





Eleos Property Management

2026-2027 Benefit Guide

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal Law gives you choices about your prescription drug coverage.

Letter from the Benefits Department

As consumers of health care, we have many choices on how and where we receive care. Although health care costs continue to rise, your employer is committed to offering a benefits plan that is valuable and accessible to you and your family.

Eleos Property Management has been diligent in searching for benefits that help our employees and their families satisfy their insurance needs. A brief overview of the providers and the benefits offered by each are listed below. For more detailed information on a specific benefit, please refer to the full plan documents.

NOTE: ***The plan year is November 1st-October 31st. However, the benefits run on a calendar year which means the deductible and out of pocket start over January 1st.***

- **BlueCross and BlueShield of Oklahoma** - Medical and Prescription Drug plan
- **Delta Dental of Oklahoma** - Dental plan
- **VSP** - Vision plan
- **Colonial** - Accident, Critical Illness, Medical Bridge (Hospital Indemnity), Short Term Disability (STD), and NEW 2026 - Term Life.

Eligibility

Employees and your dependents are eligible for Eleos Property Management benefits on the first of the month following 60 days continuous employment.

It is wise to remember that the health care choices we make when visiting our physician, purchasing prescription drugs at the pharmacy, or utilizing one of the benefits offered by our plan, impacts both our health and our financial well-being. As smart consumers, we should ask about generic drugs and talk to our doctors about treatment options. Taking care of yourself can positively impact your quality of life.

After you review the enclosed information, please choose the coverage that is best for you and your family. Your employer will provide you with payroll deduction information to aid you in making your decisions.

Please complete all paperwork provided to you by your employer indicating your coverage election decisions. Be sure to provide all forms back to your employer by the date they indicate.

Sincerely,

Your Benefits Team

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

BCBSOK Medical Plan Options

	P8E1ADT Blue Advantage Platinum PPO	G740ADT Blue Advantage Gold PPO
	In-Network	In-Network
Calendar Year Deductible	$750 Individual / $2,250 Family	$2,100 Individual / $6,300 Family
Out-of-Pocket Maximum (includes deductible)*	$2,250 Individual / $6,000 Family	$5,250 Individual / $15,750 Family
Coinsurance	10%	30%
OFFICE VISITS		
Preventive Care	Covered 100%	Covered 100%
Primary Care Physician	$30 copay / visit	$50 copay / visit
Specialist	$45 copay / visit	$75 copay / visit
EMERGENCY MEDICAL SERVICES		
Urgent Care	$50/visit	$50/visit
Emergency Room	$300/visit plus 10% coinsurance (Copayment waived if admitted)	$750/visit plus 30% coinsurance
Outpatient Surgery	$100/visit plus 10% coinsurance	$300/visit plus 30% coinsurance
Inpatient Surgery	$150/visit plus 10% coinsurance	$300/visit plus 30% coinsurance
PHARMACY BENEFIT		
Retail (30 Days)		
Preferred Generic	$0 / $10	$10 / $20
Non-Preferred Generic	$10 / $20	$20 / $30
Preferred Brand	$35 / $55	$50 / $70
Non-Preferred Brand	$75 / $95	$100 / $120
Preferred Specialty	$150	$150
Non-Preferred Specialty	$250	$250
Mail Order (90 days)		
	$0 / $30 / $105 / $225	$30 / $60 / $150 / $300

*Copayments, coinsurance and deductibles accumulate toward the out-of-pocket maximum.

>Per BCBSOK: Allowable charge for non-contracting providers for covered services will be the lesser of the provider's billed charges or the plan's non-contract acting allowable charge. The non-contracting allowable charge is developed from base Medicare reimbursements, excluding any Medicare adjustments using information on the claim, and adjusted by a predetermined factor established by the plan. Such factor will not be less than 100% of the base Medicare reimbursement rate.

Insure Oklahoma
HELPING OKLAHOMA BUSINESSES STAY STRONG

What is Insure Oklahoma?

Insure Oklahoma is an Employer Sponsored Insurance plan that helps employers provide eligible employees with affordable health care insurance.

What Can IO Do For Me?

What Every Employee Should Know About the IO Program

- Employees who participate in Insure Oklahoma save on health insurance premiums provided by their employer by receiving subsidies through Insure Oklahoma.
- The qualified employee pays no more than 15% of the premium.
- The employer pays 25% and Insure Oklahoma pays the remaining 60%.
- If the spouse is eligible for subsidy and enrolled in the health insurance plan, Insure Oklahoma will subsidize 85% of their premium.
- Insure Oklahoma IS NOT AN INSURANCE COMPANY. Insure Oklahoma is administered by the Oklahoma Health Care Authority.

Employee Qualifications

To qualify, an employee should:

- ✓ Be between the ages of 19 and 64.
- ✓ Be an Oklahoma resident and meet citizenship requirements.
- ✓ Not be enrolled in any other state program like SoonerCare (Family Planning, BCC) or Medicare.
- ✓ Be able to provide SSN for all household members.
- ✓ Have an annual household income at or below the Income Guidelines.

2026 ESI Income Guidelines

Family Size	Max Monthly Income	Annual Income
1	$2,975	$35,700
2	$4,019	$48,228
3	$5,063	$60,756
4	$6,110	$73,320
5	$7,154	$85,848
6	$8,198	$98,376
7	$9,245	$110,940
8	$10,289	$123,468

Income guidelines are effective April 1, 2026 - March 31, 2027

* To qualify, the applicant's household must have a modified gross income (MAGI) at or below the guidelines noted above. Visit www.insureoklahoma.org for information on how MAGI is determined. Dependent children may count toward household size and may be eligible for Insure Oklahoma.

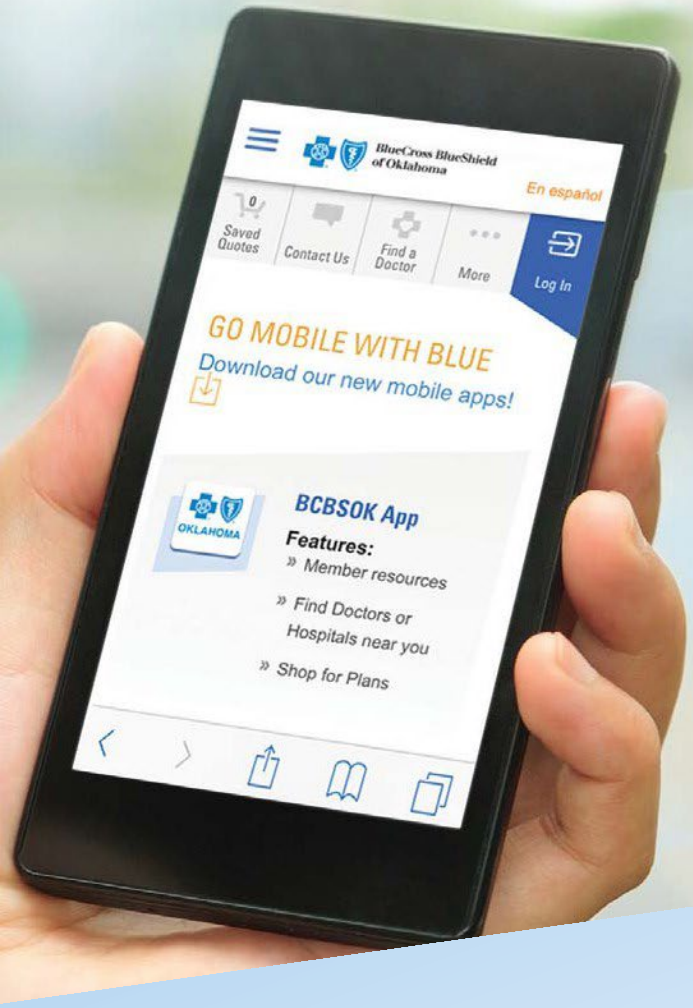
Coverage for spouses and dependents may be available through Insure Oklahoma.

Spouses may be approved for benefits if the spouse:

- Is not employed, or
- Works full-time for an employer that would qualify for IO but is not participating, or
- Works less than 29 hours per week for any size employer.

To see if your children qualify for Insure Oklahoma, please call 888-365-3742 or visit www.insureoklahoma.org.

BlueCross BlueShield of Oklahoma



Blue Access Mobile℠

allows you to conveniently and securely access your health coverage and wellness information via your mobile devices anywhere, anytime.

BCBSOK App and Mobile Website:

- Find a doctor, hospital or urgent care facility or search for Spanish-speaking providers
- Register or log in to Blue Access for Members℠
  - View coverage details
  - Check claims status
  - Access ID card information

Centered App for iPhone®:

- Promote wellness through mindful meditation and activity
  - Set a daily steps goal and a weekly meditation goal
  - Choose from three meditation sessions - short, mindful or body awareness
  - Record activity automatically

Text Messaging:

- Set up personalized, daily reminders to take your prescriptions, multi-vitamins or check your blood glucose
- Get weekly diet, exercise and fitness tips
- Send texts to BCBSOK when you need instant account information

Learn more about Blue Access Mobile at bcbsok.com/mobile or text* OKGO to 33633.

*Message and data rates may apply. Terms and conditions and privacy policy at bcbsok.com/mobile/text-messaging.

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BlueCross BlueShield of Oklahoma



Looking for the right doctor?

Provider Finder® is the quick and easy way to make better health care decisions for you and your family.

Provider Finder from Blue Cross and Blue Shield of Oklahoma (BCBSOK) is an innovative tool for helping you choose a provider, plus estimate and manage health care costs.

By logging in to Blue Access for Members℠ (BAM) you can use Provider Finder to:

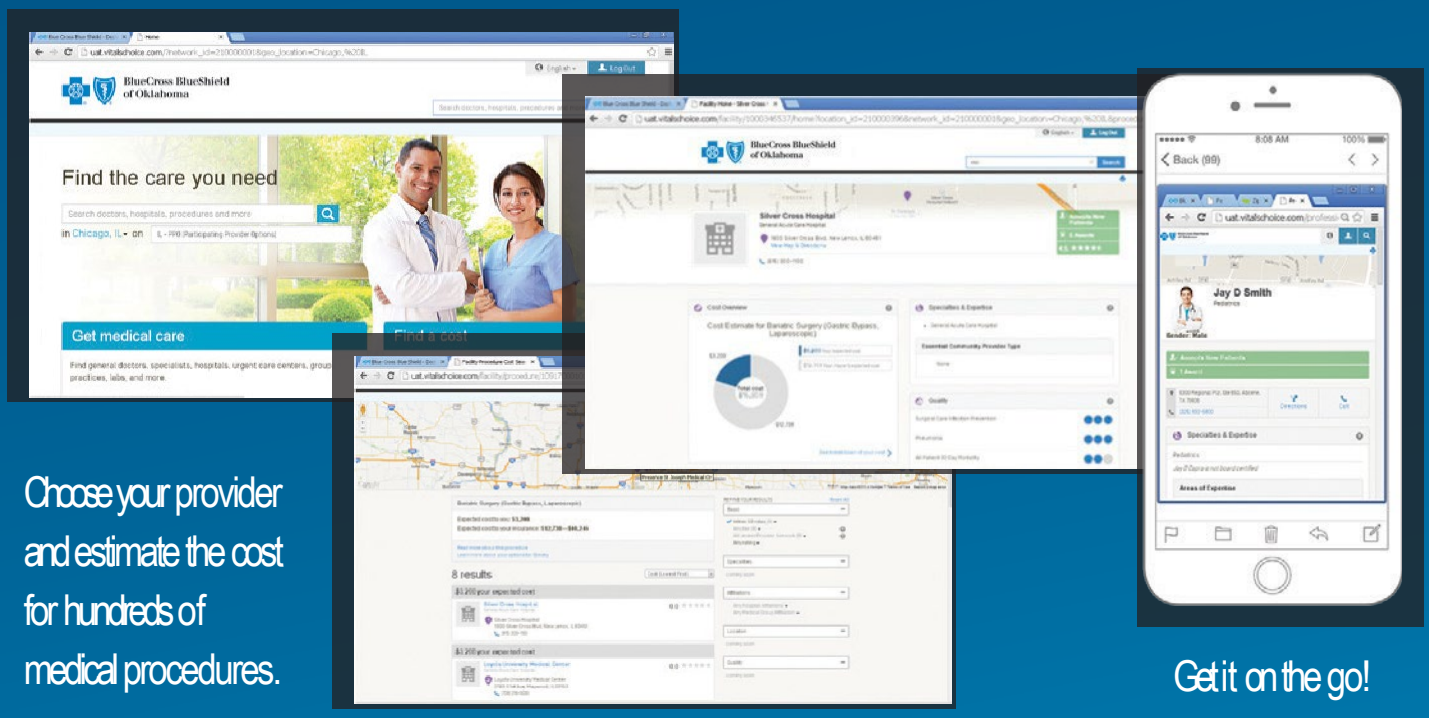
- Find a network primary care physician, specialist or hospital.
- Filter search results by doctor, specialty, ZIP code, language and gender – even get directions.
- Estimate the cost of hundreds of procedures, treatments and tests and your out-of-pocket expenses.
- Determine if Blue Distinction Center® (BDC), BDC+ or Blue Distinction Total Care is an option for treatment.
- View patient feedback or add your review for a provider.
- Review providers' certifications and recognitions.

It's easy, immediate, secure – and available at bcbsok.com.

You're in charge with more information.

- Do you want to know more about the providers who take care of you or your family?
- Do you need to know the estimated cost of a medical service?
- Do you want to know what feedback other patients had on a provider?

Informed Choice. Cost Management. More Options.



Choose your provider and estimate the cost for hundreds of medical procedures.

Get it on the go!

Screen shots are for illustrative purpose only.

It's easy to get started with Provider Finder by registering for Blue Access for Members℠ (BAM):

1. Go to **bcbsok.com**.
2. Click the **Log In** tab, and then click the **Register Now** link.
3. Use the information on your BCBSOK ID card to complete the process.
4. Then, log in to BAM. Provider Finder is located under the **Doctors & Hospitals** tab.

You can also call a BCBSOK Customer Service Advocate at the toll-free telephone number on the back of your member ID card for help in locating a provider.

Get assistance while you're away from home.

Go to bcbsok.com and register or log in to BAM. You can stay connected to your claims activity, member ID card and coverage details – you can also receive prescription reminders and health tips via text messages.

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BlueCross BlueShield of Oklahoma

Blue365®
Because health is a big deal℠



Blue365®

A Discount Program for Your Employees

Blue365 is just one more advantage your employees have by being a Blue Cross and Blue Shield of Oklahoma (BCBSOK) member. With this program, your employees may save money on health and wellness products and services from top retailers not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once employees sign up for Blue365 at **blue365deals.com/bcbsok**, weekly "Featured Deals" will be emailed to them. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered to Blue365 members.

EyeMed | Davis Vision
Members can save on eye exams, eyeglasses, contact lenses and accessories. They have access to national and regional retail stores and local eye doctors. Members may also qualify for savings on laser vision correction.

TruHearing® | Beltone™ | American Hearing Benefits
Members (and possibly their immediate family members) could get savings on hearing tests, evaluations and hearing aids.

Dental Solutions℠
Members may get dental savings with Dental Solutions. They may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

Jenny Craig® | Sun Basket | Nutrisystem®
Members can work toward reaching their weight loss goals with savings from leading programs. They may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at **blue365deals.com/bcbsok.**

BlueCross BlueShield of Oklahoma

Blue365®
Because health is a big deal℠

Fitbit®
Your employees can customize their workout routines with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. Members receive a 20% discount on Fitbit devices plus free shipping.

Reebok | SKECHERS®
Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Your employees get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. Your employees can get 30% off plus free shipping on their online orders.

InVite® Health
InVite Health offers quality vitamins and supplements, educational resources and a team of healthcare experts for guidance to select the correct product at the best value. Members get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a $25 purchase.



Livekick
Livekick is the future of private fitness. Your employees can choose from training or yoga over live video with a private coach. They can get fit and feel healthier with action-packed 30-minute sessions that they can do from home, their gym or hotel while traveling. They'll also get a free two-week trial and 20% off a monthly plan on any Live Online Personal Training.

eMindful
A 25% discount is available on any of eMindful's live streaming or recorded premium courses. Members can apply mindfulness into their lives including Stress Reduction, Mindful Eating, Chronic Pain Management, Yoga, Qigong Movement and more.

For more great deals or to learn more about Blue365, visit **blue365deals.com/bcbsok.**

The relationship between these vendors and Blue Cross and Blue Shield of Oklahoma (BCBSOK) is that of independent contractors. BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a $9.95 signup and $6 monthly fee.

Blue365 is a discount program only for BCBSOK members. This is NOT insurance. Some of the services offered through this program may be covered under the health plan you choose to offer. Employees should check their benefit booklet or call the customer service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program and may be subject to change. BCBSOK does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products.
BCBSOK reserves the right to stop or change this program at any time without notice.

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BlueCross BlueShield of Oklahoma





83% of members who participated in the Condition Management program remained stable or improved.*

* Internal data analysis: Condition Management severity level measured initially in January 2013, final severity level measured June 2014

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Rather do it online? No problem! Visit careontarget.com.

Care onTarget®, our condition management website, is available whenever you are. It provides you with these tools to try to help you better manage your chronic condition:

Take a Condition Assessment: Just answer some basic questions about your health. You can take assessments for asthma, coronary artery disease (CAD), diabetes, depression and more.

Watch Online Health Tutorials: Based on your assessment answers, Care onTarget will suggest online tutorials that may help you better understand your health needs and take a more active role in your care.

Find Health Resources: This section can help you access useful information from well-known sources such as the National Institutes of Health and the Centers for Disease Control and Prevention.

Live Chat with a Clinician: Have a question about your health? Chat with a clinician Monday through Friday, 8:30 a.m. to 5 p.m. Central time (excluding holidays).

Getting your chronic condition under control may help you be healthier in the years to come. Call 866-670-6681 and select "Blue Care Connection" today to join the Condition Management program, or visit careontarget.com and start a live chat with a clinician.

Blue Care Connection

Dental Benefits

Insured by Delta Dental of Oklahoma

Good oral care enhances overall physical health, appearance, and mental well-being. Problems with the teeth and gums are common and easily treated. Keep your teeth healthy and your smile bright with the Eleos Property Management dental benefit plan.

	Base Plan	**Buy-Up Plan**
	Select PPO In-Network Benefits	**Plus Premier In-Network Benefits**
Annual Deductible	$50 per person / $150 per family	$50 per person / $150 per family
Annual Maximum	$1,500	$1,500
Preventive Services	100%	100%
Deductible Waived	Yes	Yes
Basic Services	80% after deductible	80% after deductible
Endodontics	80% after deductible	80% after deductible
Periodontics	80% after deductible	80% after deductible
Major Services	50% after deductible	50% after deductible
Orthodontia Services Lifetime Maximum	50% $1,500 per child	50% $1,500 per child



Voluntary Vision Benefits

Insured by Vision Service Plan (VSP)

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

	In-Network (Member Cost)
Exam Frequency	Every 12 months
Eye Exam	$20 copay
Frame Frequency	Every 24 months
Frames	$130 allowance for wide selection; $150 allowance for featured frame; plus 20% savings over allowance (Walmart / Costco Frames: $70 allowance)
Lenses Frequency	Every 12 months
Single Vision Lenses	$20 copay
Bifocal Lenses	$20 copay
Trifocal Lenses	$20 copay
Contacts Frequency (in lieu of lenses & frames)	Every 12 months
Contacts Exam (fitting & evaluation)	$60 copay
Contact Lenses	$130 allowance (copay does not apply)
Medically Necessary	$20 copay then Paid in full



Life and Accidental Death & Dismemberment

Insured by Colonial

Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Eleos Property Management. The company provides basic life insurance of $25,000 at no cost to you.

Accidental Death and Dismemberment (AD&D)

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Eleos Property Management provides basic AD&D insurance of $25,000 at no cost to you.

If the employee is dismembered (such as loss of an eye or limb), benefits will be paid to the employee as a percentage of the AD&D amount.

Age Reduction

Beginning at age 65, your life coverage will reduce to 65% of the amount in force. At age 70, your life coverage will reduce to 50%. Please refer to the Sun life benefit summary for further information regarding the reduction schedule and any other benefit limitations.

Your Responsibility

You should verify that all beneficiary information is up to date annually.

Additional Voluntary Accident, Critical Illness, Medical Bridge (Hospital Indemnity), Short Term Disability (STD), and NEW 2026 - Term Life

Insured by Colonial

Worksite Insurance

Eleos Property Management has partnered with Colonial to offer you the option to customize your insurance coverage to what best fits your personal situation.

Available options include the following:

Accident Insurance: Accidents by nature are a surprise. This plan helps to offset unexpected medical expenses for covered accidents such as sprains, broken bones, and burns.

Critical Illness Insurance: Should you be diagnosed with a covered illness, this plan helps to provide a financial cushion with a lump sum cash benefit of either $10,000 or $20,000.

Medical Bridge (Hospital Indemnity): This plan can help with medical costs associated with a hospital stay or other covered events.

Short Term Disability (STD): This plan provides paycheck protection should you be unable to work due to a covered illness or injury.

Term Life: NEW 2026 This plan provides protection for your loved ones by paying a benefit to your designated beneficiary should you die while coverage is in effect.

Should you elect to enroll in the offered Colonial plans, it is important to note that you are able to enroll in most plans without answering health questions.

IMPORTANT: This Employee Benefits Guide is an outline of the coverages proposed by the carrier(s). It does not include all of the terms, coverages, exclusions, limitations, and conditions of the actual contract. The policy and contract documents must be read for complete details. Policy information will be made available upon request.

ADDITIONAL SERVICES

COLONIAL ACCIDENT

COLONIAL CRITICAL ILLNESS

COLONIAL MEDICAL BRIDGE (HOSPITAL INDEMNITY)

COLONIAL SHORT-TERM DISABILITY (STD)

NEW 2026 - COLONIAL TERM LIFE



Group Accident Insurance

Preferred Plan

If you are in an accident, your focus should be on recovery, not how you're going to pay your bills. Colonial Life accident insurance can pay benefits directly to you to use however you like —from medical costs to everyday expenses. Whether you've had a fall or a car accident, these benefits can offer financial support when you need it.

Our coverage includes:

- Benefits payable directly to you
- No medical questions to qualify for coverage
- Coverage for simple and complex injuries
- Benefits payable regardless of other insurance
- Worldwide coverage
- Works alongside your Health Savings Account (HSA)

BENEFITS STORY

Milo was working in his yard when he tripped and injured his hand.

With Colonial Life accident benefits, Milo was able to pay the annual deductible and co-payments for his health insurance plan without using his savings or taking on debt.

Milo went to an urgent care facility and received immediate care.	
The doctor ordered an X-ray and discovered Milo had fractured his hand.	
The doctor also found that Milo had a cut on his hand but did not require stitches.	
Milo was discharged with a splint.	
Over the next several weeks, Milo had two follow-up appointments with his doctor.	

MILO'S ACCIDENT BENEFITS	
Treatment in a physician's office or urgent care facility	**$100**
• X-ray • Fracture (hand)	**$60** **$1,200**
Laceration (no repair)	**$50**
Durable medical equipment	**$50**
Physician follow-up visits (2 visits)	**$50 x 2 =$100**
Total	**$1,560**

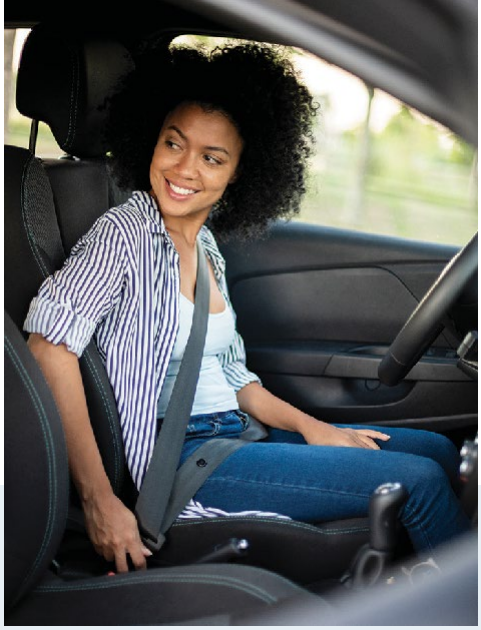
For illustrative purposes only. Benefit amounts may vary and may not cover all expenses.

Give your benefits a boost

We know that more complicated or severe accidents result in more expensive medical bills and more disruption in your life.

Group Accident includes a Benefit Booster* to provide additional financial support for serious accidents. If you have more than $5,000 in payable benefits for a covered accident, we will give you a $500 boost to your benefits to help you with whatever expenses you have.

*Payable once per Insured per covered accident



BENEFITS STORY

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

Olivia's benefits helped her cover her medical expenses when she was injured in a car accident, helping her to focus on her recovery.

	OLIVIA'S ACCIDENT BENEFITS	
Olivia arrived by ambulance at the nearest emergency room and received immediate care.	• Ambulance • Emergency department visit • Injury due to auto accident	**$300** **$200** **$250**
The doctor ordered an X-ray and discovered Olivia had fractured her thigh (femur). He also ordered a CT scan of her head to check for brain injury.	• X-ray • Medical imaging • Fracture (thigh)	**$60** **$200** **$3,150**
Olivia required surgery for her leg.	• Surgical repair (thigh fracture) • General anesthesia	**$3,150** **$250**
Olivia boarded her pet for two nights after her surgery.	Pet boarding (2 days)	**$20 x 2 =$40**
Olivia had eight sessions of physical therapy to help regain the strength in her leg and two follow-up appointments with her doctor.	• Therapy services (8 sessions) • Physician follow-up visits (2 visits)	**$45 x 8 =$360** **$50 x 2 =$100**
Olivia's benefits for this accident totaled more than $5,000.	Benefit Booster	**$500**
	Total	**$8,560**

For illustrative purposes only. Benefit amounts may vary and may not cover all expenses.

Benefits are per covered person per covered accident unless stated otherwise

Injury benefits

- **Burns (based on size and degree)** ..... **$500–$15,000**
- **Concussion** **$375**
- **Connective tissue damage** ..... **$100–$200**
- **Eye injury** **$300**
- **Hearing loss injuries** **$120**
  (Maximum once per lifetime per ear per insured)
- **Injury due to auto accident** **$250**
- **Internal injuries** **$200**
- **Knee cartilage (meniscus) injury** **$150**
- **Lacerations** ..... **$50–$600**
- **Loss of a digit—partial** ..... **$300–$600**
- **Loss of a digit** ..... **$750–$2,000**
- **Ruptured or herniated disc** ..... **$150–$300**

Fracture benefits

- **Injury** ..... **$200–$3,750**
  Examples: finger: $200 | wrist: $1,200 | hip: $3,150
- **Surgical repair of fracture** **100%**
  (Payable as an additional % of the applicable fractures benefit)
- **Chip fracture** **25%**
  (Payable as a % of the applicable fractures benefit)

Dislocation benefits

- **Injury** ..... **$200–$3,000**
  Examples: elbow: $450 | ankle: $1,200 | hip: $3,000
- **Surgical repair of dislocation** **100%**
  (Payable as an additional % of the applicable dislocations benefit)
- **Incomplete dislocation** **25%**
  (Payable as a % of the applicable dislocations benefit)

Treatment benefits

- **Air ambulance** **$1,500**
- **Ambulance (ground or water)** **$300**
- **Durable medical equipment** ..... **$50–$200**
- **Emergency dental repair** ..... **$100–$300**
- **Emergency department** **$200**
  (Maximum 4 per year)
- **Family care** ..... **$50 per day**
  (Maximum of one benefit per day for all Insureds combined, up to a maximum of three days per covered accident, regardless of the number of children)
- **Injections to prevent or limit infection** **$50**
- **Lodging** ..... **$200 per day**
  (Maximum 30 days)
- **Medical imaging** **$200**
- **Pain management injections** **$100**
- **Pet boarding** ..... **$20 per day**
  (Maximum of one benefit per day for all insureds combined, up to a maximum of three days per covered accident, regardless of the number of pets that are boarded)
- **Prosthetic device or artificial limb** ..... **$1,250–$2,500**
- **Skin grafts (due to burns)** **50%**
  (Payable as a % of the applicable burn benefit)
- **Skin grafts (not due to burns)** ..... **$250–$500**
- **Transfusions** **$400**
- **Transportation** ..... **$150 per trip**
  (Maximum 6 one-way trips)
- **Treatment in a physician's office or urgent care facility** ... **$100**
  (Maximum 4 per year)
- **X-ray or ultrasound** **$60**

Surgery benefits

- **Anesthesia** ..... **$150–$250**
- **Connective tissue surgery** ..... **$125–$1,600**
- **Eye surgery** **$300**
- **General surgery**
  - **Abdominal, thoracic, or cranial** **$1,500**
  - **Exploratory surgery** **$225**
- **Hernia surgery** **$300**
- **Knee cartilage (meniscus) surgery** ..... **$100–$600**
- **Outpatient surgical facility** **$300**
- **Ruptured or herniated disc surgery** ..... **$125–$1,500**

Recovery care benefits

- **At-home care** ..... **$100 per day**
  (Maximum 5 days)
- **Benefit Booster** **$500**
- **Physician follow-up visits** **$50**
  (Maximum 4 days per covered accident and 16 days per calendar year)
- **Rehabilitation or sub-acute rehabilitation unit confinement** ..... **$150 per day**
  (Maximum 15 days per covered accident and 30 days per calendar year)
- **Therapy services (speech, physical therapy, occupational therapy)** ..... **$45 per day**
  (Maximum 15 days)

Options checked below have been chosen by your employer to enhance your Group Accident Coverage.

✔☐Recovery Plus package

- **Behavioral health therapy** ..... **$45 per day**
  (Maximum 15 days)
- **Post-traumatic stress disorder (PTSD)** **$200**
- **Prescription drug** **$25**
- **Additional therapy services (chiropractic, acupuncture, alternative therapy)** **$45**
  (Existing therapy services benefit maximum applies to additional therapy services, maximum 15 days)
- **Injury due to felonious act of violence or sexual assault** **$250**
  (Maximum once per insured per calendar year, with an accompanying police report)

☐ Gunshot wound benefit

This benefit can help pay your medical expenses if you receive a non-fatal gunshot wound. It offers you a lump sum for a covered injury regardless of any other insurance you may have and includes on/off-job coverage.

- **Gunshot wound** ..... **$_____**

This benefit covers a non-fatal gunshot wound from a conventional firearm that requires treatment by a doctor and overnight hospitalization within 24 hours of the injury. If you are shot more than once in a 24-hour period, we can pay benefits only for the first wound.



Contact your Colonial Life benefits counselor to learn more.

CT: We will pay the air ambulance or ambulance benefits directly to the licensed professional ambulance company. CT includes a benefit for "outpatient emergency medical care for accidental ingestion of a controlled substance." The at-home care benefit maximum is 80 days.

KS: Chiropractic therapy is not available.

NH: NH includes a burn benefit for 2nd degree burns under 5% of skin surface. The minimum benefit for the loss or partial loss of a digit is $1,000.

MD: The prescription drug benefit is not available.

PA: The pet boarding benefit is not available.

TN: The therapy services benefit includes chiropractic.

TX: The concussion benefit is replaced by the "concussion and acquired brain injuries" benefit. The therapy services benefit includes the following services: cognitive communication therapy; cognitive rehabilitation therapy; community reintegration services; neurobehavioral; neurocognitive therapy and rehabilitation; neurofeedback therapy; neurophysiological; neuropsychological; post-acute transition services; psychophysiological testing or treatment; and remediation.

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate.

It may also be offered to employees who do not have HSAs.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

EXCLUSIONS

We will not pay benefits for claims that are caused by, contributed to by, or resulting from elective procedures, felonies or illegal occupations, hazardous avocations, impaired driving, incarceration, racing, semi-professional or professional sports, sickness, suicide or self-inflicted injuries, war, or armed conflict.

ID: "Semi-professional sports or professional sports" exclusion is replaced by "professional sports" exclusion.

IL: We will not pay benefits for claims that are caused by or resulting from Exclusions.

MD: Includes an exclusion for "Prohibited referrals." The "felonies or illegal occupations" and "impaired driving" exclusions apply only to Accidental Death and Dismemberment benefits.

MI: "Impaired driving" and "suicide or self-inflicted injuries" exclusions do not apply.

MN: "Suicide or self-inflicted injuries" exclusion does not apply.

NH: "Incarceration" and "racing" exclusions do not apply.

UT: We will not pay benefits for claims that are caused by or resulting from Exclusions.

VT: "Impaired driving" exclusion does not apply.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GAC4100-P and certificate form GAC4100-C (including state abbreviations where used, for example: GAC4100-P-TX and GAC4100-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Colonial Life

Group Accident Insurance

Accident Hospital Benefits



These benefits can help with medical costs related to a hospital stay for a covered accident, including costs that your health insurance may not cover, like co-pays and deductibles.

Accident hospital benefits are available to you with group accident coverage, as well as all your covered family members Talk with your benefits counselor about the level of accident hospital benefits available to you.

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

	Economy	Basic	Preferred	Premier
	☐	☐	✔☐	☐
Hospital Admission	$500	$750	$1,000	$1,500
Hospital Admission – ICU	$1,250	$1,500	$1,750	$2,500
Hospital Confinement – Daily Stay Max. of 365 days per insured per covered accident	$100	$200	$250	$350
Hospital ICU Confinement – Daily Stay Max. of 15 days per insured per covered accident	$150	$250	$350	$500
Hospital Sub-Acute ICU Confinement – Daily Stay Max. of 30 days per insured per covered accident	$200	$300	$400	$600
Short Stay Min. of 8 hours up to 20 hours	$200	$200	$200	$200

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

1. Active lifestyles benefit applies to any combination of these injuries or services due to a covered accident.

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for claims that are caused by, contributed to by, or resulting from elective procedures, felonies or illegal occupations, hazardous avocations, impaired driving, incarceration, racing, semi-professional or professional sports, sickness, suicide or self-inflicted injuries, war, or armed conflict.

STATE VARIATIONS FOR EXCLUSIONS AND LIMITATIONS

ID: "Semi-professional sports or professional sports" exclusion is replaced by "professional sports" exclusion.

IL: We will not pay benefits for claims that are caused by or resulting from Exclusions.

MD: Includes an exclusion for "Prohibited referrals." The "felonies or illegal occupations" and "impaired driving" exclusions apply only to Accidental Death and Dismemberment benefits.

MI: "Impaired driving" and "suicide or self-inflicted injuries" exclusions do not apply.

MN: "Suicide or self-inflicted injuries" exclusion does not apply.

NH: "Incarceration" and "racing" exclusions do not apply.

UT: We will not pay benefits for claims that are caused by or resulting from Exclusions.

VT: "Impaired driving" exclusion does not apply.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GAC4100-P and certificate form GAC4100-C (including state abbreviations where used, for example, GAC4100-P-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Group Accident Insurance

Accidental Death & Dismemberment Benefits



These benefits can help pay for expenses related to an accidental death. They can also help pay costs related to recovery and rehabilitation from an accidental dismemberment, including costs that your medical plan doesn't cover, like co-pays and deductibles.

Accidental death & dismemberment (AD&D) benefits

Accidental death and dismemberment benefits are available to you with group accident coverage, as well as all your covered family members. Talk with your benefits counselor about the level of AD&D benefits available to you.

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

	Economy	Basic	Preferred	Premier
	☐	☐	✔☐	☐
Accidental death				
• Named insured	$25,000	$25,000	$50,000	$50,000
• Spouse[1]	$25,000	$25,000	$50,000	$50,000
• Children	$5,000	$5,000	$10,000	$10,000
Accidental death – Common carrier				
• Named insured	$100,000	$100,000	$200,000	$200,000
• Spouse[1]	$100,000	$100,000	$200,000	$200,000
• Children	$20,000	$20,000	$40,000	$40,000
Accidental dismemberment				
• Both feet	$25,000	$50,000	$75,000	$100,000
• Both hands	$25,000	$50,000	$75,000	$100,000
• One foot	$6,000	$7,500	$9,000	$15,000
• One hand	$6,000	$7,500	$9,000	$15,000
• Thumb and index finger of the same hand	$3,000	$3,750	$4,500	$7,500
Coma (7 or more consecutive days)	$5,000	$7,500	$10,000	$20,000
Home alterations and automobile modifications	$500	$1,000	$1,500	$2,000

Accidental death & dismemberment benefits (continued)

	Economy	Basic	Preferred	Premier
	■	■	✔■	■
Loss of use				
• Hearing (one ear)	$6,000	$7,500	$9,000	$15,000
• Hearing (both ears)	$25,000	$50,000	$75,000	$100,000
• Sight of one eye	$6,000	$7,500	$9,000	$15,000
• Sight of both eyes	$25,000	$50,000	$75,000	$100,000
• Speech	$25,000	$50,000	$75,000	$100,000
Paralysis				
• Uniplegia	$6,000	$7,500	$9,000	$15,000
• Hemiplegia	$25,000	$50,000	$75,000	$100,000
• Paraplegia	$25,000	$50,000	$75,000	$100,000
• Triplegia	$25,000	$50,000	$75,000	$100,000
• Quadriplegia	$25,000	$50,000	$75,000	$100,000

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

1. Or domestic partner where permitted by law.

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE
This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS INSURANCE PROVIDES LIMITED BENEFITS.
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

EXCLUSIONS AND LIMITATIONS
We will not pay benefits for claims that are caused by, contributed to by, or resulting from elective procedures, felonies or illegal occupations, hazardous avocations, impaired driving, incarceration, racing, semi-professional or professional sports, sickness, suicide or self-inflicted injuries, war, or armed conflict.

STATE VARIATIONS FOR EXCLUSIONS AND LIMITATIONS
ID: "Semi-professional sports or professional sports" exclusion is replaced by "professional sports" exclusion.

IL: We will not pay benefits for claims that are caused by or resulting from Exclusions.

MD: Includes an exclusion for "Prohibited referrals." The "felonies or illegal occupations" and "impaired driving" exclusions apply only to Accidental Death and Dismemberment benefits.

MI: "Impaired driving" and "suicide or self-inflicted injuries" exclusions do not apply.

MN: "Suicide or self-inflicted injuries" exclusion does not apply.

NH: "Incarceration" and "racing" exclusions do not apply.

UT: We will not pay benefits for claims that are caused by or resulting from Exclusions.

VT: "Impaired driving" exclusion does not apply.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GAC4100-P and certificate form GAC4100-C (including state abbreviations where used, for example, GAC4100-P-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Group Accident Insurance

Active Lifestyles Benefit



This benefit increases the amount you receive by 20% for your covered eligible benefits, giving you more financial protection for the unexpected.

The active lifestyles benefit is available to you with group accident coverage, as well as all your covered family members.

Eligible benefits[1]

- Concussion
- Connective tissue damage
- Dislocations
- Emergency dental repair
- Eye injury
- Fractures
- Knee cartilage (meniscus) injury
- Lacerations
- Medical imaging
- Ruptured or herniated disc
- Surgery
  - Connective tissue surgery
  - Dislocations —surgical repair
  - Eye surgery
  - Fractures —surgical repair
  - General surgery —abdominal, thoracic, cranial, exploratory
  - Knee cartilage (meniscus) surgery
  - Ruptured or herniated disc surgery
- X-ray or ultrasound

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

BENEFITS STORY

Olivia slipped off the stair climber at the gym …

And hit her head on the floor. She had a concussion and fractured her ankle.

Olivia's payable claim added up to $2,500 in accident benefits. Her claim included benefits that were eligible for a 20% active lifestyles benefit.

$2,500	=	Eligible benefits

$2,500	=	Eligible benefit amount
x 20%	=	Active lifestyles benefit
$500	=	Active lifestyles benefit calculation

$2,500	=	Eligible benefit amount
+$500	=	Active lifestyles benefit
$3,000	=	**Total**

For illustrative purposes only.

1. Active lifestyles benefit applies to any combination of these injuries or services due to a covered accident.

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for claims that are caused by, contributed to by, or resulting from elective procedures, felonies or illegal occupations, hazardous avocations, impaired driving, incarceration, racing, semi-professional or professional sports, sickness, suicide or self-inflicted injuries, war, or armed conflict.

STATE VARIATIONS FOR EXCLUSIONS AND LIMITATIONS

ID: "Semi-professional sports or professional sports" exclusion is replaced by "professional sports" exclusion.

IL: We will not pay benefits for claims that are caused by or resulting from Exclusions.

MD: Includes an exclusion for "Prohibited referrals." The "felonies or illegal occupations" and "impaired driving" exclusions apply only to Accidental Death and Dismemberment benefits.

MI: "Impaired driving" and "suicide or self-inflicted injuries" exclusions do not apply.

MN: "Suicide or self-inflicted injuries" exclusion does not apply.

NH: "Incarceration" and "racing" exclusions do not apply.

UT: We will not pay benefits for claims that are caused by or resulting from Exclusions.

VT: "Impaired driving" exclusion does not apply.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GAC4100-P and certificate form GAC4100-C (including state abbreviations where used, for example, GAC4100-P-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Group Accident Insurance

Wellbeing Assistance Benefit – Max



This benefit can help reduce the risk of serious illness through early detection of disease or other risk factors, giving you more protection from the unexpected.

The wellbeing assistance benefit is available to you with group accident coverage, as well as all your covered family members.

Wellbeing assistance benefit ..... .$ 75

Payable once per covered person per calendar year; subject to a 30-day waiting period.

- Annual physical, including annual exams, sports physicals and well child visits
- Blood test for triglycerides
- Bone marrow testing
- BRCA1 or BRCA2 testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Immunizations
- Mammography
- Pap smear
- Physical
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

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

STATE VARIATIONS FOR BENEFITS

MD: Waiting period does not apply

WV: Includes human papillomavirus screening test

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for claims that are caused by, contributed to by, or resulting from elective procedures, felonies or illegal occupations, hazardous avocations, impaired driving, incarceration, racing, semi-professional or professional sports, sickness, suicide or self-inflicted injuries, war, or armed conflict.

STATE VARIATIONS FOR EXCLUSIONS AND LIMITATIONS

IL: We will not pay benefits for claims that are caused by or resulting from Exclusions.

MD: Includes an exclusion for "Prohibited referrals." The "felonies or illegal occupations" and "impaired driving" exclusions apply only to Accidental Death and Dismemberment benefits.

MN: "Suicide or self-inflicted injuries" exclusion does not apply.

UT: We will not pay benefits for claims that are caused by or resulting from Exclusions.

VT: "Impaired driving" exclusion does not apply.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GAC4100-P and certificate form GAC4100-C (including state abbreviations where used, for example, GAC4100-P-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Colonial Life®

Group Critical Illness and Cancer Insurance*

Plan 2



When life takes an unexpected turn, your focus should be on recovery —not finances. Colonial Life's group critical illness and cancer insurance helps relieve financial worries by providing a lump-sum benefit payable directly to you to use as needed.

Coverage amount: _____

Critical illness and cancer benefits

COVERED CONDITION[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Benign brain tumor	100%
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Loss of hearing	100%
Loss of sight	100%
Loss of speech	100%
Major organ failure requiring transplant	100%
Occupational infectious HIV or occupational infectious hepatitis B, C, or D	100%
Permanent paralysis due to a covered accident[2]	100%
Stroke	100%
Sudden cardiac arrest	100%
Coronary artery disease	25%

COVERED CANCER CONDITION[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis	$400 per lifetime

BENEFITS STORY

Preparing for a lifelong journey

Rebecca was born with Down syndrome. Her parents' critical illness and cancer coverage provided a benefit that can help cover expenses related to Rebecca's care and her changing needs.

How their coverage helped

- A hospital stay and treatment for corrective heart surgery
- Physical therapy to build muscle strength
- Special needs daycare

For illustrative purposes only.

Key benefits

- Available coverage for spouse and eligible dependent children at 50% of your coverage amount
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

For more information, talk with your benefits counselor.

Subsequent diagnosis of a different critical illness[3]

If you receive a benefit for a critical illness, and are later diagnosed with a different critical illness, 100% of the coverage amount may be payable for that particular critical illness.

Subsequent diagnosis of the same critical illness[3]

If you receive a benefit for a critical illness, and are later diagnosed with the same critical illness,[4] 25% of the coverage amount is payable for that critical illness.

Reoccurrence of invasive cancer (including all breast cancer)

If you receive a benefit for invasive cancer and are later diagnosed with a reoccurrence of invasive cancer, 25% of the coverage amount is payable if treatment-free for at least 12 months and in complete remission prior to the date of reoccurrence; excludes non-invasive or skin cancer.

Additional covered conditions for dependent children

COVERED CONDITION[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Cerebral palsy	100%
Cleft lip or palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Spina bifida	100%

1. Please refer to the certificate for complete definitions of covered conditions.
2. In WA, the covered condition is called Permanent Paralysis.
3. Dates of diagnoses of a covered critical illness must be separated by more than 180 days.
4. Critical illnesses that do not qualify include: coronary artery disease, loss of hearing, loss of sight, loss of speech, and occupational infectious HIV or occupational infectious hepatitis B, C, or D.

*The filed product name in FL and VT is Group Critical Illness and Cancer Limited Benefit Insurance.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states 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, Benefits Payable Upon Subsequent Diagnosis of a Critical Illness or Additional Critical Illness Benefit for Dependent Children that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; 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 Invasive Cancer (including all Breast Cancer) Benefit, Non-Invasive Cancer Benefit, Benefit Payable Upon Reoccurrence of Invasive Cancer (including all Breast Cancer) or Skin Cancer Initial Diagnosis Benefit for a covered person's invasive cancer or non-invasive 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 invasive or non-invasive 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 certificate, and who are continuously covered from the date of birth or adoption.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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FOR EMPLOYEES 11-22 | 387100-2

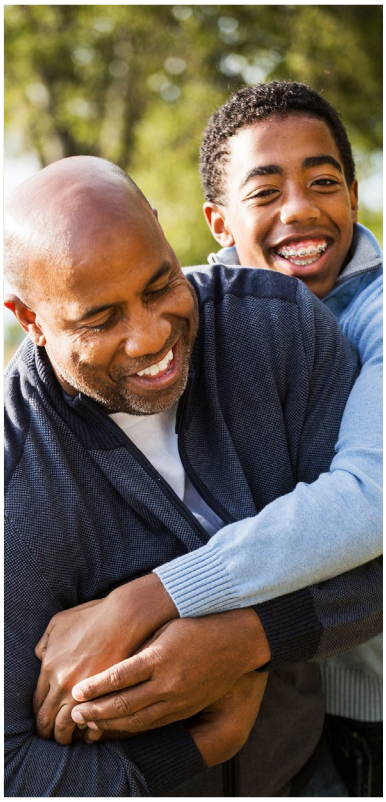
Eleos Property Management

Hospital Indemnity Insurance

These benefits are available for you, your spouse and eligible dependent children.

This brochure provides an overview of the plan.

For complete details, refer to your certificate.



There are approximately 36 million hospital stays in the U.S. each year.

Agency for Healthcare Research and Quality, "Overview of Hospital Stays in the United States," 2012, *HCUP Statistical Brief #180,* 2014

NS-15574 Plan 2

Basic benefits

Hospital confinement	**$1,500 per day**	Maximum of one day per covered person per calendar year
Waiver of Premium	Available after 30 continuous days of a covered confinement of the named insured	

Additional benefits

Daily hospital confinement	**$100 per day**	Maximum of 365 days per covered person per confinement

Specified critical illness

This benefit can help pay for expenses related to a covered critical illness, including child care, home health care and travel expenses to and from treatment centers.

Specified critical illness	**$2,500 per day**	The specified critical illness benefit amount will reduce by 50% on the first policy anniversary date after the named insured attains age 75
Initial diagnosis and subsequent diagnosis benefit[1]	- End-stage renal (kidney)failure - Heart attack - Stroke	Maximum of one day per covered person per diagnosis (for any covered person)
Additional specified critical illness		
Initial diagnosis benefit	- Cerebral palsy - Cleft lip or cleft palate - Cystic fibrosis - Down syndrome - Spina bifida	Maximum of one day per covered dependent child per lifetime (for covered dependent children)

Medical treatment package

This package can help pay for out-of-pocket expenses related to the treatment of a covered accident or covered sickness.

Air ambulance	**$1000 per day**	Maximum of one day per covered person per calendar year
Ambulance	**$100 per day**	
Appliance	**$100 per day**	
Emergency room visit	**$100 per day**	Maximum of two days per covered person per calendar year
X-ray	**$25 per day**	
Doctor's office visit/ telemedicine	**$25 per day**	Maximum of three days per calendar year for named insured coverage or maximum of five days per calendar year for all covered persons combined

EXCLUSIONS AND LIMITATIONS

THIS POLICY PROVIDES LIMITED BENEFITS.

1 Subsequent diagnosis for a different specified critical illness: If a covered person receives a benefit for a specified critical illness, and later is diagnosed with a different specified critical illness, we will pay an additional specified critical illness benefit. The date of diagnosis must be separated by at least 180 days.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for Hospital Confinement or any of the following benefit(s) for any covered person when such loss results from a pre-existing condition as defined in this certificate, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule:

- Rehabilitation Unit Confinement
- Daily Hospital Confinement
- Inpatient Mental and Nervous
- Specified Critical Illness
- Outpatient Surgical Procedure
- Diagnostic Procedure

GENERAL EXCLUSIONS

We will not pay any benefits for injuries received in accidents or for sicknesses which are caused by, contributed to by or occur as a result of the covered person's:

- Addiction to alcohol or drugs, except for drugs taken as prescribed by his physician.
- Treatment for dental care or dental procedures, unless treatment is the result of a covered accident.
- Undergoing elective procedures or cosmetic surgery. This includes procedures or hospital confinement for complications arising from elective or cosmetic surgery. This does not include congenital birth defects or anomalies of a child, or reconstructive surgery.
- Committing or attempting to commit a felony, or engaging in an illegal occupation.
- Having a disorder including but not limited to affective disorders, neurosis, anxiety, stress and adjustment reactions. Alzheimer's Disease and other organic senile dementias are not considered mental or nervous disorders. This exclusion does not apply to the Inpatient Mental and Nervous benefit, if included.

- Dependent child's pregnancy, including services rendered to her child after birth. Complications of pregnancy including Cesarean births, will be covered to the same extent as any other covered sickness.
- Committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- Being exposed to war or any act of war, declared or undeclared, while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

HOSPITAL CONFINEMENT LIMITATIONS

We will not pay benefits for hospital confinement or daily hospital confinement due to any covered person giving birth within the first nine (9) months after the coverage effective date of the certificate as a result of a normal pregnancy, including cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness.

WELL BABY CARE LIMITATION

We will not pay benefits for hospital confinement or daily hospital confinement, if included, of a newborn child following his birth unless he is injured or sick.

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form GMB7000-P.

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The average expense for a hospital stay ranges from $9,100 for a medical stay to $22,700 for a surgical stay.

Agency for Healthcare Research and Quality Healthcare Cost and Utilization Project, *Trends in Hospital Inpatient Stays in the United States, 2005–2014* (2017).

4-18 | NS-15574

Colonial Life

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 illness[1]
- Premium savings for face amounts over $250,000 based on your health



44% of Americans say their household would face financial hardship within six months should a wage earner die unexpectedly.

LIMRA, 2022 Life Insurance Barometer Study.



54% of Americans have life insurance coverage, with an average coverage gap of $200,000.

LIMRA, 2021 "Industry Associations Unite to Help Address the Life Insurance Coverage Gap in the United States."

How much coverage do you need?

☐ **YOU** $ _____

Select the term period:

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

☐ **SPOUSE** $ _____

Select the term period:

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

Select any optional riders:

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



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

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Optional riders

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

Spouse term life rider

Your spouse can have up to $50,000 of coverage for a 10-year or 20-year term period.

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, minus any loans and loan interest to you.

This information is not intended to be a complete description of the insurance coverage available. 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. 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 (plus state abbreviations where applicable, for example ITL5000-TX). For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

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FOR EMPLOYEES 6-22 | 101895-3

Colonial Life

Group Short Term Disability Insurance*



If a covered accident or covered sickness prevents you from earning a paycheck, group short term disability insurance can provide a monthly benefit to help you cover your ongoing expenses, often at a more reasonable rate than individual insurance.

Disability insurance worksheet

You can tailor disability coverage to fit your specific needs. Talk with your benefits counselor about your expenses and other paid leave benefits, such as state paid medical leave, and use this worksheet to help determine the coverage that's right for you.[1]

MONTHLY EXPENSES	ROUND TO THE NEAREST HUNDRED
Rent or mortgage (insurance, minor home repairs)	$
Transportation (car note, bus fare, insurance, gas, maintenance)	$
Utilities (cell phone, Wi-Fi, electricity/gas, water)	$
Food and household necessities (toiletries, cleaning supplies)	$
Childcare (daycare, after school care)	$
Health (medical needs and prescription drugs)	$
Other (gym/fitness, streaming/cable, extracurricular)	$
Total monthly expenses (add lines 1-7 together)	**$**

Your state's paid medical leave approximate benefits (if any):

Monthly benefit: _____ **Benefit period up to:** _____

DISABILITY INSURANCE: WHAT'S RIGHT FOR ME?

1. How much disability coverage do I need?

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

$ _____

Choose a monthly benefit amount between $400 and $7,500. Subject to income requirements.

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

2. How long do I want benefits coverage?

Benefit period: _____months

The partial disability benefit period is three months. Partial disability benefit is 50% of the total disability amount.

3. When would I like my total disability benefits to start?

After an accident: _____ days

After a sickness: _____ days

Frequently asked questions

What is the definition of total disability?

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

How does partial disability work?

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.

What is waiver of premium?

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

What are the age guidelines to qualify for this coverage?

Coverage is available from ages 17 to 74.

Can I keep my coverage if I change jobs or employers?

Through a feature called "portability," you may be able to keep your coverage even if you change jobs. Talk with your benefits counselor for details.

What happens if I am disabled while traveling outside of the country?

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



To learn more, talk with your benefits counselor.

* The filed product name in ID is Group Short Term Disability Income Protection Insurance Policy. In NH it is Group Disability Income Protection Coverage Policy. In PA it is Group Short Term Disability Insurance Non-Participating.

1 State paid medical leave (PML) benefits fall under state-specific program names. For example, in New Jersey, it may be referred to as Temporary Disability Insurance (TDI). Not available in all states.

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 for losses due to you giving birth within the first nine months after the coverage effective date of the certificate.

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

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.

For policies issued or delivered in the Commonwealth of Virginia, THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GDIS-P and certificate form GDIS-C (including state abbreviations where used, for example: GDIS-P-TX and GDIS-C-TX). This form is not complete without form number 1675200 in applicable states. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. An insurance producer may contact you.

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FOR EMPLOYEES 8-23 | 101136-7

Colonial Life

Group Short Term Disability Insurance*

Exclusions and limitations

State-specific exclusions and limitations

CT: Drug use, intoxication added. Alcoholism or drug addiction, intoxicants and narcotics removed. "Felonies or illegal occupations" changed to "Felonies."

DE: Alcoholism and drug addiction removed.

ID: Added elective abortion. Giving birth limitation removed. Flying, hazardous avocations, intoxicants or narcotics, racing, and semi-professional or professional sports removed. Psychiatric or psychological conditions changed to mental or nervous disorders.

KS: Giving birth limitation removed.

MD: Alcoholism and drug addiction removed. Giving birth limitation removed.

MI: Removed intoxicants and narcotics. Removed suicide or injuries which you intentionally do to yourself.

MN: Alcoholism and drug addiction removed. Narcotic addiction added.

MO: Alcoholism changed to drug addiction. Felonies or illegal occupations removed. Illegal activities added.

NC: Giving birth limitation is referred to as "Birth limitation." We will not pay benefits due to being pregnant before the policy coverage effective date shown on the policy schedule. Disability due to complications of pregnancy will be covered to the same extent as a covered sickness.

NH: Intoxicants and narcotics, racing removed. Giving birth limitation removed.

NJ: Removed "or armed conflict" from "War"

NV: Alcoholism and drug addiction, intoxicants and narcotics removed.

OH: Giving birth limitation: We will not pay benefits for losses due to you giving birth within the first 270 days after the policy coverage effective date.

OK: Psychiatric or psychological conditions changed to mental or emotional conditions benefit. "Intoxicant and narcotics" changed to "Narcotics."

PA: Psychiatric or psychological conditions changed to mental, nervous or emotional disorders benefit. Alcoholism and drug addiction removed.

VA: Giving birth also includes "Pregnancy resulting from the act of rape which was reported to the police within seven days following its occurrence will be covered to the same extent as any other covered accident. The seven-day requirement will be extended to 180 days in the case of an act of rape or incest of a female under 13 years of age."

WA: Hazardous avocations, intoxicants and narcotics, racing, and semi-professional or professional sports removed. Giving birth limitation removed.

WY: Giving birth limitation removed.

State-specific pre-existing condition limitations

ID: Pre-Existing Condition means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing, received medical advice or had taken medication within 6 months before the coverage effective date. We will not pay for loss when the disability is a pre-existing condition as defined in the certificate, unless you have satisfied the pre-existing condition limitation period (12 months) shown on the Certificate Schedule on the date you suffer a loss due to a covered accident or covered sickness.

IN: Pre-Existing Condition means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing, received medical advice or had taken medication within 6 months before the coverage effective date. We will not pay for loss when the disability is a pre-existing condition as defined in the certificate, unless you have satisfied the pre-existing condition limitation period (12 months) shown on the Certificate Schedule on the date you suffer a loss due to a covered accident or covered sickness.

MA: If we do not pay a claim because the illness is a pre-existing condition, we will provide the insured with the following: a written denial letter; and the information we have documenting the treatment or observation of the pre-existing condition.

MD: Pre-existing condition does not include a condition revealed on the application unless excluded by a signed waiver rider. A condition admitted or disclosed on the application will be covered unless the disease or condition is excluded by name or specific description by means of a signed waiver attached to the contract.

ME: Remove "had taken medication."

MI: Pre-Existing Condition means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing, received medical advice or had taken medication within 6 months before the coverage effective date. We will not pay for loss when the disability is a pre-existing condition as defined in the certificate, unless you have satisfied the pre-existing condition limitation period (12 months) shown on the Certificate Schedule on the date you suffer a loss due to a covered accident or covered sickness.

NC: Pre-existing condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the policy coverage effective date shown. If you are 65 or older when this certificate is issued, pre-existing conditions will include only conditions specifically eliminated by rider. Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability.

State-specific pre-existing condition limitations, continued

NJ: Pre-Existing Condition means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing, received medical advice or had taken medication within 6 months before the coverage effective date. We will not pay for loss when the disability is a pre-existing condition as defined in the certificate, unless you have satisfied the pre-existing condition limitation period (12 months) shown on the Certificate Schedule on the date you suffer a loss due to a covered accident or covered sickness.

This pre-existing condition limitation will not apply if you had prior disability coverage under another Colonial Life & Accident group disability policy and benefits were paid for the condition which otherwise would have been excluded or limited under the policy to which the certificate attaches.

NV: Pre-Existing Condition means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing, received medical advice or had taken medication within 6 months before the coverage effective date. Pre-existing Condition does not include genetic information in the absence of a diagnosis of the condition related to such information. We will not pay for loss when the disability is a pre-existing condition as defined in the certificate, unless you have satisfied the pre-existing condition limitation period (12 months) shown on the Certificate Schedule on the date you suffer a loss due to a covered accident or covered sickness.

PA: Pre-Existing Condition means a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date. We will not pay for loss when the disability is a pre-existing condition as defined in the certificate, unless you have satisfied the pre-existing condition limitation period (12 months) shown on the Certificate Schedule on the date you suffer a loss due to a covered accident or covered sickness.

VA: Remove "had medical testing" and "had taken medication."

WY: PPre-Existing Condition means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing, received medical advice or had taken medication within 6 months before the coverage effective date. We will not pay for loss when the disability is a pre-existing condition as defined in the certificate, unless you have satisfied the pre-existing condition limitation period (12 months) shown on the Certificate Schedule on the date you suffer a loss due to a covered accident or covered sickness.

State-specific definitions of total disability

IA: Removed "under the regular and appropriate care of a doctor" and changed to "and under the care of a doctor." Partial disability is referred to as "residual disability" or "residually disabled."

MA: Insured is not required to be totally disabled 14 days prior to partial disability.

MD: Totally disabled or total disability during the first 12 months of disability means you are: unable, by reason of injury or sickness, to perform each and every duty pertaining to your occupation, and under the regular and appropriate care of a doctor. After the first 12 months of disability, totally disabled or total disability means you are unable to perform each and every duty of any business or occupation for which you are reasonably fitted by education, training or experience.

ME: Removed "regular and appropriate" in regard to care of a doctor.

MO: Total disability means you are unable to perform the material and substantial duties of your job, and are not, in fact, working at any job. We will pay this benefit if you are under the regular and appropriate care of a doctor, unless the doctor advises regular care is no longer needed.

NJ: Means you are unable to perform the material and substantial duties of your regular occupation, not, in fact, working for the policyholder, and under the regular and appropriate care of a doctor.

* The filed product name in ID is Group Short Term Disability Income Protection Insurance Policy. In NH it is Group Disability Income Protection Coverage Policy. In PA it is Group Short Term Disability Insurance Non-Participating.

For policies issued or delivered in the Commonwealth of Virginia: THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GDIS-P and certificate form GDIS-C (including state abbreviations where used, for example: GDIS-P-CT and GDIS-C-CT). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without base form 101136.

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Deductions per year: 24

Group Accident (GAC4100) for OK

Applicable to policy forms GAC4100-P,GAC4100-C

- Additional Benefits: Accident Hospital Benefits Preferred, Recovery Plus Package, Active Lifestyles, Wellbeing Assistance Max - $75

On/Off-Job Accident Coverage

BENEFIT LEVEL	AD&D BENEFIT LEVEL	ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILD(REN)	EMPLOYEE, SPOUSE AND DEPENDENT CHILD(REN)
Preferred	Preferred	18-99	$8.61	$13.96	$17.63	$23.09

Group Medical Bridge (GMB7000) for OK *Age-Banded*

Applicable to Policy Forms GMB7000–P & GMB7000-C

- Without Wellbeing Assistance, Medical Treatment Package (Accident / Sickness), Daily Hospital Confinement, Specified Critical Illness $2500

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 3: $1500	18-49	$11.78	$21.93	$19.53	$29.68
	50-59	$16.56	$32.26	$24.32	$40.01
	60-64	$23.33	$46.65	$31.08	$54.41
	65-99	$35.78	$70.96	$43.53	$78.71

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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Deductions per year: 24

Group Critical Illness (GCI6000) for OK

Applicable to policy forms GCI6000-P, GCI6000-C, R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB, R-GCI6000-INF, R-GCI6000-PD

- Plan 2 - Critical Illness & Cancer, Without Wellbeing Assistance

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
$10,000	18-24	$2.00	$2.85	$2.00	$2.85
	25-29	$2.85	$4.15	$2.85	$4.15
	30-34	$3.75	$5.45	$3.75	$5.45
	35-39	$5.75	$8.50	$5.75	$8.50
	40-44	$7.75	$11.50	$7.75	$11.50
	45-49	$11.05	$16.60	$11.05	$16.60
	50-54	$14.30	$21.70	$14.30	$21.70
	55-59	$18.80	$28.55	$18.80	$28.55
	60-64	$25.65	$38.95	$25.65	$38.95
	65-69	$31.45	$47.85	$31.45	$47.85
	70-74	$31.45	$47.85	$31.45	$47.85
$20,000	18-24	$4.00	$5.70	$4.00	$5.70
	25-29	$5.70	$8.30	$5.70	$8.30
	30-34	$7.50	$10.90	$7.50	$10.90
	35-39	$11.50	$17.00	$11.50	$17.00
	40-44	$15.50	$23.00	$15.50	$23.00
	45-49	$22.10	$33.20	$22.10	$33.20
	50-54	$28.60	$43.40	$28.60	$43.40
	55-59	$37.60	$57.10	$37.60	$57.10
	60-64	$51.30	$77.90	$51.30	$77.90
	65-69	$62.90	$95.70	$62.90	$95.70
	70-74	$62.90	$95.70	$62.90	$95.70

Tobacco Rates

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
$10,000	18-24	$3.20	$4.55	$3.20	$4.55
	25-29	$4.60	$6.65	$4.60	$6.65
	30-34	$6.00	$8.75	$6.00	$8.75
	35-39	$9.20	$13.55	$9.20	$13.55
	40-44	$12.40	$18.40	$12.40	$18.40
	45-49	$17.65	$26.55	$17.65	$26.55
	50-54	$22.85	$34.70	$22.85	$34.70
	55-59	$30.05	$45.70	$30.05	$45.70
	60-64	$41.00	$62.35	$41.00	$62.35
	65-69	$50.30	$76.50	$50.30	$76.50
	70-74	$50.30	$76.50	$50.35	$76.55

Group Critical Illness (GCI6000) for OK

Applicable to policy forms GCI6000-P, GCI6000-C, R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB, R-GCI6000-INF, R-GCI6000-PD

- Plan 2 - Critical Illness & Cancer, Without Wellbeing Assistance

Tobacco Rates

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
$20,000	18-24	$6.40	$9.10	$6.40	$9.10
	25-29	$9.20	$13.30	$9.20	$13.30
	30-34	$12.00	$17.50	$12.00	$17.50
	35-39	$18.40	$27.10	$18.40	$27.10
	40-44	$24.80	$36.80	$24.80	$36.80
	45-49	$35.30	$53.10	$35.30	$53.10
	50-54	$45.70	$69.40	$45.70	$69.40
	55-59	$60.10	$91.40	$60.10	$91.40
	60-64	$82.00	$124.70	$82.00	$124.70
	65-69	$100.60	$153.00	$100.60	$153.00
	70-74	$100.60	$153.00	$100.70	$153.10

Important Notice

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Deductions per year: 24

Term Life (ITL5000) for OK

Applicable to policy form ITL5000

- 10-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	$25,000	$50,000	$75,000	$100,000	$250,000
25	$5.30	$5.11	$6.66	$8.21	$15.75
35	$6.47	$5.63	$7.44	$9.25	$16.59
45	$8.46	$9.31	$12.97	$16.63	$26.27
55	$17.22	$18.19	$26.28	$34.38	$48.88
65	$22.67	$43.33	$64.00	$84.67	$111.48
75	$67.69	$133.37	$199.06	$264.74	$327.51

Tobacco Rates

ISSUE AGE	$25,000	$50,000	$75,000	$100,000	$250,000
25	$10.00	$8.88	$12.31	$15.75	$26.58
35	$11.41	$9.86	$13.78	$17.71	$28.77
45	$15.72	$20.46	$29.69	$38.92	$53.15
55	$37.26	$49.04	$72.56	$96.08	$124.39
65	$46.83	$91.67	$136.50	$181.33	$237.41
75	$101.10	$200.20	$299.30	$398.40	$501.98

Term Life (ITL5000) for OK

Applicable to policy form ITL5000

- 20-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	$25,000	$50,000	$75,000	$100,000	$250,000
25	$5.39	$5.27	$6.91	$8.54	$16.17
35	$6.62	$5.79	$7.69	$9.59	$17.42
45	$9.11	$10.90	$15.35	$19.79	$31.79
55	$19.57	$23.17	$33.75	$44.33	$70.33
65	$30.77	$59.54	$88.31	$117.08	$201.99

Tobacco Rates

ISSUE AGE	$25,000	$50,000	$75,000	$100,000	$250,000
25	$10.11	$9.11	$12.66	$16.21	$28.56
35	$11.65	$10.31	$14.47	$18.63	$32.11
45	$16.87	$22.73	$33.10	$43.46	$71.48
55	$39.42	$53.02	$78.53	$104.04	$169.50
65	$51.84	$101.69	$151.53	$201.37	$333.97

Term Life (ITL5000) for OK

Applicable to policy form ITL5000

- 30-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	$25,000	$50,000	$75,000	$100,000	$250,000
25	$5.43	$5.75	$7.63	$9.50	$17.00

Term Life (ITL5000) for OK

Applicable to policy form ITL5000

- 30-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	$25,000	$50,000	$75,000	$100,000	$250,000
35	$6.94	$7.19	$9.78	$12.38	$21.48
45	$10.85	$14.21	$20.31	$26.42	$48.25

Tobacco Rates

ISSUE AGE	$25,000	$50,000	$75,000	$100,000	$250,000
25	$10.16	$9.65	$13.47	$17.29	$29.71
35	$12.16	$12.67	$18.00	$23.33	$39.81
45	$19.59	$27.58	$40.38	$53.17	$92.73

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

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Ricky DeFalco | Ricky@enhancedbenefitsok.com | (405) 200-5361

CARRIER CONTACTS

Contact Information

If you have specific questions during the plan year about a Eleos Property Management benefit plan, there are many resources at your disposal. The carrier contacts listed can assist you with many types of issues. Please see below for day to day services they can provide.

- Helping you understand the benefits
- Providing assistance with claim questions
- Helping you understand your EOB's (Explanation of Benefits)
- Providing assistance with ordering ID cards (as applicable)

Benefit	Administrator	Phone	Website/Email
Medical	BlueCross BlueShield	800.942.5837	www.bcbsok.com
Pharmacy Prescription	Prime	877.546.2779	www.primetherapeutics.com
Pharmacy Mail Order (Home Delivery)	AllianceRX Walgreens Prime	800.354.1985	www.alliancerxwp.com
Pharmacy Specialty Prescriptions	AllianceRX Walgreens Prime	877.627.6337	www.alliancerxwp.com
Dental	Delta Dental of Oklahoma	800.522.0188	www.deltadentalok.org
Vision	VSP	800.877.7195	www.vsp.com
Life and AD&D	SunLife	800.247.6875	www.sunlife.com
Accident/Critical Illness/Medical Bridge (HI)/STD/Term Life	Colonial	800.325.4368	www.coloniallife.com

If the carrier contacts are unable to assist you, please reach out to the local Human Resources Department.

Eleos Property Management	Melissa Mahaffey	405.608.8020	mmahaffey@tealridge.com

NOTICES

PATIENT PROTECTIONS DISCLOSURE

The Eleos Property Management Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, BlueCross BlueShield designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the BlueCross BlueShield at 800.942.5837 or www.bcbsok.com.

For children, you may designate a pediatrician as the primary care provider.
You do not need prior authorization from BlueCross BlueShield or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the BlueCross BlueShield at 800.942.5837 or www.bcbsok.com.

WOMEN'S HEALTH & CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: P8E1ADT Blue Advantage Platinum PPO (Individual: 10% coinsurance and $750 deductible; Individual: 10% coinsurance and $2,250 deductible)

Plan 2: G740ADT Blue Advantage Gold PPO (Individual: 30% coinsurance and $2,100 deductible; Individual: 30% coinsurance and $5,250 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 405.608.8020 or mmahaffey@tealridge.com.

HIPAA SPECIAL ENROLLMENT RIGHTS

Eleos Property Management Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Eleos Property Management Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Melissa Mahaffey - Executive Director at 405.608.8020 or mmahaffey@tealridge.com.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

MICHELLE'S LAW

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under the Group Health Medical Plan because of the loss of student status resulting from a medically necessary leave of absence from a post- secondary educational institution. If your child is covered under the Group Health Medical Plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under the Group Health Medical Plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's Law, please contact Human Resources

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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 July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**ALASKA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	ILLINOIS - Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: hfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid	**MAINE – Medicaid**
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid	NEVADA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493

UTAH – Medicaid and CHIP	VERMONT– Medicaid
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, 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

COBRA GENERAL NOTICE

Model General Notice of COBRA Continuation Coverage Rights
(For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Melissa Mahaffey.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), 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 continuation coverage. You can learn more about many of these options at **www.healthcare.gov/.**

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Eleos Property Management
Melissa Mahaffey - Executive Director
5124 Keystone Cir
Edmond, Oklahoma 73025-9633
United States
405.608.8020

[1] https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start

NOTICE OF CREDITABLE COVERAGE

Important Notice from Eleos Property Management
About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Eleos Property Management and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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 Plan (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. **Eleos Property Management has determined that the prescription drug coverage offered by the medical plan 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.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Eleos Property Management coverage will be affected. You can or keep this coverage if you elect Part D, but the group health plan will not coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Eleos Property Management coverage, be aware that you and your dependents will be able to get this coverage back only during open enrollment or a special enrollment event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Eleos Property Management 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 that 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 (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE**: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Eleos Property Management changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

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. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov/
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227) (TTY users should call 1-877-486-2048).

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	**November 01, 2026**
Name of Entity/Sender:	**Eleos Property Management**
Contact—Position/Office:	**Melissa Mahaffey - Executive Director**
Office Address:	**5124 Keystone Cir** **Edmond, Oklahoma 73025-9633** **United States**
Phone Number:	**405.608.8020**

MARKETPLACE NOTICE

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

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 in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1] [2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1]Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2]An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage**.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage**. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Melissa Mahaffey.

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.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. 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 Eleos Property Management		4. Employer Identification Number (EIN) 47-3752143
5. Employer address 5124 Keystone Cir		6. Employer phone number 405.608.8020
7. City Edmond	8. State Oklahoma	9. ZIP code 73025-9633
10. Who can we contact about employee health coverage at this job? Melissa Mahaffey		
11. Phone number (if different from above)		12. Email address mmahaffey@tealridge.com

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

X Some employees. Eligible employees are: As defined in the plan document.

- With respect to dependents:

X We do offer coverage. Eligible dependents are: As defined in the plan document.

☐ We do not offer coverage.

X If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

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Disclaimers

This booklet gives you an overview of the main features of your benefit plans. The plans are administered according to legal plan documents and insurance contracts. Although we have tried to summarize the provisions of these legal documents clearly and accurately, if any information contained herein conflicts with the legal documents, the legal documents will govern. For more detailed information on the plans and your legal rights under the plans, be sure to read the summary plan descriptions or request a copy of the plan documents. All benefits are subject to change from time to time and Eleos Property Management reserves the right to amend or cancel any benefits described in this booklet, with or without notice.

This booklet is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

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This benefit summary prepared by



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Insurance | Risk Management | Consulting

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