

2019 Benefit Summary

Colonial Life



We are proud to sponsor your benefits program!

As a **RTI Field Supervisor** (NC) staff member, you are eligible to participate in our benefits program on the 1st of the month following 30 days employment.

Eligible employees are able to enroll in various voluntary benefits, including:
Short-Term Disability, Accident, Critical Illness, and Medical Bridge

Please Review Booklet!

A Benefit Counselor will assist you with your Elections/Waivers!

Questions – call 877-865-3899

Bi-Weekly Deductions

Pre-Tax Advantage: Section 125 Plan

Your Accident and Medical Bridge payroll deductions are taken on a pre-tax basis through an IRS Section 125 Plan. This saves you approximately 30% in taxes. However, due to Section 125 Plan rules, you may only make changes in your payroll deductions at the annual Open Enrollment or at the time of a Qualifying Event. If there has not been a Qualifying Event, you may not make any changes to your payroll deductions until Open Enrollment 2019. These are Internal Revenue Service rules and there can be no exceptions. Contact Human Resources for more information.

NOTIFICATION MUST OCCUR WITHIN 30 DAYS OF THE QUALIFYING EVENT.

Group Short-Term Disability Protection

Paycheck Protection coverage provides you with a monthly benefit up to 60% of your earnings (max \$3,000 per month) for up to 6 months. The plan begins paying this after you have been absent from work for your choice of elimination periods: 0-Day Accident / 14-Day Sickness or 14-Day Accident / 14-Day Sickness.

Off-Job Accident and Off-Job Sickness

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$600*	\$800*	\$1,000*	\$1,200*
0 days Accident/14 days Sickness	17-49	\$5.87	\$8.81	\$11.74	\$14.68	\$17.61
	50-64	\$7.22	\$10.83	\$14.44	\$18.05	\$21.66
	65-74	\$11.56	\$17.34	\$23.11	\$28.89	\$34.67
14 days Accident/14 days Sickness	17-49	\$5.26	\$7.89	\$10.52	\$13.15	\$15.78
	50-64	\$6.65	\$9.97	\$13.29	\$16.62	\$19.94
	65-74	\$10.63	\$15.95	\$21.27	\$26.58	\$31.90
ELIMINATION PERIOD	ISSUE AGE	\$1,400*	\$1,600*	\$1,800*	\$2,000*	\$2,200*
0 days Accident/14 days Sickness	17-49	\$20.55	\$23.48	\$26.42	\$29.35	\$32.29
	50-64	\$25.26	\$28.87	\$32.48	\$36.09	\$39.70
	65-74	\$40.45	\$46.23	\$52.01	\$57.78	\$63.56
14 days Accident/14 days Sickness	17-49	\$18.42	\$21.05	\$23.68	\$26.31	\$28.94
	50-64	\$23.26	\$26.58	\$29.91	\$33.23	\$36.55
	65-74	\$37.22	\$42.54	\$47.85	\$53.17	\$58.49
ELIMINATION PERIOD	ISSUE AGE	\$2,400*	\$2,600*	\$2,800*	\$3,000*	
0 days Accident/14 days Sickness	17-49	\$35.22	\$38.16	\$41.10	\$44.03	
	50-64	\$43.31	\$46.92	\$50.53	\$54.14	
	65-74	\$69.34	\$75.12	\$80.90	\$86.68	
14 days Accident/14 days Sickness	17-49	\$31.57	\$34.20	\$36.83	\$39.46	
	50-64	\$39.88	\$43.20	\$46.52	\$49.85	
	65-74	\$63.80	\$69.12	\$74.44	\$79.75	

*monthly benefit amount

Product information and features:

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

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

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

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

Issue age - Coverage is available from ages 17 to 74

Portability - You may be able to keep your coverage even if you change jobs

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of: alcoholism or drug addiction, felonies or illegal occupations, flying, hazardous avocations, intoxicants and narcotics, psychiatric or psychological conditions, racing, semi-professional or professional sports, suicide or injuries which you intentionally do to yourself, war or armed conflict. We will not pay benefits due to being pregnant before the coverage effective date of the certificate. We will not pay for loss when the disability is a pre-existing condition as described in the certificate. Pre-Existing Condition means those conditions, whether diagnosed or not, for which medical advice, diagnosis, care or treatment was received or recommended within the one-year period immediately preceding your effective date. If you are 65 or older when this certificate is issued, pre-existing conditions will include only conditions specifically eliminated by rider. We will not pay for loss when the disability is a pre-existing condition as defined in this certificate, unless you have satisfied the pre-existing condition limitation period (typically 12 months) shown on the Certificate Schedule on the date you suffer a loss due to a covered accident or covered sickness. If you are age 65 or older when this certificate is issued, pre-existing conditions will include only conditions specifically eliminated by the rider.

Group On/Off Job Accident Protection

Accident Benefits	Basic
Accident Emergency Treatment (Doctor's office, urgent care facility or emergency room) One visit per person per accident; Four visits per person per calendar year	\$100/visit
Accident Follow-Up Doctor Visit (Doctor's office, urgent care facility or emergency room)	\$50/visit 3 visits per covered accident; 12 visits per calendar year
Accidental Death	\$25,000 employee; \$25,000 spouse or domestic partner; \$5,000 child
Accidental Death: Common Carrier	\$100,000 employee; \$100,000 spouse or domestic partner; \$20,000 child
Accidental Dismemberment: Loss or Loss of use of Hand/Foot/Sight (1) Hand/Foot/Sight (2+) Finger/Toe (1) Loss of Finger/Toe (2+)	\$7,500 \$15,000 \$1,050 \$2,100
Ambulance - Air	\$1,000
Ambulance - Ground	\$200
Appliances (such as wheelchair, crutches)	\$75
Blood/Plasma/Platelets	\$300
Burns (based on size- in square inches or percent of body- and degree) 2 nd Degree 36% of body 3 rd Degree 9sq"-18sq" 3 rd Degree: >18sq"-35sq" 3 rd Degree: Over 35 sq":	\$750 \$1,500 \$6,000 \$12,000
Burns - Skin Graft	50% of burn benefit
Catastrophic Accident (Accidental total and irrecoverable loss or loss of use of any combination of hand(s), arm(s), foot (feet), leg(s), sight of eye(s); or loss of hearing of both ears; or loss of the ability to speak. Payable once per covered person.)	\$50,000 employee; \$50,000 spouse or domestic partner; \$25,000 child
Coma (duration of at least 14 consecutive days)	\$7,500
Concussion	\$275
Dislocation (Based on joint and if repaired by open or closed reduction)	\$140 - \$4,000
Emergency Dental Work Crown, Implant or Denture Extraction	\$150 \$50
Eye Injury with surgical repair	\$200
Fracture (Based on bone and if repaired by open or closed reduction)	\$200 - \$4,500
Hospital Admission¹	\$750
Hospital Confinement² (up to 365 days)	\$175/day

Accident Benefits	Basic
Hospital ICU Admission ¹	\$1,500
Hospital ICU Confinement ² (up to 15 days)	\$300/day
Knee Cartilage - Torn	\$500
Laceration No Stitches: With stitches less than 2" With stitches 2"-6": With stitches greater than 6"	\$50 \$75 \$300 \$600
Lodging (Companion) (per day up to 30 days)	\$150
Medical Imaging Study (Limit one per covered person per calendar year)	\$150
Pain Management (Epidural Anesthesia)	\$50
Prosthetic Device/Artificial Limb	\$750 (1); \$1,500 (2+)
Rehabilitation Unit Confinement ³ (up to 15 days per covered accident, and up to 30 days per calendar year)	\$100/day
Ruptured Disc with Surgical Repair	\$600
Surgery - Cranial, Open Abdominal, Thoracic	\$1,000
Surgery - Hernia	\$250
Surgery - Exploratory and Arthroscopic	\$150
Tendon/Ligament/Rotator Cuff	\$600(1); \$1,200(2+)
Therapy - Occupational and Physical Therapy (up to 10 days)	\$35/day
Transportation (up to 3 trips per accident)	\$400/trip
X-Ray Benefit	\$50

On/Off-Job Accident Coverage, Health Screening Benefit (\$100 Benefit)				
Basic				
ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$7.23	\$11.58	\$11.09	\$15.44

Exclusions:

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

Group Critical Illness/Cancer Protection

For this critical illness:	We will pay this percentage of the face amount:
Heart Attack (Myocardial Infarction)*	100%
Stroke*	100%
Major Organ Failure *	100%
End Stage Renal (Kidney) Failure *	100%
Coronary Artery Disease*	25%
Permanent Paralysis due to a Covered Accident	100%
Coma	100%
Blindness	100%
Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D	100%
Cancer (internal or invasive)	100%
Carcinoma in Situ	25% of face amount
Skin Cancer	\$500 flat amount
Cancer Vaccine Benefit	\$50 payable if a covered person incurs a charge for and receives any cancer vaccine approved by the FDA for the prevention of cancer.

Benefit Payable Upon Subsequent Diagnosis of a Critical Illness –Employees can use this coverage more than once.

This plan includes coverage for subsequent diagnosis of a different critical illness.

- If the employee receives a benefit for a critical illness, and is later diagnosed with a *different* critical illness, we will pay the original percentage of the face amount for that particular critical illness.

This plan includes coverage for subsequent diagnosis of the same critical illness.

- If the employee receives a benefit for a critical illness and is later diagnosed with the *same* critical illness (except those listed below), we will pay 25% of the original face amount. *Critical Illness conditions that do not qualify are: Coronary Artery Disease¹ and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D.*

Dates of Diagnoses of a covered Critical Illness must be separated by at least 180 days.

\$20,000 Face Value								
Non-Tobacco					Tobacco			
Age Band	Employee	Employee + Spouse	Employee + Child(ren)	Family	Employee	Employee + Spouse	Employee + Children	Family
17-29	6.39	9.76	6.95	10.32	8.52	12.90	8.98	13.36
30-39	9.90	14.93	10.36	15.40	13.69	20.56	14.15	21.03
40-49	17.47	26.38	18.02	26.93	26.24	39.49	26.79	40.04
50-59	29.93	45.86	30.49	46.41	46.55	71.52	47.10	72.07
60-74	47.01	71.98	47.65	72.44	75.62	115.92	76.27	116.56

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: felonies or illegal occupations; 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 the named insured is covered under the policy, and who are continuously covered from the date of birth or adoption.

Group Medical Bridge Protection

Hospital Confinement **\$ 3,000**

Maximum of one benefit per covered person per calendar year

Accident Only Emergency Room Visit..... **\$ 150 per day**

Maximum of one day per covered person per calendar year

Hospital Confinement: \$3000, Accident Only Emergency Room: \$150				
ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$16.44	\$32.87	\$23.18	\$39.62

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, or war. 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. Pre-existing conditions are those conditions whether diagnosed or not, for which a covered person received medical advice, diagnosis or care, or treatment was received or recommended within the one-year period immediately preceding the effective date of the policy. If a covered person is 65 or older when the policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.



**Colonial’s Accident and Critical Illness plans have built-in annual
Health Screening / Wellness Benefits!**

[\$100 Accident / \$100 Critical Illness]

*Provides a benefit if the covered person has one of the health screening tests performed.
This benefit is payable once per calendar year per person and is subject to a 30-day waiting period*

Health Screening / Wellness Tests	
Blood test for triglycerides	Flexible sigmoidoscopy
Bone marrow testing	Hemocult stool analysis
Breast ultrasound	Mammography
CA 15-3 (blood test for breast cancer)	Pap smear
CA125 (blood test for ovarian cancer)	PSA (blood test for prostate cancer)
Carotid doppler	Serum cholesterol test to determine level of HDL and LDL
CEA (blood test for colon cancer)	Serum protein electrophoresis
Chest x-ray	Stress test on a bicycle or treadmill
Colonoscopy/Virtual Colonoscopy	Skin cancer biopsy
Echocardiogram (ECHO)	Thermography
Electrocardiogram (EKG, ECG)	ThinPrep pap test
Fasting blood glucose test	

- **SUBMIT ON THE INTERNET** using the Wellness Claim Form at www.coloniallife.com
- **FILE BY PHONE!** Call 1-800-325-4368 and provide the information requested by our Automated Voice Response System, 24 hours per day, 7 days a week
- **FILE BY FAX** - Print your name, address, social security number on your doctor’s bill and indicate “Wellness Test.” Fax to us at 1-800-880-9325

Great News!

All Colonial benefit premiums will be payroll deducted per pay period (Bi-Weekly)

Your Colonial coverage may be portable

Colonial benefits pay cash directly to you regardless of any insurance you may have with other companies

Colonial premiums do not increase from year-to-year or as you get older

Questions or Claims Assistance!

Kate Overton, MS
 919-301-8599 Raleigh Office
 336-945-6975 Winston-Salem Office
 704-996-5969 Mobile
 919-977-9671 Raleigh Fax
 336-946-0204 Winston-Salem Fax
 Email: kate.overton@coloniallifesales.com
 Customer Service: 800-325-4368
 Enrollment Call Center: 877-865-3899
 Website: www.coloniallife.com

Help your employees
achieve financial success



KOFE can answer questions about:

- Personal finance
- Budgets
- Savings
- Debt
- Payment options
- Credit and credit reports

Colonial Life.
The benefits of good hard work.®



A product of **CONSOLIDATED CREDIT**
When it's in the picture, we are the solution.

No matter how well you take care of your employees, many of them face considerable financial stress, and they can bring these problems to work.

In fact, 44% of full-time employees say they worry about their personal finances during work hours, and 46% of these employees say they spend two to three hours per week dealing with personal finances at work.¹

These distractions can impact your employees' productivity – and your bottom line. **Fortunately, we can help.**

Our service solution

Colonial Life has partnered with Knowledge of Financial Education, or KOFE, a corporate financial wellness program created by Consolidated Credit. Consolidated Credit is one of the largest non-profit credit counseling agencies with more than 20 years of expertise.

While some companies only provide financial education and others only offer counseling, your employees will have both. And it's available at no direct cost to you. Your employees can have access to these services simply by attending a 1-to-1 benefits counseling session with a Colonial Life benefits counselor. They'll have a variety of resources to help improve their financial situations:

- **Financial coaching** – Unlimited access to highly trained senior certified credit counselors by calling 866-932-4185
- **Online tools** – Access to 100+ videos, books, budgeting tools and more, all easily accessible at ColonialLife.com/KOFE
- **Webinars** – Educational sessions throughout the year on a variety of topics

Give your employees support to succeed

By offering KOFE's services, you can let your employees know that you care about their financial difficulties. With this support, you can keep employees focused, boost employee morale and help reduce absenteeism.

To learn more, talk with your Colonial Life representative or visit ColonialLife.com/KOFE.

ColonialLife.com

¹ Harris Interactive and Purchasing Power, *Financial Wellness: Addressing the "9 to 5" Impact of 24/7 Financial Stress*, June 20-24, 2013

Terms and availability of service are subject to change.

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