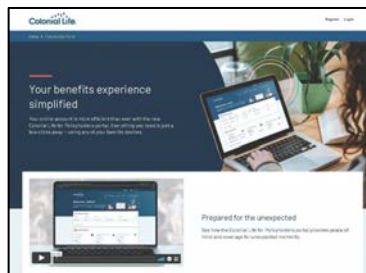


Youville Website

Youville is a benefits education website designed for you to learn more about available Colonial Life products.

- Take the Youville Quiz to learn where your financial protection needs are
- Review the Benefits Overview and Resources tab to be more prepared for your 1-to-1 benefits counseling session

www.visityouville.com/montgomeryal



Colonial Life for Policyholders

The Colonial Life for Policyholder website allows policyholders to manage their benefits online.

On the site, policyholders are able to:

- File a claim, review claim details and check the current status of a claim.
- View the status of all their benefits and understand their coverage.
- Make online payments.
- View correspondence.
- Update personal and account information including E-Consent and Direct Deposit.

www.coloniallife.com/policyholder-portal



Alliance Insurance Group App

Get the most from your FSA, DCA, & HRA benefits with on-demand mobile access.

- Snap receipt photos and submit new claims on the go
- Get real-time account balances on the spot
- View and reconcile recent transactions
- Communicate with Alliance Insurance Group Specialists
- Receive custom SMS account alerts without missing a beat

www.allianceinsgroup.com

Important Notices

Health Insurance Marketplace Coverage Options and Your Health Coverage

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins each year in October for coverage starting as early as January 1st.

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that does not meet certain standards. The savings on your premium that you’re eligible for dependents on your household income.

If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance marketplace in your area.

Information About Health Coverage Offered By The City of Montgomery

This section contains information about any health coverage offered by the City of Montgomery. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name City of Montgomery		4. Employer Identification # (EIN): 63-6001323
5. Employer Address 103 N. Perry Street		6. Employer Phone Number 334-625-2674
7. City Montgomery	8. State Alabama	9. Zip Code 36104
10. Who can we contact about employee health coverage at this job? Erika Levett		
11. Phone Number: 334-625-2674		12. E-mail Address: elevett@montgomeryal.gov

Here is some basic information about health coverage offered by the City of Montgomery:

- **The City of Montgomery offers health coverage to any employee working an average of 30 hours a week or more.**
- **Eligible dependents are allowed to be insured on the health plan. (See page 8 for eligible dependents)**
- **The City’s health coverage meets the minimum value standard, and the cost of this coverage to you is intended affordable, based on employee wages.**

Women’s Health and Cancer Rights Act Information

A member who is receiving benefits in connection with a mastectomy will also receive coverage for reconstruction of the breast on which a mastectomy was performed and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and treatment of physical complications at all stages of the mastectomy, including lymphedema.

Benefits for this treatment will be subject to the same calendar year deductible and coinsurance provisions that apply for other medical and surgical benefits.

Important Notices

Medicare Part D Creditable Drug Coverage Notice

If you are age 65 or Medicare Part D eligible, there are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. 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 (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.
2. The City of Montgomery has determined that the prescription drug coverage offered by the City is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

If you decide to join a Medicare drug plan, the City of Montgomery group coverage may be affected. For example, your Medicare drug plan will pay claims on a secondary basis and the City's plan will pay claims on a primary basis while you are still employed by the City.

You should also know that if you drop or lose your current coverage with the City of Montgomery and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, 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 coverage. For example, if you go nineteen 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 as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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 once you are eligible. You may also visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

COBRA Continuation Coverage General Notice

Under COBRA - the Consolidated Omnibus Reconciliation Act of 1985, terminated employees and their eligible dependents may continue group health plan coverage. We urge you to read this notice carefully and understand the rights and responsibilities in connection with this continuation of coverage.

COBRA is a continuation of plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Qualifying events for covered employees include 1) Your hours of employment are reduced, or 2) Your employment ends for any reason other than your gross misconduct. If you experience one of these qualifying events, you are eligible for COBRA up to a total of 18 months from the date of your termination of employment or reduction in hours, assuming you pay your COBRA premiums on time. The 18-month period may be extended up to an additional 11 months of COBRA if you are determined by the Social Security Administration (SSA) to be disabled and you timely notify the City of Montgomery in writing. The disability would have to have started at some time before the 60th day of COBRA and must last at least until the end of the 18-month period of coverage.

Instead of enrolling in COBRA, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA. You can learn more about many of these options at www.healthcare.gov.

Questions concerning your plan or COBRA should be addressed to the City Benefits Division 625-2674.

Important Notices

Premium Assistance Under Medicaid

If you or your children are eligible for Medicaid and you're eligible for health coverage from the City, the State of Alabama Health Insurance Premium Payment (HIPP) Program can help pay for coverage, using funds from its Medicaid programs. If you or your children aren't eligible for Medicaid, 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 NOT currently enrolled in Medicaid, and you think you or any of your dependents might be eligible for either of these programs, contact Alabama Medicaid office to find out how to apply.

Contact the Alabama HIPP Program at www.myalhipp.com or 1-855-692-5447 for more information.

Notice Regarding Wellness Program

The City of Montgomery Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary annual health assessment or "AHA" that will consist of 1) asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease) 2) You will also be asked to complete a biometric screening, which will include a blood test for glycemic disorders, lipid disorders, chemistry levels, kidney function/disorders, liver function/disorders, iron deficiency/iron overload and hyperuricemia. 3) Follow up with a medical provider within in 90 days of your HRA blood draw.

However, employees who choose to participate in the wellness program and complete all required steps will receive the health insurance premium incentive. The wellness program steps must be completed between: January 1 – September 30 each year.

Additional monetary wellness incentives of various dollar amounts may be available for employees who participate in certain health-related activities fitness or health maintenance

challenges. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting City of Montgomery Risk Management Dept at (334) 625-3692.

The information from your AHA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) Doctor, Nurse Practitioner, Physician Assistant, Registered Nurse and/or Health Coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your Risk Management Dept. at (334) 625-3692.



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