



EMPLOYEE BENEFITS

City of Montgomery | Active Employees
2020 - 2021 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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Letter from the Mayor

Dear Colleagues,

The past several months have afforded me the privilege of learning more than most about the interworking of our City government. In this time, my team and I dove deep into examining the strengths, challenges and opportunities ahead for our city.

One our greatest strengths comes from the sheer expertise and dedication of our City staff. Our departments are among the best in the business and serve Montgomery residents with a sincere sense of pride and community spirit. It is an honor to join you as we work together to build A New Montgomery.

Few could anticipate coming into office only to have to rally our team to stop the global Covid-19 pandemic. This contagion resulted in a crisis in our community on a magnitude that has not been seen in more than a century. The Covid-19 pandemic forever changed our city, our state and our world. Even amid the uncertainty and daunting circumstances surrounding the Coronavirus crisis, your resilience and ability to adapt in ever-changing conditions provided that one constant in our community by ensuring continuity of all essential services to 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 you were out on the front lines or worked remotely to ensure continuity of operations, our team pulled together in the face of one of the biggest challenges our generations have seen.

As we move forward together, my administration will do what we can to reward you for these efforts, in hopes of giving you and your families peace of mind as the world shifts before us.

This benefits book is the place to find all we can currently offer and is a great tool to make sure you and your family take advantage of all the perks the City provides. Resources listed here will help you reach your goals of living a healthier life and taking advantage of all the benefits available to you and eligible dependents. Health, wellness and fitness incentives, including discounted YMCA memberships, will help improve your quality of life and keep you healthy and safe. We will also offer discounts for health care coverage to all who sign affidavits stating they will not use tobacco and those who agree to undergo annual health risk assessment.

Without each and every one of you, it would be impossible to fulfill our vision of A New Montgomery – a City offering opportunity and advancing outcomes for everyone. We need your help to achieve this goal! As you join us on this journey, our city leadership will provide all the benefits needed for you and your family to not only survive, but to thrive!

Sincerely,



A handwritten signature in black ink, appearing to read "Steven L. Reed". The signature is fluid and cursive, written over a light grey shadow of the same signature.

Steven L. Reed
Mayor



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, Basic/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, & Data Review	Erika Levett, <i>Employee Benefits Coordinator</i>	334-625-2674
Prescription Drug Coverage & Wellness Program	Angela Berry, <i>Payroll & Benefits Assistant</i>	334-625-2510

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

Ph# 334-625-2298 or 334-625-3015 | Fax# 334-625-3599

Commercial Driver's License Training, Accident and Incident Investigation, & Property and Casualty Liaison	Joe Hicks, <i>Safety & Claims Administrator</i>	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.

Retirement Office

334-625-2018

Fax: 334-625-2110

retirementstaff@montgomeryal.gov

Questions about your retirement transition.

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	1-800-835-2362	www.teladoc.com/Alabama
Employee Assistance Program (EAP) / Mental Health / Substance Abuse	American Behavioral	1-800-925-5327	www.americanbehavioral.com
Basic 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
RSA Member Online Services	Retirement Systems of Alabama	1-877-517-0020	www.mso.rsa-al.gov

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 increased from \$12.50 to \$25.00/pay period for deductions starting January 2021.

◆ Flexible Spending Accounts

Healthcare and Dependent Care Flexible Spending Accounts will have an additional month this year. This will allow a future transition to an October 1st plan start date in 2021. Current plan year election amounts will run September 1, 2020 through September 30, 2021 - a total of 13 months.

The annual maximum Healthcare Flexible Spending Account amount will increase from \$2,700 to \$2,750 beginning September 1, 2020. The Dependent Care will not change and is still \$5,000. These accounts do not automatically renew and must be enrolled in each year during Open Enrollment.

◆ Prescription Drug Coverage

The City's prescription drug plan changed from EHO to Prime Therapeutics, an affiliate of the Blue Cross Blue Shield Network, effective January 1, 2020. New BCBS cards were mailed in December and this card is to be used for medical, dental, and prescription.

◆ Retirement Transition

Effective October 1, 2019, all City employees transitioned under Retirement Systems of Alabama as either a Tier 1 or Tier 2 member.

NOTICE

Some documents have been placed on the Benefits Division webpage on the City website. These documents include benefit plan booklets, Prescription Drug Formulary, Private Physician form, Tobacco Attestation form, Life Insurance beneficiary form, and more. To view these documents, type www.montgomeryal.gov in your web browser, click on **City Employees** at the very top, then click on **Benefits** 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*)

Basic Life Insurance

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 attend a mandatory New Hire Orientation. The orientation is held the 1st Wednesday of each month in the Montgomery City/County Personnel building. After attending the orientation, 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, you will have to wait until Open Enrollment to make any changes. The only time, outside of Open Enrollment, you will be allowed to make changes to benefits is if you have 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 (Flexible Spending Accounts effective September 1st). You will attend group presentations to learn about your benefit options and One-on-One Enrollment sessions to make any changes. 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 in the Benefits Division.

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. Qualifying events consists of loss/gain of coverage, marriage, divorce, death, or birth/adoption of a child.

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

See 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 other 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 other 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. Employees are required to provide documentation 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

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 Nationwide Deferred Compensation. Nationwide is on a 26-pay period and FSA's will have a 28-pay period deduction this one year. Any missed 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, 2020 - September 30, 2021

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

Plan	Employee Only	Employee + Family
PPO Plan	\$95.50	\$210.50
HMP Plan	\$43.00	\$123.00
PPO Plan *(School Patrol Employee)	\$134.82	\$297.18
HMP Plan *(School Patrol Employee)	\$60.71	\$173.65

*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)	\$7.82	\$13.09	\$18.89
Premier Plan *(School Patrol Employee)	\$8.94	\$14.95	\$21.57

Basic Life Insurance (*MetLife Insurance Company*)

Coverage Type	Premium	Benefit
Employee Life Insurance	No Cost	1 times Annual Salary up to \$50,000
Dependent Life Insurance	\$1.15	Eligible Dependent Children up to Age 26 - \$5,000 Spouse (Non-City Employee) - \$10,000
Dependent Life Insurance *(School Patrol Employee)	\$1.62	

** School Patrol rates are based on 17 pay periods for the 2020 - 2021 plan year*

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



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: Traditional PPO Plan and the Health Management Plan (HMP). 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.

Outpatient 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 like the 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.



Medical Plans Comparison Chart

Effective 10/1/2020 - 9/30/2021

The chart below provides a side-by-side comparison of key features and benefits under the two medical plans: Traditional PPO Plan and HMP Health Management Plan. Full plan details can be found on the Benefits Division 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		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. 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.		For family coverage, once an individual member reaches the individual deductible amount, benefits will begin for that member. The in-network and out-of-network calendar year deductibles are separate and do not apply to each other. After you reach the Calendar Year Out-of-Pocket Maximum, applicable expenses are covered at 100% for remainder of calendar year.	
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS				
Inpatient Hospital	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
Inpatient Physician Visits and Consultations	100% of the allowance; no copay or deductible	65% of the allowance after calendar year 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 calendar year 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 & the calendar year 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 deductible for services rendered within 72 hours; thereafter, covered at 60% after deductible
Emergency Room (Physician)	100% of the allowance subject to a \$60 copay	100% of the allowance subject to a \$60 copay & the calendar year deductible	Covered at 80% after deductible	Covered at 80% 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 calendar year 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 calendar year deductible	Covered at 80% after deductible	Covered at 60% after deductible
Telephone and Online Video Physician Consultations	Not Covered	Not Covered	Covered at 100% after \$10 copay	Not Covered
Surgery & Anesthesia	100% of the allowance with no deductible or copay	65% of the allowance, after calendar year 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 calendar year 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 calendar year deductible	Covered at 80% after deductible	Covered at 60% after deductible
PREVENTIVE CARE SERVICES				
Visit AlabamaBlue.com/PreventiveServices for a listing of the specific immunizations and preventive services				
Routine Immunizations & Preventive Services	100% of the allowance with no deductible or copay.	Not Covered	Covered at 100%; no deductible	Not Covered
Additional Preventive Services	100% of the allowance with no deductible or copay. Urinalysis (when necessary) CBS (when necessary) TB skin test (when necessary) Bone density test (one per calendar year for female employees and dependents age 50 and older)	Not Covered	100% of the allowance; no deductible. Urinalysis (when necessary) CBS (when necessary) TB skin test (when necessary) Bone density test (one per calendar year for female employees and dependents age 50 and older)	Not Covered
BENEFITS FOR OTHER COVERED SERVICES				
Allergy Testing & Treatment	Covered at 80% of the allowance, after calendar year deductible		Covered at 80% after deductible	Covered at 60% after deductible
Ambulance Service	Covered at 80% of the allowance, after calendar year deductible		Covered at 80% after deductible	Covered at 60% after deductible
Participating Chiropractic Services	Covered at 80% of the allowance, after calendar year deductible	Covered at 80% of the allowance, after calendar year deductible. In Alabama: 50% of the allowance, after calendar year 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 calendar year deductible		Covered at 80% after deductible	Covered at 60% after deductible
Physical Therapy	Covered at 80% of the allowance, after calendar year deductible		Covered at 80% after deductible	Covered at 60% after deductible
Occupational Therapy Limited to certain services related to the hand and lymphedema	Covered at 80% of the allowance, after calendar year 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 calendar year 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 calendar year deductible		Covered at 80% of the allowance, after calendar year 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 Call 1-800-222-4379 or visit AlabamaBlue.com/BabyYourself for more information.	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.	

Other Health Benefits

Teladoc (Only for members on the HMP Plan)

Teladoc gives you access 24 hours, 7 days a week to U.S. board-certified doctors through the convenience of phone, video or mobile app visits in the comfort of your own home as opposed to a crowded waiting room. This program eliminates the questionable coinsurance amount you pay when going to a doctor's office or emergency room because each telephone consult is only **\$10**. Teladoc providers can also prescribe medication if medically necessary for your condition. You may register online www.teladoc.com/Alabama or by calling 1-800-835-2362 to get started.

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink Eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!



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)	
Covered at 100% of the allowed amount, not subject to the deductible. Includes: <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. Benefits are limited to a maximum payment of \$20 per tooth. 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. 	Covered at 80% of the allowed amount, subject to the deductible. Includes: <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)	
Covered at 50% of the allowed amount, subject to the deductible. Includes: <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 some drugs; if precertification is not obtained, no benefits are available.		
<p>Retail Prescription Prepaid Benefits</p> <p>The retail pharmacy network for the plan is the Prime Participating Retail Network</p> <ul style="list-style-type: none"> Locate a Prime Participating Retail Network pharmacy at AlabamaBlue.com/PrimeParticipatingPharmacyLocator <p>Maintenance drugs - up to 90-day supply may be purchased but copay applies for each 30-day supply</p> <ul style="list-style-type: none"> View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList <p>Prescription drugs (other than maintenance drugs) - up to a 30-day supply</p> <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 <p>The only in-network pharmacy for some (specialty) drugs is the Pharmacy Select Network</p> <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 	<p>Participating Pharmacy: Separate \$250 prescription drug deductible (combined retail and mail order) per person per calendar year; \$750 family maximum.</p> <p>Tier 1 Drugs: \$10 copay per prescription after drug deductible</p> <p>Tier 2 Drugs: Member will be responsible for 25% of the cost of the drug after drug deductible</p> <p>Tier 3 Drugs: Member will be responsible for 25% of the cost of the drug after drug deductible and \$20 per prescription copay</p>	<p>Not Covered</p>
<p>Mail Order Pharmacy Benefits</p> <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) <p>Only maintenance drugs can be purchased through this mail order pharmacy service</p> <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 	<p>Participating Pharmacy: Separate \$250 prescription drug deductible (combined retail and mail order) per person per calendar year; \$750 family maximum.</p> <p>Tier 1 Drugs: \$10 copay per prescription after drug deductible</p> <p>Tier 2 Drugs: Member will be responsible for 25% of the cost of the drug after drug deductible</p> <p>Tier 3 Drugs: Member will be responsible for 25% of the cost of the drug after drug deductible and \$20 per prescription copay</p> <p>Tier 4 (specialty) Drugs: Not Covered</p>	<p>Not Covered</p>

- 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.

ONLINE TOOLS



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:

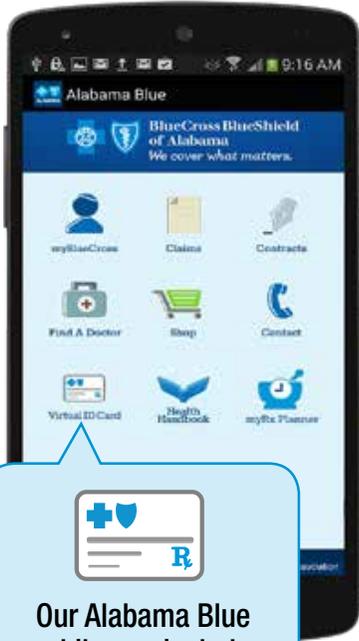
- Find a healthcare provider or facility
- Learn about Blue Cross Quality Initiatives
- Rate your doctor
- Learn about Blue Distinction Centers

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





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



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



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



The City of Montgomery, Montgomery County Commission, and the Montgomery Sanitary Water and Sewage Board joined forces to provide Primary Care and Wellness Centers - CareHere - at no cost to employees and dependents insured on the City's Health Plan.

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.

The CareHere Health & Wellness Centers are more than just clinics, we're inspiring healthier futures and changing lives.

Innovative Approach to Care

CareHere provides high-quality care when you are sick. We care for ages 3 and up for acute visits, and ages 10 and up for chronic care. Your health center also has a team to inspire you to a better life with proactive and preventive services. CareHere providers, health coaches and staff will take the time to talk with you and understand your history. We'll work with you to provide you health and wellness tools and support designed to lower your risks and improve your health, and all at zero cost to eligible participants.

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**

Click **Medical, Nurse & Labs, or Health Coaching**

Customize your **Date, Where, & 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 program empowers participants through education and research-based strategies to quit for life.

With an 80% success rate, members benefit from a multi-faceted approach to tobacco cessation and are working with an entire CareHere Wellness team.

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 & Substance Abuse



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.

SUMMARY OF MENTAL HEALTH BENEFITS		
Benefit	In-Network	Out-of-Network
INPATIENT HOSPITAL SERVICES		
<ul style="list-style-type: none"> Acute Inpatient Hospitalization Inpatient 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 Copay Days 4-19: Full Coverage Days 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 Visits Psychological/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 Visit Visits 6-20: \$20 Copay Per Visit Days 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>
<p>Inpatient Physician Services in Conjunction with Approved Inpatient Services</p> <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</p>	<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>
<p>Anesthesia in Conjunction with Approved ECT Treatment</p>	<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		
<p>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.</p>		

**Allowed amount: The amount of a provider's/facility's charge that American Behavioral recognizes for payment. This is based on the payment method used by American Behavioral where services are received. The allowed amount shall be determined by American Behavioral using pre-established fee schedules and/or per diem rates in every situation possible.*

Mental Health & Substance Abuse continued...



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/ Detox Partial Hospitalization/Day Treatment (PHP) 	<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>MAXIMUM OF 21 TOTAL DAYS, COMBINED FOR ALL LEVELS</p>	<p>NO OUT-OF-NETWORK BENEFIT</p>
Intensive Outpatient Program (IOP)	<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>MAXIMUM OF 21 TOTAL DAYS, COMBINED FOR ALL LEVELS</p>	

* **Allowed amount:** The amount of a provider's/facility's charge that American Behavioral recognizes for payment. This is based on the payment method used by American Behavioral where services are received. The allowed amount shall be determined by American Behavioral using pre-established fee schedules and/or per diem rates in every situation possible.

Employee Assistance Program (EAP)



The Employee Assistance Program (EAP) is available to all City of Montgomery employees regardless of participation in the City's Group Health Plan. The EAP is designed to provide assessment, brief counseling and referral services for eligible employees and dependents. It is a confidential service to assist you in identifying and resolving common problems of every day life.

Counseling Services

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

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

Both face-to-face and telephonic counseling sessions are available through the EAP.

Personal Advantage

Personal Advantage is an online tool that contains more than 20,000 articles and interactive modules involving work/life topics such as emotional well-being, family life, health, financial, legal, personal growth, and stress. Some popular items on the website include downloadable will kits, financial calculators, and parenting articles. Visit www.americanbehavioral.com and use company name *Montgomery* to create your username and password.

Exclusions

The following are excluded from your EAP services:

- Services that are not pre-authorized
- Services by an out-of-network provider
- Assessment or other services beyond the noted limits
- Psychological testing Career aptitude and placement services
- Outplacement counseling and services

An employee's use of the EAP is voluntary except when elected officials/appointing authorities, managers and/or department heads have reason to believe that a referral to EAP would improve job performance or job management issues, they may initiate a formal management referral.

Contact Faye Gamble 625-2692 or American Behavioral 334-396-9323 for referrals to covered facilities.

Basic Life Insurance

The City provides Basic Life Insurance to all full-time employees. This insurance is currently underwritten by MetLife at no cost to the employee. Contact Faye Gamble 625-2692 for life insurance claims.

Your Basic Life coverage amount is 1 times your base annual earnings, rounded to the next higher \$1,000, up to a maximum benefit of \$50,000. In addition to this, you have Accidental Death and Dismemberment insurance which means if you suffer a covered fatal accident, off duty or on duty, you have an additional 1 times your annual base earnings rounded to the nearest thousand also subject to \$50,000 maximum.

Example:

Annual Salary	Coverage
\$25,560	\$26,000
\$75,000	\$50,000

Dependent Life Insurance Coverage

Employees may cover their eligible dependents for a small cost of \$1.15/bi-weekly.

Spouse - \$10,000

Each Child Under 26 - \$5,000 (*A child age 20 - 26 must be enrolled in school*)

If you are married to another City employee, you cannot take the insurance out on each other and only one spouse may take out the insurance to cover any eligible dependent children. When you retire, your spouse coverage under the plan is automatically terminated.

MetLife Advantages

MetLife Advantages is a comprehensive suite of valuable services for support, planning and protection when you need it most at no cost to you. These services include Will Preparation, Funeral Discounts and Planning Services, Digital Legacy, Travel Assistance, Grief Counseling with Funeral Assistance, and much more.

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 BENEFITS WEBPAGE OR COMPLETED AT ANY TIME IN THE BENEFITS OFFICE (CITY HALL).



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				
Well Vision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10				
Prescription Glasses		\$10				
	<table border="1"> <thead> <tr> <th>Standard Plan</th> <th>Premier Plan</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 COSTCO frame allowance </td> <td> <ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance \$110 COSTCO frame allowance </td> </tr> </tbody> </table>	Standard Plan	Premier Plan	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 COSTCO frame allowance 	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance \$110 COSTCO frame allowance 	Included in Prescription Glasses
Standard Plan	Premier Plan					
<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 COSTCO frame allowance 	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance \$110 COSTCO frame allowance 					
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate 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 20-25% on other lens enhancements 	\$55 \$95-\$105 \$150-\$175				
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	\$0				
Diabetic Eye Care Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details As needed 	\$20				
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 Well Vision Exam. 					
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a Well Vision 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						
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.						
Exam.....	up to \$45	Lined Bifocal Lenses.....up to \$50	Progressive Lenses.....up to \$50			
Frame.....	up to \$70	Lined Trifocal Lenses.....up to \$65	Contacts.....up to \$105			
Single Vision Lenses.....	up to \$30					

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 state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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VSP, VSP Vision care for life, eyeconic.com and WellVision Exam are registered trademarks, and "Life is better in focus." is a trademark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company



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 September 1, 2020 - September 30, 2021.** 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.
- 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 on 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

FSA Eligible Expense Examples

Acne treatments (Over the counter- RX needed)	Dental Care (including implants)/Non-Cosmetic	Nasal sprays & strips (Over the counter- RX needed)	Smoking cessation gum or patches (Over the counter- RX needed)
Acupuncture	Dentures, bridges, etc.	Norplant insertion or removal	Speech therapy
Allergy & sinus medicine and products (Over the counter- RX needed)	Diabetic monitor, test kits, strips and supplies	Occupational therapy (related to a medical condition or disability)	Spermicidal (RX)
Alcoholism Treatment	Diagnostic services	OB/GYN fees	Sterilization
Allergy medication (RX)	Diaper rash ointments and creams (Over the counter- RX needed)	Occlusal guards to prevent teeth grinding	Student health fees billed for actual services received (dental, medical, prescription, vision)
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	Sunscreen with SPF 15+ and "broad spectrum", sunburn creams & ointments
Antacid (Over the counter- RX needed)	Ear drops and wax removal (Over the counter- RX needed)	Operations for vision	Surgery (for non-cosmetic purposes)
Antibiotic ointment (Over the counter- RX needed)	Eye drops and treatments (Over the counter- RX needed)	Optometrist / ophthalmologist fees	Teeth grinding prevention devices
Aspirin or other pain reliever (Over the counter- RX needed)	Eye examinations	Organ transplants (recipient and donor)	Therapy (for treatment of a medical condition)
Asthma medicines or treatments (Over the counter- RX needed)	Eye surgery or treatment to correct vision	Ortho keratotomy	Transportation, parking & related travel expenses (essential to receive eligible care)
Athletic treatments/braces	Eye glasses (Over the counter- RX needed)	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 (Rx needed)	Varicose vein removal surgery (for medical care)
Blood pressure monitor	Gastrointestinal medication (Over the counter- RX needed)	Over-the-counter drugs and medicines (including for motion sickness, sleep aids and sedatives) (Rx needed)	Vasectomy
Body scans	Hearing aids and batteries	Over-the-counter products for dental, oral and teething pain (RX needed)	Viagra and similar prescription medications
Breastfeeding classes	Hospital services and fees	Over-the-counter vision medications (Rx needed)	Vision co-insurance
Breast pumps (for a lactating woman)	Immunizations	Ovulation monitor (over-the-counter)	Vision co-payment
Canker & cold sore treatments (Over the counter- RX needed)	Incontinence supplies	Oxygen	Vitamins (prescription only)
Chest rubs (Over the counter- RX needed)	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 (Over the counter- RX needed)
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 (Over the counter- RX needed)	Laser eye surgery/LASIK	Prosthesis	X-ray fees (dental, medical)
Condoms	Laxatives (Over the counter- RX needed)	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
Contraceptives (Over the counter- RX needed)	Lice treatment (Over the counter- RX needed)	Radial keratotomy (Rx)	
Corn and callus remover (Over the counter- RX needed)	Listening therapy	Reading glasses (over-the-counter)	
Corneal keratotomy	Mastectomy-related special bras	Removal of benign mole, cyst or tumor	Some expenses may require additional documentation to establish eligibility such as a physicians statement or RX
Cough drops, cough syrup, sore throat lozenges (Over the counter- RX needed)	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)	<i>Over the counter MEDICATIONS require a Prescription in order to be eligible for reimbursement</i>
Deductibles for dental, medical, prescription and vision plans	Monitors & test kits (over-the-counter)	Smoking cessation (programs, counseling, RX)	



Alliance Insurance Group
Employee Benefit Consultants

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 26, 2020!

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

Cleveland Ave YMCA

1201 Rosa L Parks Ave

Downtown YMCA

761 South Perry St

East Family YMCA

3407 Pelzer Ave

Kershaw YMCA

2229 W Fairview Ave

Southeast YMCA

3455 Carter Hill Road

James W. Wilson Jr YMCA

1445 Wilson Park Dr

Y's UP @ Hampstead

5272 Hampstead High St, Unit 100

Y's UP @ Westminster

2948 Carter Hill Road

Wetumpka Location:

Wetumpka YMCA

200 Red Eagle Dr

Millbrook Location:

Grandview Family YMCA

4700 Camp Grandview Rd

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 $66 \frac{2}{3}$ 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

Deferred Compensation

The City offers a Deferred Compensation Plan [457(b)] through Nationwide Retirement Solutions to allow employees to put aside money from each paycheck toward retirement. A deferred comp plan can help bridge the gap between what you have in your pension and Social Security and how much you'll need in retirement.



Deferred compensation can supplement your pension and help you have a more comfortable retirement.

What is deferred compensation?

A deferred compensation plan is a supplement retirement-savings program that offers a tax-advantaged way to invest for potentially more retirement income. Pre-tax contributions and any earnings are taxed as ordinary income when withdrawn.

Why join a deferred compensation plan?

By investing through your employer's deferred comp plan, you may be able to fill a potential gap between what your pension provides and income you may need. Consider this: A 65-year-old couple retiring this year may need \$275,000 (in today's dollars) to cover medical expenses throughout retirement.

How do you put money in your account?

That's the easiest part! Your contributions are automatically deducted before taxes from your pay, contributed to your deferred comp plan account, and then invested as you direct.

Deferred comp is designed for long-term investing. However, if you leave employment with your deferred comp plan sponsor, you can withdraw

money without paying a 10% penalty. That should be considered if you're thinking about early retirement.

What about the risks of investing?

Investing involves market risk, including possible loss of principal. But you also face several other risks. Although your Nationwide Retirement Specialist cannot offer investment, tax or legal advice, we'll help you put the various risks into perspective and explain strategies that may help you deal with them.

How do I get started in a deferred compensation plan?

Contact Nationwide Representative Jeremy White to ask questions, review your account, or to join.

334-689-0947
jeremy.white@nationwide.com
www.nrsforu.com

Retirement Systems of Alabama

All City employees transferred under Retirement Systems of Alabama (RSA) effective October 1, 2019 as either a Tier 1 or Tier 2 Active Member. Employees who elected to keep the City's retirement structure are still considered Tier 1 or Tier 2 based on the chart below. Benefits can be found online www.rsa-al.gov/ers/publications or by calling 334-517-7000.

<u>Tier 1 Member</u>	<u>Tier 2 Member</u>
Employees hired before October 1, 2013 or had service credit under RSA prior to January 1, 2013.	Employees hired October 1, 2013 or after.

City employees now have additional benefits now that we have transitioned under RSA. These benefits include discounts and a preretirement death benefit.

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.

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. The preretirement death benefits the beneficiary(ies) or estate will receive are outlined in the Tier 1 and Tier 2 Member Handbooks.

Retirement Planning

If you're thinking about retiring, this section will highlight information you may want to consider regarding your City benefits.

CITY BENEFITS

Once retired, you are no longer eligible for the Flexible Spending Accounts and Vision coverage. Certain voluntary benefits through Colonial may not transfer over so be sure to speak with a Colonial representative about those benefits.

Group Health Plan

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 a coverage, not increase coverage. (i.e. go from Family Coverage to Single Coverage)

Once you turn 65, or become eligible for Medicare, you must enroll in Medicare Part A & B. Contact the Social Security Office www.socialsecurity.gov or 1-800-772-1213 to enroll or for more information about Medicare visit www.medicare.gov.

Life Insurance Benefits

If you retire making less than \$30,000, your beneficiary benefit will be \$8,000. If you retire making more than \$30,000, your beneficiary benefit will be \$10,000.

If you have Dependent Life Insurance, your spouse coverage is no longer active and there is a \$5,000 benefit for each eligible child under 26. You may cancel this benefit at any time.

Group specified disease insurance helps pay for non-medical and out-of-pocket medical expenses upon diagnosis of a specified critical illness. This plan may also include a benefit for the treatment of cancer.

Whole life insurance provides guaranteed features – cash value accumulation, premium rates and death benefit (minus any loans and loan interest) – that help ensure those benefits will be there to help protect your family’s way of life.

Term life insurance offers a predictable way to provide peace of mind for you and your family. It can help you supplement your existing life coverage to protect your loved ones during high-need years.

Disability insurance replaces a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.

Dental insurance covers a wide range of treatments and provides a fixed benefit amount for covered dental procedures and services. You can see any dentist you want, but you’ll receive discounted services if you choose an in-network dentist.

Cancer insurance helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most plans don’t cover. This coverage also provides a benefit for specified cancer-screening tests.

Hospital confinement indemnity insurance provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help cover co-payments and deductibles that are not covered by most major medical plans.

Accident insurance helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.

With most Colonial Life insurance products:

- Benefits are paid directly to you, unless you specify otherwise.
- You can continue coverage with no increase in premium when you retire or change jobs.
- You’re paid regardless of any other insurance you may have with other insurance companies.
- Coverage is available for your spouse and dependent children.

Contact Tracey Harris at (334) 356-0243

with any questions regarding
Colonial Life voluntary products.

**For more information, go to
www.visityouville.com/montgomeryal**

Group Critical Illness Insurance

Plan 2 Basic



For more information,
talk with your
benefits counselor.

ColonialLife.com

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 disease².

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 disease².



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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 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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The facts about critical illnesses

You never know when you or someone you care for may be affected by a critical illness. The good news is that more people are surviving critical illnesses thanks to improved treatment options and lifestyle changes.

Learn the facts so that if you or your loved ones experience a critical illness, you can fight back financially during recovery.



Every year, about 790,000 Americans have a heart attack – 580,000 for the first time.

Every 40 seconds, someone in America will have a coronary event.

American Heart Association, Heart Disease and Stroke Statistics — 2017 Update: A Report from the American Heart Association, March 7, 2017.

Common critical illnesses

Critical illnesses may include conditions such as heart attack, stroke, major organ failure and cancer.

- 85% of heart attack victims survive.¹
- Stroke is a leading cause of serious long-term disability.²
- Every 10 minutes, someone is added to the organ donation waiting list.³
- 30 million people or 15% of U.S. adults are estimated to have chronic kidney disease.⁴
- Inherited genetic factors play a major role in only about 5 to 10% of all cancers.⁵

Risk factors

Fortunately, we know more about what causes many critical illnesses, and many Americans are more conscious about their health.

- Heredity is just one stroke risk factor; others include age, gender, ethnicity and even some medical conditions.⁶
- Diabetes and hypertension are the leading causes of kidney failure.⁴
- Up to 80% of strokes are preventable.⁷

Are you at risk?

- high blood pressure
- high cholesterol
- smoking

are major risk factors of stroke that can be changed or treated.

American Heart Association, Let's Talk About Risk Factors for Stroke, 2017.

MEDICAL COSTS



Over half of Americans say they worry about not being able to pay medical costs for an illness or accident.

Gallup, Americans' Financial Anxieties Ease in 2017, 2017.

CANCER RISK



The probability of developing cancer during a person's lifetime is about one in three.

American Cancer Society, Cancer Facts & Figures 2018.

Colonial Life
The benefits of good hard work.®

ColonialLife.com

Importance of financial protection

Many working Americans aren't financially prepared for critical illness treatment and recovery.

- More than half of Americans (57%) have less than \$1,000 in savings.⁸
- 16% of people under 65 were in families having problems paying medical bills.⁹

Protect your way of life

To help with critical illness costs that medical insurance may not cover, Dr. Marius Barnard, a South African heart surgeon, created critical illness insurance.¹⁰

Critical illness insurance may help with costs such as:

- **Lost income**
You, your spouse or another family member may need to take time away from work to help with treatment and recovery.
- **Travel and lodging**
You may need to travel to a specialty treatment center and stay for an extended period of time.
- **Medical expenses**
You could have out-of-pocket expenses, such as co-pays and deductibles.
- **Rehabilitation**
While recovering, you may require additional assistance, such as speech therapy or physical therapy.

Talk with your benefits counselor to learn more about how critical illness insurance can help protect what you work so hard to build.

1 American Heart Association, Heart Disease and Stroke Statistics—2017 Update (2017) cited in CDC, Know the Signs and Symptoms of a Heart Attack, 2017.

2 American Heart Association, Heart Disease and Stroke Statistics—2017 Update: A Report from the American Heart Association, Circulation, 2017.

3 U.S. Department of Health and Human Services, <https://optn.transplant.hrsa.gov/>, accessed 2018.

4 Centers for Disease Control and Prevention, National Chronic Kidney Disease Fact Sheet, 2017. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2017.

5 National Cancer Institute, The Genetics of Cancer, cancer.gov/about-cancer/causes-prevention/genetics, updated to 2017.

6 American Stroke Association, http://www.strokeassociation.org/STROKEORG/AboutStroke/UnderstandingRisk/Understanding-Stroke-Risk_UCM_308539_SubHomePage.jsp, accessed 2018.

7 National Stroke Association, <http://www.stroke.org/understand-stroke/what-stroke/stroke-facts> (accessed 2018).

8 GOBankingRates, <https://www.gobankingrates.com/saving-money/savings-advice/half-americans-less-savings-2017/>, accessed 2018.

9 National Center for Health Statistics, Problems Paying Medical Bills Among Persons Under Age 65: Early Release of Estimates From the National Health Interview Survey, 2011–June 2017, Dec. 2017.

10 J. R. Jordan, Critical Illness Insurance and The Long Journey To The USA, ProducersESource.com, accessed 2017.

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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

To learn more, talk with your
benefits counselor.

ColonialLife.com

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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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6-19 | 101935



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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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 term life insurance do you need?

Funeral expenses The median cost of a funeral is \$7,360.*	_____
Outstanding debts (including mortgage)	+ _____
Replacement income	+ _____
Education fund	+ _____
Available assets (savings, investments, present amount of life insurance)	- _____
Estimated amount of life insurance needed	= _____

*Includes viewing and burial.
National Funeral Directors Association, Statistics, 2018.

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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2-19 | 101895

ONLY **48%**
of American adults say they
have enough savings to
cover three months of living
expenses in the event they're
not earning any income.¹

Talk with your Colonial Life
benefits counselor
to learn more.



More than one in four of today's
20-year-olds can expect to be out of
work for at least a year because of a
disabling condition before they reach
the normal retirement age.¹



How can you protect your income?

If you become disabled, you could be out of work for a period of time. Without your income, how would you pay for your everyday living expenses? Fortunately, Colonial Life & Accident Insurance Company offers financial protection options that can help you.

What can cause a disability?

Regardless of your age or health, a disability could keep you out of work for weeks or months.

Some of the most common conditions associated with short-term disability claims are: arthritis, pregnancy, back problems, dislocations/sprains and fractures.²

How reliable is your safety net?

While many with disabilities look to workers' compensation or Social Security Disability Insurance for help, these resources aren't always reliable. Even if they can help, you still might be unable to meet all of your financial obligations.

More than 65% of workers who apply for Social Security Disability Insurance are denied.³

At least 51 million working adults in the United States are without disability insurance other than the basic coverage available through Social Security.¹

The disability worksheet on the back can help you determine your income needs.



Colonial Life and the Council for Disability Awareness (CDA) are working together to increase awareness of the need for benefits to help protect employees' income.



ColonialLife.com

Disability needs worksheet

Use this worksheet to help figure out how much income you would need to sustain your standard of living if you were disabled. This worksheet is only meant to give you a rough estimate and may not include every expense in your budget.

		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)		\$

Help preserve your way of life

With short-term disability insurance:

- You may receive monthly benefits if you become disabled because of a covered accident or sickness.
- Partial disability could enable you to work part time and still receive 50% of the total disability benefits.
- In most cases, you can keep your coverage even if you leave your employer.

Learn more about how disability insurance can help protect your income by talking with your benefits counselor.

- 1 Council for Disability Awareness, The Crisis of Disability Coverage in America, 2018.
- 2 Colonial Life internal data, 2018.
- 3 Social Security Administration, Selected Data from Social Security's Disability Program, 2018.

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1-19 | 101165-6

Dental Insurance

Plan 3 - \$1,500, 100% | 80% | 50%



Dental insurance from Colonial Life can help preserve your smile with easy-to-use coverage that promotes overall wellness.

Benefits can help with a variety of dental costs, from routine cleanings to more advanced procedures. Coverage is available for you, your spouse and dependent children.

Plan details

The benefit year maximum for this plan is \$1,500 per person.

Class A, B and C services apply toward the benefit year maximum.

This plan has a deductible of \$50 per person.

Families only pay the deductible for a maximum of three people.

Applies only to class B and C services.

The co-insurance for this plan is:

CLASS	TYPE OF SERVICE	INSURANCE PAYS
Class A	Preventive services	100%
Class B	Basic services	80%
Class C	Major services	50%

Network

Our national dental network offers more than 323,000 access points.¹ Members may choose any dentist but may receive additional savings by choosing an in-network dentist. Plus, services not covered by this plan may also still be eligible for in-network savings.² Out-of-network benefits are paid at the network negotiated rate.³

For more information,
talk with your
benefits counselor.

ColonialLife.com

To locate a participating dentist, access the provider search at ColonialLifeDental.com.

See reverse for covered procedures and waiting periods.

Covered procedures and waiting periods

Preventive services (Class A): No waiting period

- Routine exams and cleanings (twice every 12 months)
 - One additional cleaning per 12 months if member is in second or third trimester of pregnancy⁴
- X-rays
 - Bitewing X-rays (up to four films; once every 12 months)
- Children's services (up to age 14)
 - Fluoride treatment (once every 12 months)
 - Sealants (once every 36 months)
 - Space maintainers (up to age 14; once every 24 months)
- Adjunctive pre-diagnostic oral cancer screening (for age 40 or older; once every 12 months)

Basic services (Class B): No waiting period

- Full mouth/panoramic X-rays (once every five years)
- Simple restorative services (fillings)
- Simple extractions
- Emergency treatment

Major services (Class C): 12-month waiting period

- Oral surgery (extractions and impacted teeth)
- Anesthesia (subject to review; covered with complex oral surgery)
- Repair of crown, denture or bridge
- Periodontics (gum treatments)
- Endodontics (root canals)
- Inlays and onlays
- Crowns
- Bridges
- Dentures
- Endosteal implants (in lieu of an approved three-unit bridge)

1 Internal data (2017). Access points are sites where network dentists see patients. Some dentists may be available at more than one access point.

2 Not an insured benefit.

3 If you visit an out-of-network dentist, you may be billed for remaining amounts over the benefit amount paid, up to the billed charge.

4 Member may have one additional periodontal maintenance in lieu of an additional cleaning. Periodontal maintenance is a major service and subject to a 12-month waiting period.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Colonial Life benefits counselor for specific provisions and details of availability.

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ColonialLife.com

Dental Insurance

Plan 4 - \$2,000, 100% | 80% | 50%



Dental insurance from Colonial Life can help preserve your smile with easy-to-use coverage that promotes overall wellness.

Benefits can help with a variety of dental costs, from routine cleanings to more advanced procedures. Coverage is available for you, your spouse and dependent children.

Plan details

The benefit year maximum for this plan is \$2,000 per person.

Class A, B and C services apply toward the benefit year maximum.

This plan has a deductible of \$50 per person.

Families only pay the deductible for a maximum of three people.

Applies only to class B and C services.

The co-insurance for this plan is:

CLASS	TYPE OF SERVICE	INSURANCE PAYS
Class A	Preventive services	100%
Class B	Basic services	80%
Class C	Major services	50%

Network

Our national dental network offers more than 323,000 access points.¹ Members may choose any dentist but may receive additional savings by choosing an in-network dentist. Plus, services not covered by this plan may also still be eligible for in-network savings.² Out-of-network benefits are paid at the network negotiated rate.³

For more information,
talk with your
benefits counselor.

ColonialLife.com

To locate a participating dentist, access the provider search at ColonialLifeDental.com.

See reverse for covered procedures and waiting periods.

Covered procedures and waiting periods

Preventive services (Class A): No waiting period

- Routine exams and cleanings (twice every 12 months)
 - One additional cleaning per 12 months if member is in second or third trimester of pregnancy⁴
- X-rays
 - Bitewing x-rays (up to four films; once every 12 months)
 - Full mouth/panoramic x-rays (once every five years)
- Children's services (up to age 14)
 - Fluoride treatment (once every 12 months)
 - Sealants (once every 36 months)
 - Space maintainers (up to age 14; once every 24 months)
- Adjunctive pre-diagnostic oral cancer screening (for age 40 or older; once every 12 months)

Basic services (Class B): No waiting period

- Simple restorative services (fillings)
- Simple extractions
- Emergency treatment
- Repair of crown, denture or bridge

Major services (Class C): 12-month waiting period

- Oral surgery (extractions and impacted teeth)
- Anesthesia (subject to review; covered with complex oral surgery)
- Periodontics (gum treatments)
- Endodontics (root canals)
- Inlays and onlays
- Crowns
- Bridges
- Dentures
- Endosteal implants (in lieu of an approved three-unit bridge)

1 Internal data (2017). Access points are sites where network dentists see patients. Some dentists may be available at more than one access point.

2 Not an insured benefit.

3 If you visit an out-of-network dentist, you may be billed for remaining amounts over the benefit amount paid, up to the billed charge.

4 Member may have one additional periodontal maintenance in lieu of an additional cleaning. Periodontal maintenance is a major service and subject to a 12-month waiting period.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Colonial Life benefits counselor for specific provisions and details of availability.

Dental plans are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC, and administered by Starmount Life Insurance Company.

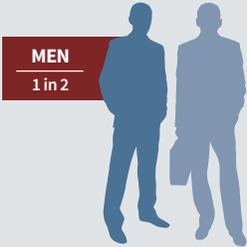
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LIFETIME RISK OF DEVELOPING CANCER



American Cancer Society, *Cancer Facts & Figures*, 2015

Cancer can affect more than just your health

Hopefully, you and your family will never face cancer. If you do, Colonial Life's cancer insurance can help you and your loved ones with:

- Loss of income
- Out-of-network treatment
- Lodging and meals
- Child care

If you're diagnosed with cancer, this coverage can help you focus less on your finances and more on what matters most – recovery.

Talk with your Colonial Life benefits counselor to learn more about cancer insurance and how it can help protect what you've worked so hard to build.



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LIFETIME RISK OF DEVELOPING CANCER¹



Talk with your Colonial Life benefits counselor to learn more.

58% of cancer PATIENTS SURVEYED reported being **distressed** about their **finances** during treatment.²



The reality of cancer

Hopefully, you and your family will never face cancer. If you do, it's important to have financial protection to help with treatment and recovery costs that typically aren't covered by most medical insurance plans.

Risk factors

Some look to family history to determine the risk of developing cancer, but that doesn't tell the whole story. While heredity and environmental factors can play a role, cancer can impact any of our lives.

Inherited genetic factors play a major role in only about 5 to 10 percent of all cancers.³

Treatment and recovery costs

Fortunately, more people are surviving cancer thanks to early detection and more aggressive treatments. However, America's workers are often unprepared for cancer costs and the loss of income that can occur during and after treatment.

Over a third of cancer patients with insurance receiving anticancer therapy were billed for out-of-pocket costs that were greater than expected.⁴

Protect your way of life

Cancer insurance offers benefits that can help you pay for cancer-related expenses that medical insurance may not cover, such as:

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

Cancer insurance may also provide a benefit for covered cancer screenings and wellness tests to encourage early detection.

¹ American Cancer Society, *Cancer Facts & Figures*, 2017

² CancerCare, *2016 CancerCare Patient Access and Engagement Report*, 2016

³ National Cancer Institute, *The Genetics of Cancer*, cancer.gov/about-cancer/causes-prevention/genetics, 2015

⁴ Fumiko Chino, et al., "Out-of-Pocket Costs, Financial Distress, and Underinsurance in Cancer Care," *JAMA Oncology*, Aug. 2017

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Colonial Life representative for specific provisions and details of availability.

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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

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



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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
- **Urological**
 - 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.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
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Accidents can happen anytime, anywhere

The economic impact of unintentional injuries is about \$7,100 per household (whether directly out of pocket, through higher prices for goods and services or through higher taxes).

National Safety Council, *Injury Facts*, 2017



Accidents are usually followed by a series of bills. Even if you have good insurance, you may still have to cover out-of-pocket costs, such as:

- Doctor bills
- Ambulance fees
- Hospital expenses

Every 10 minutes, nearly 775 Americans suffer an injury severe enough to seek medical help.

National Safety Council, *Injury Facts*, 2017

If you suffer from a fracture, dislocation or other covered accidental injury, accident insurance can help offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments. Coverage options are available for you, your spouse and your dependent children.

Talk with your Colonial Life benefits counselor to learn how accident insurance can help protect what you've worked so hard to build.

THIS POLICY PROVIDES LIMITED BENEFITS.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Colonial Life benefits counselor for specific provisions and details of availability.

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Mobile/Online Resources

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



Blue Cross Blue Shield

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



The All-New 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



YouVille

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



Alliance Insurance Group

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

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 primary basis and the City's plan will pay claims on a secondary basis.

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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