

Welcome to your Annual / Open Enrollment!



At Broadway Home Care, the greatest asset is our staff. Broadway Home Care values each and every employee and the efforts the staff put in – day in and day out – to every resident and client! Broadway Home Care has partnered with GEM Enrollments to bring you the individualized attention you deserve to review your benefits, and to add Voluntary/Supplemental Insurances to the already top-tier health insurances offered.

This is another way to reward your efforts, and we are pleased to offer you these valuable employee benefits for your security and well-being.

Please note: while Voluntary Benefits are employee paid, most are offered as Guaranteed Issue and at a discounted premium for the staff of Broadway Home Care, with many as 'pre-tax' deduction (and some only available through this partnership)!

Please review the information in this booklet to learn about the plans being offered and determine what coverage is best for you! Should you have any questions, please don't hesitate to speak to one of the Benefit Counselors at any time!

CALL GEM ENROLLMENTS AT (845) 236-7655 TODAY TO ENROLL! THANK YOU!

WHO CAN YOU COVER

When making your health, dental and vision selections, you may choose from among the following levels of coverage:

- Employee Only
- Employee & Spouse
- Employee & Child(ren)*
- Employee & Family (includes spouse and children)*

WHEN CAN YOU MAKE CHANGES

During the open enrollment period, you may enroll, drop or make changes for yourself or your eligible dependents, for the plan year April 1, 2024 through March 31, 2025.

ENROLLING OR MAKING CHANGES OUTSIDE OF THE OPEN ENROLLMENT PERIOD

Since your premiums are deducted on a pre-tax basis, federal law limits your ability to change your elections outside of open enrollment. Changes are allowed only if there is a “qualifying event” and the change requested is consistent with the event. If you experience a change in status, you must notify Human Resources and provide documentation within 30 days of the change to update your benefits selections and receive a premium refund, if applicable. You may be asked to present documentation such as a birth, marriage or death certificates, or a divorce decree.

- Changes in employee’s legal marital status
- Birth or adoption (or placement for adoption) of a child
- Death of a covered dependent
- Loss or gain of eligibility for group insurance coverage for you or a covered dependent (coverage must not be a student or individual policy)
- Change in spouse’s employment status
- Change in health insurance eligibility due to a relocation of residence or work place
- Dependent satisfies or ceases to satisfy eligibility requirements
- Judgment, Decree or Order

NOTE: If you do not make changes within 30 days of the “qualifying event”, you must wait until the following open enrollment period to make changes.

This guide is only intended to offer an outline of benefits. All details and contract obligations of plans are stated in the group contract/insurance documents, including any disclosures (whether regarding “grandfathering” of plans or others) required by the new health reform law, the Patient Protection and Affordable Care Act (PPACA). In the event of a conflict between this guide and the group contract/insurance documents, the group contract/insurance documents will prevail, unless dictated in Handbook otherwise. Please contact Human Resources for further info.

Enrollment Information

All benefit eligible employees (*even those waiving/declining coverage*) must speak with a **GEM Enrollments benefits counselor** **OR go online** and COMPLETE their benefits enrollment on the Employee Navigator benefits system. Prior year elections may not carry over. The GEM Enrollments' professional & licensed enrollments team can be reached at (845) 2-ENROLL - dial 0 to speak with a Benefits Counselor. They will guide, educate and assist you with your elections, and submit all info to the carriers and payroll so that you have an efficient and professional enrollment.

For the online option, go to the Employee Navigator website <https://www.employee navigator.com/benefits/Account/Login> to register, elect and/or waive coverage.

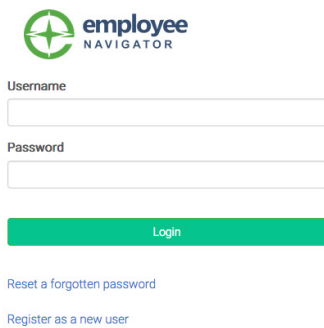
To register

- Click [Register as a new user](#)
- Write in your First & Last name
- The last 4 of your SSN
- Your Birth Date
- Your Company Identifier is: **EliteHC**

BENEFIT ELIGIBLE EMPLOYEES SHOULD ENROLL 30 DAYS PRIOR TO YOUR ELIGIBILITY/EFFECTIVE DATE

Log In

Go to www.employee navigator.com and click **Login**



employee NAVIGATOR

Username

Password

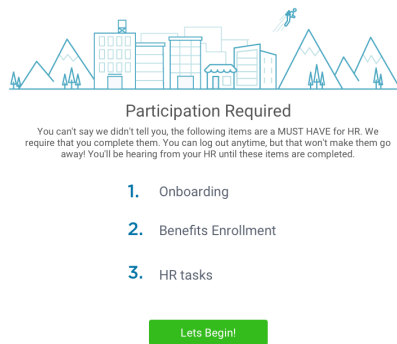
Login

[Reset a forgotten password](#)

[Register as a new user](#)

Welcome!

After you login click **Let's Begin** to complete your required tasks.



Participation Required

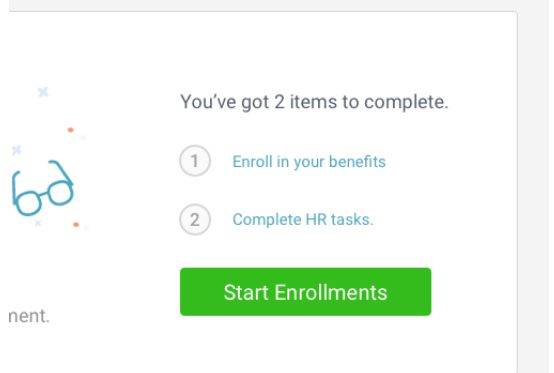
You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.

1. Onboarding
2. Benefits Enrollment
3. HR tasks

Let's Begin!

Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving benefit elections.



You've got 2 items to complete.

- 1 Enroll in your benefits
- 2 Complete HR tasks.

Start Enrollments

PLEASE NOTE: ENROLLMENTS ARE NOT SUBMITTED UNTIL YOU'VE REACHED "ENROLLMENT COMPLETE" PAGE

If you have questions or need assistance enrolling, please contact GEM ENROLLMENTS at (845) 2-ENROLL or via email info@GEMenroll.com.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact HR.

ENROLL NOW!

You are eligible for benefits under your employer's open enrollment effective April 1st or the first day of the month following your date of hire.



GET YOUR ID CARD IN DAYS



COVERAGE YOU NEED AT A PRICE YOU CAN AFFORD

MEDICAL COVERAGE

WellCare: Covers all preventive services 100% and includes telehealth and prescription discounts.

OptimaCare: Covers all preventive services 100%, primary care visits at a \$15 copay, urgent care at a \$50 copay and discounts on additional services such as specialist visits, labs and x-rays. This plan also includes virtual health and prescription drug benefits.

EliteCare: Covers all preventive services 100% and office visits, urgent care, labs and x-rays offered at various copays. This plan also includes virtual health and prescription drug benefits.

MV 6500: This plan has a \$6,500 individual deductible and covers additional medical services such as emergency room care, hospitalization and inpatient services at reference-based pricing, paying 125% of the Medicare allowable fee schedule. Patients will be balance billed for any amount greater than the Medicare allowable amount. All non-preventive and copay services are subject to the \$6,500 deductible. Minimum Value Plans are subject to affordability. Employees will not pay more than the annual affordability rate toward employee only coverage.

Medical Election				
Weekly Rates	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
WellCare	☐ \$13.89	☐ \$27.53	☐ \$27.96	☐ \$40.93
OptimaCare	☐ \$44.16	☐ \$88.59	☐ \$89.26	☐ \$136.59
EliteCare	☐ \$60.78	☐ \$121.82	☐ \$122.49	☐ \$186.44
MV 6500*	☐ \$148.94	☐ \$302.03	☐ \$262.73	☐ \$420.89

*Rates for the MV plan are subject to change based on affordability

Medical Benefits	WellCare
Preventive / Wellness	Covered 100%
Prescription Discount Program by PureRx	Included
Virtual Health Benefits	freshbenies
24/7/365 Telehealth	Included
benieWALLET	Included

¹The WellCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.

²The PureRx prescription discount program offers discounts up to 80% on most FDA-approved prescription medications.

³freshbenies members have access to physicians via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary.

Locating a participating provider in the PHCS network all begins with the specific network logo on the front of your medical ID card. Please locate the PHCS logo on your card and follow the instructions below.



By phone: call **1.800.371.2507**

Online: visit www.multiplan.com/sbmapreventiveservices and follow the steps below

1. Read the acknowledgment on the bottom of the screen and click OK
2. Enter a provider name, specialty, or facility type in the search box or choose one from the drop down
3. Enter your city/county and click on the magnifying glass icon to search
4. Read the statement at the bottom of the screen and click OK to view the results



A FRESH APPROACH TO BENEFITS

freshbenies gives convenient access to virtual doctor visits and more!

Telehealth: Call anytime, visit with a US-based, licensed doctor and get a prescription written, if medically necessary – at NO COST.

benieWALLET: Store and access all your health-related cards in one, easy place so they're ready anytime, anywhere.

To access your services, log in at freshbenies.com, download the freshbenies app or call **1.855.373.7450**



Present your medical card with your prescription to any of our 60,000+ retail pharmacies to fill your prescription. Additional information will be provided on your medical ID card.

Medical Benefits	OptimaCare
Preventive / Wellness	Covered 100%
Primary Care Visits	\$15 Copay
Specialist Visits	Network Discount
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	Network Discount
Prescription Drugs	Tier 1: \$15 Copay, Tier 2: \$30 Copay Tier 3: \$50 Copay, Tier 4: \$75 Copay
Virtual Health Benefits	freshbenies
24/7/365 Telehealth	Included
Behavioral Health	\$50 fee (first 3 visits then \$85 fee after)
benieWALLET	Included

- ¹The OptimaCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.
- ²Claims are reprinted through the MultiPlan PHCS network. For services subject to the network discount, members will be responsible for paying the remaining balance after the network discount is applied. Discounts vary based on provider contracts.
- ³Prescription drug benefits are subject to the formulary drug list. To review the formulary please visit www.sbmabenefits.com/purerx-standard. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.
- ⁴Virtual Health Benefits are offered through freshbenies. Members have access to 1) physician visits via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary and 2) therapist consultations via video at \$50 each (first 3 visits - \$85 after).

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By phone: call **1.800.457.1309**
Online: visit www.multiplan.com/sbmaspecificservices
 and follow the steps below

1. Read the acknowledgment on the bottom of the screen and click OK
2. Enter a provider name, specialty, or facility type in the search box or choose one from the drop down
3. Enter your city/county and click on the magnifying glass icon to search
4. Read the statement at the bottom of the screen and click OK to view the results



A FRESH APPROACH TO BENEFITS freshbenies gives convenient access to virtual doctor visits and more!

Telehealth: Call anytime, visit with a US-based, licensed doctor and get a prescription written, if medically necessary – at NO COST.

Behavioral Telehealth: Schedule consultations with therapists at a fraction of the cost of typical in-person visits.

benieWALLET: Store and access all your health-related cards in one, easy place so they're ready anytime, anywhere.

To access your services, log in at freshbenies.com, download the freshbenies app or call **1.855.373.7450**



Present your medical card with your prescription to any of our 60,000+ retail pharmacies to fill your prescription. Additional information will be provided on your medical ID card.

Medical Benefits	EliteCare
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	\$15 Copay
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	\$50 Copay
Prescription Drugs	Tier 1: \$15 Copay, Tier 2: \$30 Copay Tier 3: \$50 Copay, Tier 4: \$75 Copay
Virtual Health Benefits	freshbenies
24/7/365 Telehealth	Included
Behavioral Health	\$50 fee (first 3 visits then \$85 fee after)
benieWALLET	Included

¹The EliteCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.

²Prescription drug benefits are subject to the formulary drug list. To review the formulary please visit www.sbmabenefits.com/purerox-standard. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

³Virtual Health Benefits are offered through freshbenies. Members have access to 1) physician visits via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary and 2) therapist consultations via video at \$50 each (first 3 visits - \$85 after).

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Present your medical card with your prescription to any of our 60,000+ retail pharmacies to fill your prescription. Additional information will be provided on your medical ID card.

Medical Benefits	Coverage Information
Annual Deductible / Out-of-Pocket Maximum ²	\$6,500 individual / \$13,000 family
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	\$50 Copay
Urgent Care	Covered 100% after deductible is met
Emergency Services (excludes ambulance)	Reference-Based Pricing ³ after deductible is met
Diagnostic Services including Labs, X-Rays and other Imaging	Covered 100% after deductible is met
Inpatient Hospital Services including Physician Fees	Reference-Based Pricing ³ after deductible is met
Outpatient Hospital Services	Not Covered
All additional covered services	Covered 100% after deductible is met
Telemedicine	Included
Prescription Drug Benefits ⁴	Coverage Information
Annual Deductible	\$0
Copay by Formulary Tier	\$15 / \$30 / \$50 / \$75
Non-Preferred, Specialty and Self-Injectable Prescription Drugs	Not covered

¹This form is a benefit highlight representing a brief description of the coverage available. Additional covered services, exclusions and limitations exist. Specific services including inpatient hospital, maternity and outpatient surgery are subject to precertification.

²The out-of-pocket maximum refers to covered services only. Specific services, including emergency and hospital services, are subject to reference-based pricing (see definition below) and patients may be billed beyond the out-of-pocket maximum for these services.

³Reference-based pricing reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. The MV 6500 plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement total. For additional information regarding reference-based pricing, please contact a SBMA representative at 1.888.505.7724 option 2.

⁴Prescription drug benefits are subject to the formulary drug list. To review the formulary please visit www.sbmabenefits.com/purrx-standard. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

Locating a participating provider in the PHCS network all begins with the specific network logo on the front of your medical ID card. Please locate the PHCS logo on your card and follow the instructions below.



By phone: call **1.800.454.5231**
Online: visit www.multiplan.com/sbmapa
 and follow the steps below

1. Read the acknowledgment on the bottom of the screen and click OK
2. Enter a provider name, specialty, or facility type in the search box or choose one from the drop down
3. Enter your city/county and click on the magnifying glass icon to search
4. Read the statement at the bottom of the screen and click OK to view the results



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benieWALLET: Store and access all your health-related cards in one, easy place so they're ready anytime, anywhere.

To access your services, log in at freshbenies.com, download the freshbenies app or call **1.855.373.7450**



Present your medical card with your prescription to any of our 60,000+ retail pharmacies to fill your prescription. Additional information will be provided on your medical ID card.

Preventive benefits for adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults age 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 50 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

Preventive benefits for women

- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women

Preventive benefits for women (continued)

- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Urinary tract or other infection screening
- Well-woman visits to get recommended services for women

Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenzae type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal, Rubella; and Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Well-baby and well-child visits



YOU CAN SAVE UP TO 70% ON ALL PRESCRIPTIONS FOR YOU AND YOUR FAMILY

What is a prescription savings program?

Our prescription savings program lowers the retail cost of prescription medications by providing exclusive discounts and savings at participating pharmacies. Our prescription savings program is accepted at 60,000+ pharmacies across the US.

How much will I save?

With our card, you can save up to 70% off the pharmacy's retail price on your prescriptions. Discounts are only available at participating pharmacies, and the range of savings will vary based on the location and the services rendered.

How does a pharmacy prescription savings program work?

To access your discounts, all you need to do is present your discount card or coupon at a participating pharmacy when you fill a prescription - It's that simple!

Who can use the card?

Our prescription savings cards can be used by anyone filling a prescription in the US, there are no age or income restrictions. One card can be used by an entire household - even pets!

Can I search for drug pricing?

Yes, you can do so by visiting gemenrolldiscount.com and using the provided drug pricing tool.

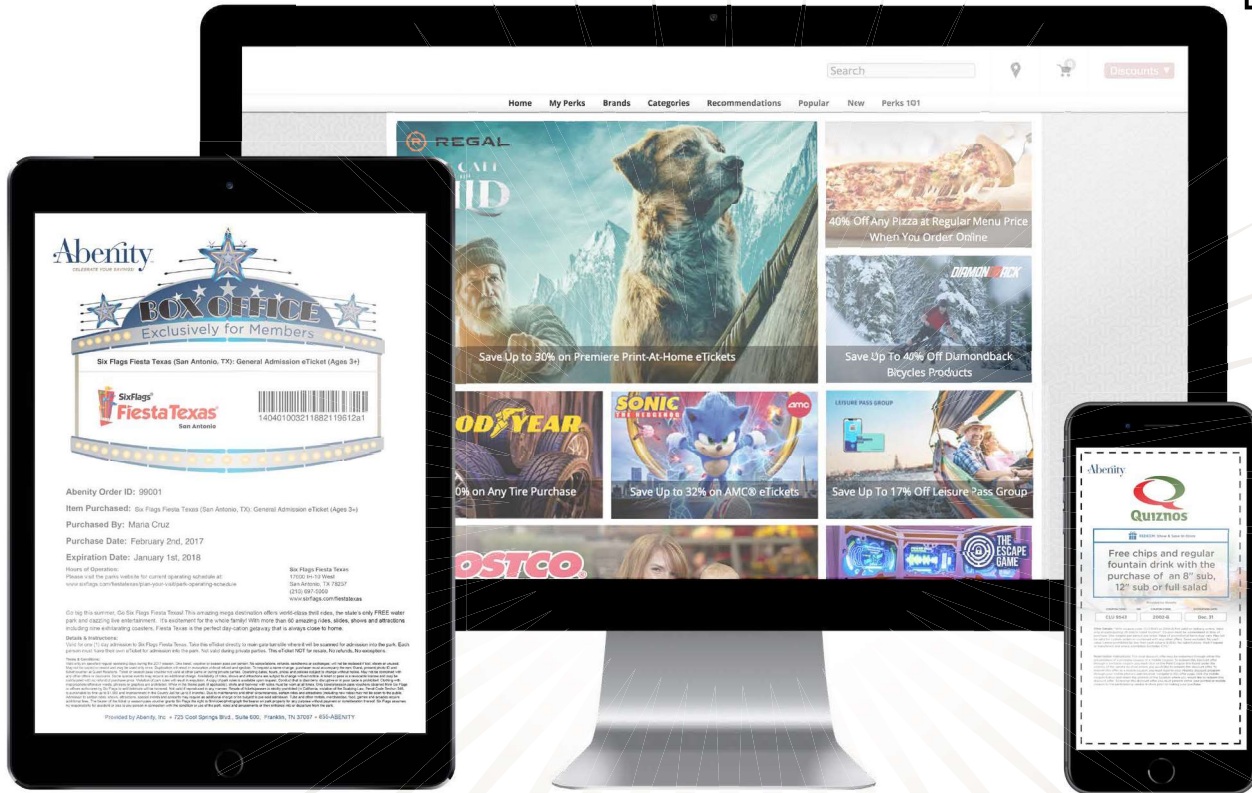


Employee Perks

Powered by GEM Enrollments & Abenity

Visit <https://gemenroll.employeeperks.com/GO>

SCAN FOR SAVINGS



We've Cut Out the Middleman So Members Save More!

Enjoy private discounts and corporate rates on everything from pizza and the zoo, to movie tickets, oil changes, car rentals, and hotels. With thousands of discounts, \$4,500+ in per member savings, and over a million redemption locations, you'll always have a reason to *Celebrate Your Savings!*



LOCAL COUPONS



eTICKETS



MONTHLY GIVEAWAYS



MOBILE APPS



MOVIE SHOWTIMES



PERK ALERTS



HOLIDAY OFFERS



GEMENROLLMENTS

All discount offers are subject to change at any time without notice. Log in regularly to view the latest discounts available. Abenity, Inc. Copyright 2022.



Unlimited Access To Doctors

(Whenever you need them!)

Board certified primary care physicians & licensed mental health therapists available to you 24/7/365, nationwide.

No insurance needed. No copays, ever.

Doctegrity is the most convenient benefit ever. So what does it include?



Telemedicine

Call a primary care physician 24/7/365. Skip the waiting room.



Teletherapy

Talk with a mental health counselor or therapist with zero consult fees.



A completely bilingual benefit in English or Spanish from app to Physician.

No copays, additional fees or surprise bills. Just one low monthly subscription gets you **(and the whole family)** unlimited access to board certified primary care physicians and licensed mental health therapists...amazing!



24/7/365 eVeterinary Care





Peace of mind for Pet Parents



Something is not right with an important family member - your pet. But concerns don't always happen during your Veterinarian's regular office hours. That's why **Dogtegrity** is here, a purr-fect revolutionizing virtual veterinary service!

CONVENIENT | GUIDANCE | AFFORDABLE | PEACE OF MIND

Dogtegrity is **24/7/365** days a year unlimited access to a dedicated team of licensed Veterinarians. The consultation is a real-time phone or video call via your mobile device or computer; and enables you to ask questions, get a second opinion, understand if you need to take your pet to the vet or ER, discuss behavioral issues, training, and wellness.*

-  Covers all pets that live in your home. Paws-itively no membership card or claim forms required.
-  Consult with veterinarian in real-time via telephone or video.
-  Once the consult has been scheduled, the vet will bark at you within the hour.
-  Includes **Pet Drug Savings Card** - prescription discount up to 75% in 68,000 participating pharmacies.

Anytime, Anywhere Dogtegrity Vets are Here For You!



*Dogtegrity is NOT FOR EMERGENCIES and is not for use in medical emergencies or urgent situations. If you believe you have an emergency, call your vet immediately or contact the nearest Animal ER. Dogtegrity is NOT a replacement for regular in-office visits, vaccinations, and by law our telemedicine vet services cannot diagnose or prescribe medications to your pet.

This is not insurance. Dogtegrity vets have the right to deny care for potential misuse of services. Dogtegrity operates subject to state regulations.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, 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 already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oi/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

You never know when an unexpected illness or injury could leave you and your family with financial difficulties. Health insurance can help, but you can still have deductibles, co-payments and other out-of-pocket expenses.

That's where voluntary benefits come in. Sometimes called supplemental insurance, voluntary benefits are designed to complement your health insurance and help provide extra financial protection.

This year, your employer is helping you protect your way of life by giving you the opportunity to purchase the following voluntary benefits from Colonial Life:

To learn more, contact your benefits counselor at (845) 2-ENROLL today!



■ Accident insurance

- Reduces the financial impact of an accident by providing cash benefits, should the cause of bodily injury or death arise from an accident.



■ Cancer insurance

- Reimburses for treatments, transportation, associated costs & more when a covered person is diagnosed with cancer. This helps you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs.



■ Critical illness insurance

- Assists with out-of-pocket expenses, if you experience a covered health event, such as a heart attack, stroke or paralysis etc.



■ Disability insurance

- Replaces a portion of your income should a covered employee be unable to perform his or her core job duties; whether it be Accident, Illness and even assist during maternity leave!



■ Hospital confinement indemnity insurance

- Eases the financial burden associated with hospital stays due to an accident or illness by providing cash benefits with the expenses not covered by major medical. Excellent for help in reimbursing high deductibles and out-of-pocket expenses.



■ Life insurance

- Offering Whole & Term Life insurance policies, help with the daily living expenses and the unexpected costs if something happens to you, by paying benefits to a beneficiary upon the death of the insured.

Questions? Looking to Enroll?

Require Employee Benefit Assistance?

***Call us Toll Free: (855) GEM-NROLL
or logon to www.GEMenrollments.com***

Individual Dental PPO Insurance



Giving you a reason to smile

Paying to get a toothache treated can hurt almost as much as the tooth itself, especially if you don't have dental insurance. Even maintaining your health with routine trips to the dentist can be costly without the right financial protection.

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

Our strong, national network of qualified dentists saves you money on services from participating dentists. With our dental insurance, you will receive:

- Immediate coverage on preventive services from any in-network dentist with no member responsibility
- No waiting periods on basic services like fillings and simple extractions
- Coverage for major services
- Freedom to choose any dentist; use an in-network dentist to avoid balance billing and receive network savings
- Easy-to-access customer service that is as personal as it is professional

Advantages of our dental insurance

- You'll have access to a strong, national network featuring quality dental professionals and network discounts.
- You can take coverage with you if you change jobs or retire.
- Your plan is guaranteed renewable until age 75.
- Rates do not increase because of your age.



95% of adults agree regular dental visits keep them healthy.

American Dental Association, *Oral Health and Well-Being in the United States*, 2016

Individual Dental PPO Insurance

Coverage options

- Employee
- Employee and spouse
- Employee and dependent children
- Family — employee, spouse and dependent children.



Manage your benefits online

Our online solutions help you with everyday tasks, like obtaining an ID card and checking a claim status. Access to online self-service is available 24/7.

Colonial-PaulRevere.com/dental

- Policyholders can access our dental benefits management website, AlwaysAssist.com.
- Find in-network dentists.
- Learn about good dental health.
- Take oral health assessments.

AlwaysAssist Mobile App

- View your benefits and ID card.
- Check claim status and history.
- Find in-network dentists.
- Dependents can access their personal information by creating an AlwaysAssist account, too.

Customer Service

When you purchase a dental plan, you have access to our dental customer service department six days a week at 888-400-9304 or 24/7 at Colonial-PaulRevere.com.

Colonial-PaulRevere.com



Dental Insurance Plans

In-Network Plan

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	MEMBER CO-INSURANCE
Class A	Preventive services	0%
Class B	Basic services	20%
Class C	Major services	50%

Out-of Network Plan

PPO – Choose any dentist

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	MEMBER CO-INSURANCE
Class A	Preventive services	0%
Class B	Basic services	20%
Class C	Major services	50%



Find a network dentist at
more than 323,000 access
points nationwide.

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 Plan 5, out-of-network benefits are paid based on the customary charge for a given area.

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.

Individual Dental PPO Insurance

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 pregnancy*
- X-rays
 - Bitewing X-rays (up to four films; once every 12 months)
- Full mouth/panoramic x-rays (once every five years) — *In-Network Plan*
- 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) — *Out-of-Network Plan*
- Simple restorative services (fillings)
- Simple extractions
- Emergency treatment
- Repair of crown, denture or bridge — *In-Network Plan*

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 — *Out-of-Network Plan*
- Periodontics (gum treatments)
- Endodontics (root canals)
- Inlays and onlays
- Crowns
- Bridges
- Dentures
- Endosteal implants (in lieu of an approved three-unit bridge)

* 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.

Dental Network

Save more by visiting a network dentist

With dental insurance you’ll have access to a nationwide network of more than 323,000 access points.¹ You can visit any dentist, but you’ll stretch your benefits by selecting from our DenteMax Plus/AlwaysCare network of dental professionals.

How much can you save?

Dental costs vary from region to region, but our dental members everywhere benefit two ways:

- Discounted fees for in-network services
- Member responsibility of 50%, 20% or even 0% on some services



323,000+ dental access points¹

Orthodontic Benefit

Orthodontic example

TOTAL TREATMENT FOR NEW SET OF BRACES: \$4,000

LIFETIME MAXIMUM: \$1,000

Since the total cost of \$4,000 is greater than the lifetime maximum of \$1,000, the lifetime maximum will be used to calculate the payment for the initial placement of braces:

- 25% of the lifetime maximum (.25 x \$1,000 = \$250) is paid toward initial orthodontic treatment.¹
- Member has a remaining lifetime maximum of \$750 to use toward monthly visits.

¹ The amount will be payable as of the date appliances or bands are inserted.

Plan details

- Available for **children up to age 19**
- \$1,000 maximum lifetime benefit per child
- 50% co-insurance
- 12-month waiting period

Rollover Benefit

Earn extra benefits just by taking care of your teeth.

How it works

Each benefit year, a member must have:

- One cleaning
- One regular exam
- Total dental claims paid during the year below the threshold limit

If all three criteria are met, a portion of the annual maximum will roll over to the next year.

	BASE PLAN ANNUAL MAXIMUM	THRESHOLD LIMIT ¹	ROLLOVER AMOUNT ¹	ROLLOVER ACCOUNT MAXIMUM	TOTAL POTENTIAL ANNUAL MAXIMUM
In-Network	\$2,000	\$800	\$400	\$1,600	\$3,600
Out-of-Network	\$1,500	\$600	\$300	\$1,200	\$2,700

¹ Per benefit year.

Additional information

- Each covered family member receives his or her own rollover benefit.
- A member must be covered for one benefit year to use his or her rollover benefit.
- The rollover benefit cannot be used toward orthodontia, if offered.
- The rollover account balance will be eliminated if the member has a break in coverage for any reason.

Vision Rider

Dental insurance offers an optional vision rider to help pay for eye exams and materials, such as glasses and contact lenses. This coverage can help you maintain healthy vision and overall wellness, as well as provide valuable financial protection for you, your spouse and dependent children.



Vision benefits	IN-NETWORK	OUT-OF-NETWORK ALLOWANCE
CO-PAYS		
Exam (once per 12 months)	\$10	Up to \$35
Materials	\$25	See below
STANDARD PLASTIC LENSES¹ (once per 12 months)		
Single vision	Covered by co-pay	Up to \$25
Bifocal	Covered by co-pay	Up to \$40
Trifocal	Covered by co-pay	Up to \$50
Lenticular	\$80 allowance	Up to \$50
Progressive	\$70 allowance	Up to \$40
Polycarbonate lenses (for children to age 19)	Covered by co-pay	N/A
FRAMES¹ (once per 12 months)		
Choose any frame available at provider locations	\$120 allowance	Up to \$50
CONTACT LENSES² (once per 12 months) (Includes fit, follow-up and materials) In lieu of eyeglass lenses and frames		
Elective	Up to \$120 allowance	Up to \$100 allowance
Medically necessary	Up to \$210 allowance	Up to \$210 allowance

¹ Eyeglass lenses and frames are paid in lieu of the contact lenses benefit.

² The contact lenses benefit is paid in lieu of eyeglass lenses and frames. Contact lenses consist of three components: materials, exams and fittings. Coverage is for materials and the exam, up to the contact lenses allowance. Fittings may be covered but only up to the amount of any unused contact lenses allowance – after materials.



Regular vision exams can help show signs of diabetes or high blood pressure.

Centers for Disease Control and Prevention, *Keep an Eye on Your Vision Health*, 2016

Colonial-PaulRevere.com



Accident Insurance

Accidents can happen to anyone

You never know when you or someone you love could get hurt in an accident. And accidents come with costs, such as emergency room fees, doctor's bills and lost income from missing work. Even if you have good health insurance, deductibles and co-pays can really add up.

With accident insurance from Colonial Life, you can receive benefits to help with the expenses of a covered accident. This financial protection can help you focus on what really matters: healing.

With this coverage:

- A set amount is payable based on the injury you suffer and the treatment you receive.
- You do not need to answer medical questions or have a physical exam to get basic coverage.
- Unlike workers' compensation, which only covers on-the-job injuries, accident insurance covers injuries that happen on-the-job or off-the-job.
- Coverage is available for you, your spouse and eligible dependent children.

Talk with your
benefits counselor to learn
more.

If guaranteed-issue coverage is available, you won't have to answer health questions. For more details, talk with your GEM Enrollments benefits counselor.

ACCIDENT POLICIES PROVIDE LIMITED BENEFITS.

GemEnrollments.com

The policies or their provisions may vary or be unavailable in all states. The policies have 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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Cancer insurance



Talk with your
benefits counselor to learn
more.

GemEnrollments.com

Would you be financially prepared for cancer?

If you were diagnosed with cancer, you could have expenses that medical insurance doesn't cover. In addition to your regular, ongoing bills, you could have to pay for out-of-network treatment, child care, home health care services, and other indirect treatment and recovery costs.

Hopefully, you and your family will never face cancer. If you do, cancer insurance from Colonial Life can help protect the lifestyle you've worked so hard to build.

With this coverage:

- Coverage options are available for you, your spouse and your eligible dependent children.
- You're paid regardless of any insurance you may have with other companies.
- You can use benefits to help pay for travel to and from treatment centers, lodging and meals, deductibles – or any other way you choose.
- You may have the option of purchasing additional riders for even more financial protection against cancer.

If guaranteed-issue coverage is available, you won't have to answer health questions.
For more details, talk with your GEM Enrollments benefits counselor.

CANCER POLICIES PROVIDE LIMITED BENEFITS.

The policies or their provisions may vary or be unavailable in all states. The policies have exclusions and limitations which may affect any benefits payable. See the individual policy or the group certificate, as applicable, or your Colonial Life representative for specific provisions and details of availability.



Critical illness insurance



You can't predict an illness, but you can be prepared

No matter where you are in life, you never know when you or a loved one could experience a critical illness, such as a heart attack or stroke. Medical advancements and early detection are helping many people survive critical illnesses. However, preventive tests and treatment can lead to increased medical expenses, and your health insurance may not cover these costs.

Critical illness insurance helps supplement your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness.

With this coverage:

- Benefits are paid directly to you, unless you specify otherwise.
- You may receive additional benefits if you're diagnosed with more than one critical illness.
- Coverage options are available for you, your spouse and eligible dependent children.

Talk with your
benefits counselor to learn
more.

If guaranteed-issue coverage is available, you won't have to answer health questions.
For more details, talk with your GEM Enrollments benefits counselor.

CRITICAL ILLNESS POLICIES PROVIDE LIMITED BENEFITS.

The policies or their provisions may vary or be unavailable in all states. The policies have exclusions and limitations which may affect any benefits payable. See the individual policy or the group certificate, as applicable, or your Colonial Life representative for specific provisions and details of availability.

GemEnrollments.com



Disability insurance

Help protect your income

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

Disability insurance from Colonial Life helps protect your income, so you can have help paying the bills while you recover from a covered accident or sickness.

With this coverage:

- You can choose the amount of your disability benefits, subject to income.
- You're paid regardless of any insurance you may have with other companies.
- Benefits are paid directly to you, and you can use these benefits however you choose.

If guaranteed-issue coverage is available, you won't have to answer health questions. For more details, talk with your GEM Enrollments benefits counselor.

Talk with your
benefits counselor to learn
more.

GemEnrollments.com

The policies or their provisions may vary or be unavailable in all states. The policies have 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



Get help with rising health care costs

If you're admitted to the hospital because of an accident or sickness, it's important to focus on your recovery – not your finances. That's easier said than done if you have costly co-payments, deductibles and other expenses coming your way.

Hospital confinement indemnity insurance from Colonial Life can help you pay for medical expenses that your health insurance may not cover.

With this coverage:

- Benefits are paid directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse and eligible dependent children.
- You're paid regardless of any other insurance you may have with other companies.

If guaranteed-issue coverage is available, you won't have to answer health questions. For more details, talk with your GEM Enrollments benefits counselor.

Talk with your
benefits counselor to learn
more.

HOSPITAL CONFINEMENT INDEMNITY POLICIES PROVIDE LIMITED BENEFITS.

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The policies or their provisions may vary or be unavailable in all states. The policies have 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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Hc



Term Life Insurance



Talk with your
benefits counselor to learn
more.

GemEnrollments.com

Life insurance protection when you need it most

Life insurance needs change as life circumstances change. You may need more coverage if you're getting married, buying a home or having a child.

Term life insurance from Colonial Life provides protection for a specified period of time, typically offering the greatest amount of coverage for the lowest initial premium. This fact makes term life insurance a good choice for supplementing cash value coverage during life stages when obligations are higher, such as while children are young. It's also a good option for families on a tight budget – especially since you can convert it to a permanent cash value plan later.

With this coverage:

- A beneficiary can receive a benefit that is typically free from income tax.
- The policy's accelerated death benefit can pay a percentage of the death benefit if the covered person is diagnosed with a terminal illness.
- You can convert it to a Colonial Life cash value insurance plan, with no proof of good health, to age 75.

For more details, talk with your GEM Enrollments benefits counselor.

The policies or their provisions may vary or be unavailable in all states. The policies have 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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Whole life insurance

Life insurance that comes with guarantees – because life doesn't

You can't predict the future, but you can rest easier knowing you have life insurance with lifelong guarantees.

Whole life insurance from Colonial Life provides guaranteed cash value accumulation, level premium and a death benefit (minus any loans and loan interest). This coverage can help protect your family's way of life.

With this coverage:

- Life insurance benefits for the beneficiary are typically free from income tax.
- You have three opportunities to purchase additional coverage with no proof of good health required if you are 55 or younger when you initially purchase coverage.
- The policy's accelerated death benefit can pay a percentage of the death benefit if the covered individual is diagnosed with a terminal illness.
- A \$3,000 immediate claim payment can be paid to the designated beneficiary as an advance of the death benefit.

Talk with your
benefits counselor to learn
more.

If guaranteed-issue coverage is available, you won't have to answer health questions. For more details, talk with your GEM Enrollments benefits counselor.

GemEnrollments.com

The policies or their provisions may vary or be unavailable in all states. The policies have 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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Policyholder Service Guide

Getting started

The easiest way to manage your business with us is through ColonialLife.com. To sign up for the website, click Register at the top right of the home page and follow the instructions.

Contact us

Online

ColonialLife.com

Log in and click on

Contact Us

Telephone

1-800-325-4368

Hearing-impaired customers

803-798-4040

If you do not have a TDD, call Voiance Telephone Interpretation Services. 844-495-6105

Consider your options

At Colonial Life, our goal is to give you an excellent customer experience that is simple, modern and personal. For your convenience, you can choose how you interact with us. For the quickest service, we recommend using our website, which lets you do the following:

- Review, print or download a copy of your policy/certificate
- Update contact information
- Access service forms
- Submit your claim using our eClaims system
- Check the status of your claim and view claims correspondence
- Access claim forms

Your policy and certificates are located under the My Correspondence tab.

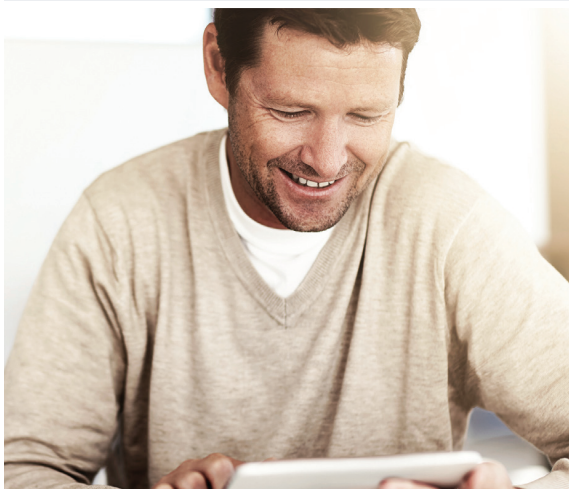
eClaims are quick and easy

With the eClaims feature on **ColonialLife.com**, you can file most claims online by simply answering a few questions and uploading your supporting documentation. You're able to spend less time on paperwork, and we're able to process your claim faster.

- You can access eClaims through your computer or mobile device and upload any required supporting documentation.
- Once you're logged in to ColonialLife.com, visit the **Claims Center** and select **File an Online Claim** to get started.

Paper claims

- If you don't want to file online, download the form you need by visiting the Claims Center page on ColonialLife.com and clicking on **claims and service forms**.
- Follow the instructions, tips and videos to complete and submit your claim.



GemEnrollments.com

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GEM Enrollments

Contact us for all of your enrollment needs

PHONE:

Toll Free: (855) GEM NROLL

Local: (845) 2-ENROLL

GEMENROLLMENTS

Email: Info@GemEnrollments.com

Web: www.GEMenrollments.com

100DutchHillRoadSuite220

Orangeburg, NY 10962

COLONIAL LIFE

Web: www.coloniallife.com

Phone: (800)438-6423

1200 Colonial Life Blvd W

Columbia, SC 29210