

# Colonial Life will have its open enrollment the months of October and November

## Montgomery County Schools

### Employees Paid Bi-weekly - 20 deductions

#### Short Term Disability: 3-month benefit, starts after 14 days

*Provides income replacement to help you to continue to pay mortgage or rent, utility bills or other expenses should you become disabled due to a covered accident or illness. Maternity covered! Monthly benefit is paid directly to you. You may purchase this plan up to age 69.*

#### Off Job Only Coverage

Yearly Salary	Disability Income Benefit	Price	
		Age 17-49	Age 50-69
\$7,000-\$8,999	\$400/month	4.44	5.64
\$9,000-\$10,799	\$500/month	5.55	7.05
\$10,800-\$12,599	\$600/month	6.66	8.46
\$12,600-\$14,399	\$700/month	7.77	9.87
\$14,400-\$16,199	\$800/month	8.88	11.28
\$16,200-\$17,999	\$900/month	9.99	12.69
\$18,000-\$19,799	\$1000/month	11.10	14.10
\$19,800-\$21,599	\$1100/month	12.21	15.51
\$21,600-\$23,399	\$1200/month	13.32	16.92
\$23,400-\$25,199	\$1300/month	14.43	18.33
\$25,200-\$26,999	\$1400/month	15.54	19.74
\$27,000-\$28,799	\$1500/month	16.65	21.15
\$28,800-\$30,599	\$1600/month	17.76	22.56
\$30,600-\$32,399	\$1700/month	18.87	23.97
\$32,400-\$34,199	\$1800/month	19.98	25.38
\$34,200-\$35,999	\$1900/month	21.09	26.79
\$36,000-\$37,799	\$2000/month	22.20	28.20
\$37,800-\$39,599	\$2100/month	23.31	29.61
\$39,600-\$41,399	\$2200/month	24.42	31.02
\$41,400-\$43,199	\$2300/month	25.53	32.43
\$43,200-\$44,999	\$2400/month	26.64	33.84
\$45,000-\$46,799	\$2500/month	27.75	35.25
\$46,800-\$48,599	\$2600/month	28.86	36.66
\$48,600-\$50,399	\$2700/month	29.97	38.07
\$50,400-\$52,199	\$2800/month	31.08	39.48
\$52,200-\$53,999	\$2900/month	32.19	40.89
\$54,000+	\$3000/month	33.30	42.30

**\* This is a brief summary, see the Outline of Coverage for complete details of benefits, exclusions and limitations. This is not an application for coverage, you must complete the AccHith-TN application form number 62403 and all applications must be approved by underwriting**

**\*Disability Policy is Portable, Take It With You When You Retire Or Leave  
The Group For The Same Price**

**Please See The Other Side Of This Form For Information On  
Accident Coverage, Cancer Coverage & Intensive Care**

# Colonial Life Your Voluntary Benefits Offering!

## Montgomery County Schools

Open Enrollment October & November

HR will be providing Specific Enrollment Dates for Your School

### 20- Pay - Payroll Rate Samples

**Short Term Disability:** \$1000/month, 7/7 day Elimination Period, OR 14/14 day Elimination Period  
**"Paycheck Insurance!"** Provides income replacement to help you pay mortgage or rent, utility bills or other expenses should you become disabled due to a covered accident or illness. Maternity covered after policy has been in-force 9 months.

**Design your own plan to fit your budget & financial needs:** You may elect up to 66 2/3 of your salary with a maximum benefit of \$3000 per month. Choose your monthly income benefit (based on your salary), elimination period (benefits become payable once you have been disabled for this number of days; "waiting" period), and 3 month benefit period (how many months you are eligible to receive disability benefits from your plan).

	<u>3 month 7/7</u>	<u>3 month 14/14</u>
Age 17-49	\$16.50	\$11.10
Age 50-69	\$19.80	\$14.10

**Accident Care: On/Off Job Coverage**  
 Helps offset unexpected medical expenses that can result from accidental injury. Includes ER treatment, Hospitalization, Intensive Care and Catastrophic coverage for covered accidents - see brochure for all benefits.

	<u>Employee</u>	<u>EE + Spouse</u>	<u>EE + Child(ren)</u>	<u>Family</u>
	\$10.80	\$14.40	\$18.00	\$21.60

**Cancer 1000: Level 2**  
 Provides wellness benefits for screening tests and follow up. Benefits provide protection against out-of-pocket medical and \*indirect, non-medical expenses related to cancer. Men have a 1 in 2 lifetime risk, for women the risk is 1 in 3. \*American Cancer Society reports that 65% of the overall cost of treatment for cancer is indirect. Additional levels of coverage available.

Rate includes \$1,000 Initial Diagnosis, Progressive Payment and Specified Disease Riders

	<u>Employee</u>	<u>EE + Child(ren)</u>	<u>Family</u>
	\$15.84	\$17.25	\$26.25

**Intensive Care:**  
 Coverage protects you and your family against financial hardships that result from a prolonged stay in intensive care, coronary care, neonatal intensive care and sub-acute intensive care units.

	<u>\$500</u>	<u>\$750</u>	<u>\$1,000</u>
Employee	\$3.45	\$4.87	\$6.29
EE + Child(ren)	\$4.00	\$5.69	\$7.38
Family	\$6.23	\$9.03	\$11.83

**"NEW BENEFIT" CRITICAL ILLNESS**  
 You have the option to choose from a \$10,000 or \$25,000 benefit and you may also add your spouse to a plan. The Critical Illness plan is a lump sum payment for Heart Attack, Stroke, Major Organ Transplant, End Stage Renal Failure. For Coronary Bypass Surgery it will pay 25% of the amount of coverage you purchase.

Wellness Benefit: \$50 per calendar year, see brochure

**WITHOUT CANCER RIDER**

	<u>\$10,000 Benefit</u>		<u>\$25,000 Benefit</u>	
	<u>Non-Tobacco</u>	<u>Tobacco</u>	<u>Non-Tobacco</u>	<u>Tobacco</u>
Age 16-29	\$2.34	\$3.01	\$4.06	\$5.69
30-39	\$3.37	\$5.16	\$6.61	\$11.10
40-49	\$5.28	\$8.99	\$11.40	\$20.69
50-59	\$8.17	\$14.71	\$18.61	\$34.95
60-69	\$11.40	\$19.50	\$26.70	\$46.96

**WITH CANCER RIDER**

	<u>\$10,000 Benefit</u>		<u>\$25,000 Benefit</u>	
	<u>Non-Tobacco</u>	<u>Tobacco</u>	<u>Non-Tobacco</u>	<u>Tobacco</u>
Age 16-29	\$3.60	\$5.16	\$7.20	\$11.10
30-39	\$5.25	\$8.70	\$11.40	\$19.96
40-49	\$8.88	\$16.20	\$20.40	\$38.70
50-59	\$14.46	\$27.18	\$34.36	\$66.15
60-69	\$22.20	\$38.52	\$53.70	\$94.50

This is a brief summary, see the Outline of Coverage for complete details of benefits, exclusions and limitations. This is not an application for coverage; you must complete the required Enrollment Application and Forms.