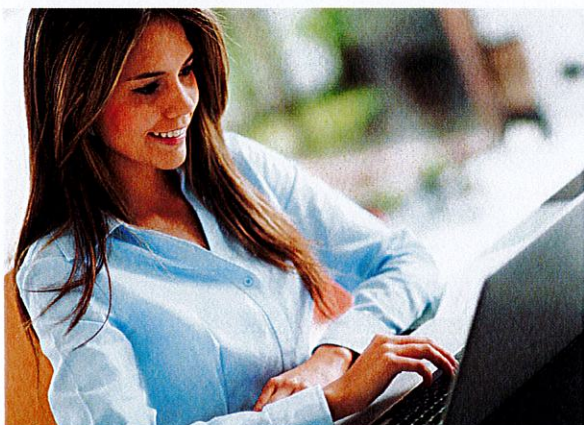


Open enrollment is coming soon

5/15/2019 - 6/14/2019



Don't miss this opportunity to make the most of your benefits package.

To apply for dental coverage through Colonial Life, please visit:

<https://harmonyenroll.coloniallife.com>

Your Harmony account number is:

F7912751

Your user name is: **"MAR7P2W-" + Your SSN**

Your password is: **first 4 letters of last name + last 4 digits of SSN**

You will be asked to confirm any dependent information when you log in to the online enrollment system.

For technical assistance accessing or using the system, call the Help Center at 1-866-875-4772 from 8 a.m. - 7 p.m. ET.

Marion School District is pleased to make the following benefits available to you. Be sure to apply during the enrollment period. Enrollment instructions are below.

This year, you have the opportunity to apply for these voluntary benefits:

Dental insurance provides coverage for a variety of dental procedures, from routine cleanings to major services.

Orthodontic benefits and Vision insurance are also available as optional riders.

With most Colonial Life insurance products:

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

For additional information:

Sherri Wiegand sherri.wiegand@coloniallifesales.com 618-964-4200

To enroll over the phone:

Ann West 573-225-5581

Coverage is subject to policy exclusions and limitations that may affect benefits payable. See your benefits counselor for complete details.

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Marion Unit School District 2

Deductions per year: 24

These rates were prepared on 4/29/2019 and are valid for 90 days.

Individual Dental PPO(IDN8000) for IL

Applicable to policy form Individual Dental PPO(IDN8000)

Zip Codes: 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 624, 627, 629

COVERAGE LEVEL	ISSUE AGE	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 4 - 100/80/50, \$2,000 MAC	17-74	\$15.21	\$28.61	\$35.92	\$53.16

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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Sonja Krueger | sonja.krueger@coloniallifesales.com | (309) 309-3977

Plan Design	Plan 4 Design
Class A (Preventive)	100%
Class B (Basic)	80%
Class C (Major)	50%
Annual Maximum	\$2,000
Out-of-Network	MAC
Named Insured	\$15.21
Named Insured and Spouse	\$28.61
One-Parent Family	\$35.92
Two-Parent Family	\$53.16

Employer Choice Benefits	
Orthodontia - All Plans	
One-Parent Family	\$3.83
Two-Parent Family	\$4.52
Rollover Benefit	
Plan 4	
Named Insured	\$0.21
Named Insured and Spouse	\$0.43
One-Parent Family	\$0.49
Two-Parent Family	\$0.66

Employee Optional Rider	
Vision	
Named Insured	\$3.13
Named Insured and Spouse	\$6.19
One-Parent Family	\$6.52
Two-Parent Family	\$10.21



\$2,000 rollover example

First qualifying year

A member has one cleaning, one regular exam and a total of \$300 in paid claims, which is less than the threshold limit. Therefore, the member earns a \$400 rollover benefit that is added to the rollover account.

Benefit in year two

Annual maximum		Rollover account		Total annual maximum with rollover
\$2,000	+	\$400	=	\$2,400

The member has one cleaning, one regular exam and a total of \$300 in paid claims, which is less than the threshold limit. Therefore, the member earns another \$400 rollover benefit that is added to the rollover account.

Benefit in year three

Annual maximum		Rollover account		Total annual maximum with rollover
\$2,000	+	\$800	=	\$2,800

The member has one cleaning, one regular exam and a total of \$2,200 in paid claims, which is over the threshold limit. He or she will not earn a rollover benefit, but is able to use the benefit earned in previous years to help pay the \$2,200 in claims. Also, because the entire \$800 rollover benefit is not used, \$600 will remain in the rollover account.

Benefit in year four

Annual maximum		Rollover account		Total annual maximum with rollover
\$2,000	+	\$600	=	\$2,600

The member has \$2,600 available to use in this year because of the \$2,000 regular annual maximum plus \$600 in remaining rollover benefit.

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ColonialLife.com

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. For complete details of coverage and availability, please refer to Policy Form IDN0000 or contact your Colonial Life benefits counselor.

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Below you will find details about dental plans and optional riders offered by Colonial Life:

Plan Design

Plan 4: \$2,000 annual maximum

- Immediate, 100% coverage on preventive services from any in-network dentist
- No waiting periods on preventive or basic services like fillings and simple extractions
- Access to a national PPO network with more than 323,000 access points
- Plan designs and family coverage options allow employees the flexibility to choose what best fits their needs
- Guaranteed renewable rates that won't change due to group claims experience

Benefit Classes

- **Class A: Preventive Services – 100% paid by insurance; no waiting period, includes benefits for routine exams and cleanings**
 - Two cleanings/exams every 12 months, one additional cleaning if member is in second or third trimester of pregnancy
 - Bitewing x-rays – up to four films once every 12 months
 - Children's services (up to age 14) – fluoride treatment every 12 months, sealants every 36 months, space maintainers every 24 months
 - Adjunctive pre-diagnostic oral cancer screening (for age 40 or older) once every 12 months
- **Class B: Basic Services – 80% paid by insurance; no waiting period, includes benefits for fillings and simple extractions**
 - Full mouth/panoramic x-rays once every 5 years
 - Simple restorative services (fillings)
 - Simple extractions
 - Emergency treatment
- **Class C: Major Services – 50% paid by insurance; 12-month waiting period, includes benefits for oral surgery and root canals**
 - Oral surgery (extractions and impacted teeth)
 - Anesthesia (subject to review – covered with complex oral surgery)
 - Repair of crown, denture, or bridge
 - Periodontics (gum treatments)
 - Endodontics (root canals)
 - Inlays and onlays
 - Crowns, bridges, and dentures
 - Endosteal implants (in lieu of an approved three-unit bridge)

- Class D: Orthodontia (if offered) – 12-month waiting period; covers dependent children up to age 19

Waiting periods can be waived if replacing like coverage.

Deductibles

- \$50 deductible per covered person per policy year; family maximum of three deductibles per policy year – applies to Class B and Class C services only
- Deductibles are waived for Class A to encourage members to seek preventive treatment on a regular basis (III)

Employer Optional Benefits

Orthodontia Benefits (Class D):

- Pays 50% co-insurance for treatment involving a covered orthodontic procedure
- \$1,000 lifetime maximum per covered dependent child up to age 19 (not available for adults) – remainder of lifetime max can be used toward monthly visits
- 12-month waiting period; waiting period may be waived if takeover is approved

Rollover Benefit:

- Rollover a portion of the annual maximum to the next benefit year if the insured:
 - Has at least one cleaning and regular exam in the benefit year, and
 - Has total dental claims less than the threshold limit
- Plan 4 (\$2,000 annual maximum)
 - Threshold Limit: \$800
 - Rollover Amount: \$400
 - Rollover Account Maximum: \$1,600
 - Total Potential Annual Maximum: \$3,600

Employee Optional Vision Rider

- Fully-insured vision benefits with coverage for eye exams and materials, once per 12 months from date of service
- No waiting periods
- Low co-pays and generous allowances
- Exams and materials may be purchased at the same or separate locations
- A large national network of providers is available; out-of-network benefits are also available
- If elected, vision coverage type will match dental coverage type (if dental coverage is Employee Only, vision coverage will be Employee Only)

Networks

Dental PPO Network (in-network):

- National dental PPO network with more than 323,000 access points
- Insured who elect an in-network dentist only pay their co-insurance responsibility portion
- If an in-network dentist is elected, services not covered by the plan may still be eligible for in-network discounts
- Search for in-network providers at ColonialLifeDental.com

Use this form to refer a dentist to the Colonial Life/AlwaysCare network!

Vision Provider Network:

- Convenient quality care with more than 40,000 access points
- Includes independent optometrists and retail stores like Walmart, Sam's Club, Target, Costco, America's Best and many more
- No claim forms are needed for in-network providers
- Search for in-network providers at ColonialLifeDental.com

Use this form to refer a vision provider to the Colonial Life/AlwaysCare network!

How Out-of-Network Dental Benefits are Paid

Out-of-Network Reimbursements

- Paid based on the lesser of the dentist's actual charge or the in-network negotiated rate for a specific geographic area
- Insured will be billed for any remaining amount up to the billed charge
- The MAC reimbursement drives more participants to in-network providers, lowers claims costs, and reduces the overall cost of the plan

Coverage types

- Individual (Named Insured)
- Individual + Spouse (Named Insured and Spouse)
- Individual + Children (One-Parent Family)
- Individual + Family (Two-Parent Family)

Rate Structure

- Rates are broken down into four rate zones; there may be multiple rate zones within a state
- Rates are determined based on the enrollment zip code, plan design, and type of coverage chosen
- Issue ages are 17-74 in most states

ID Cards

- Member ID cards may be mailed directly to subscribers' homes
- ID cards include a benefit summary and a mini GEO access report based on the individual member address

- Duplicate ID cards can be generate on www.ColonialLifeDental.com, which links to www.AlwaysAssist.com

Guaranteed Renewability

- Coverage is guaranteed renewable up to age 75
- Employees can keep the same coverage, at the same rates, if they change jobs or retire

Coordination of Coverage

- Benefits will be adjusted so that the total payment under all plans is no more than 100% of the covered person's allowable expense
- In no event will total benefits paid exceed the total payable in the absence of Coverage of Benefits
- Only the amount of any benefit actually paid will be charged against any applicable maximum benefit



Dental Insurance

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

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

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

Plan details

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

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

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

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

Applies only to class B and C services.

The co-insurance for this plan is:

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

Network

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

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

See reverse for covered procedures and waiting periods.

Covered procedures and waiting periods

Preventive services (Class A): No waiting period

- Routine exams and cleanings (twice every 12 months)
 - One additional cleaning per 12 months if member is in second or third trimester of pregnancy¹
- X-rays
 - Bitewing x-rays (up to four films; once every 12 months)
 - Full mouth/panoramic x-rays (once every five years)
- Children's services (up to age 14)
 - Fluoride treatment (once every 12 months)
 - Sealants (once every 36 months)
 - Space maintainers (up to age 14; once every 24 months)
- Adjunctive pre-diagnostic oral cancer screening (for age 40 or older; once every 12 months)

Basic services (Class B): No waiting period

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

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

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

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

² Not an insured benefit.

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

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

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

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

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The benefits of good hard work.



Individual Dental PPO Insurance

Vision Rider

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

Vision benefits

CO-PAYS

Exam (once per 12 months)	\$10	Up to \$35
Materials	\$25	See below

STANDARD PLASTIC LENSES (once per 12 months)

Single vision	Covered by co-pay	Up to \$25
Bifocal	Covered by co-pay	Up to \$40
Trifocal	Covered by co-pay	Up to \$50
Lenticular	\$80 allowance	Up to \$50
Progressive	\$70 allowance	Up to \$40
Polycarbonate lenses (for children to age 19)	Covered by co-pay	N/A

FRAMES (once per 12 months)

Choose any frame available at provider locations	\$120 allowance	Up to \$50
--	-----------------	------------

CONTACT LENSES (once per 12 months)

Elective	Up to \$120 allowance	Up to \$100 allowance
Medically necessary	Up to \$210 allowance	Up to \$210 allowance

Freedom of choice

You'll have access to a national vision network that includes independent optometrists, ophthalmologists and retail stores including Walmart, Sam's Club Optical, Costco,³ Pearle Vision and Target. You can search for providers at ColonialLifeVision.com.

Additional vision benefit advantages

- Eye exams and materials (frames, lenses) can be purchased from different locations and providers. For example, you could have an eye exam with your favorite eye care professional and order contacts online.
- Check the network for Value Added and Service Plus providers. They can provide special discounts for extra purchases of lenses and coatings, frames, contact lenses and other products.



Special discounts on material purchases⁴

Providers identified as Value Added or Service Plus in our online provider directory offer the following additional values for our members on vision material purchases.

We encourage you to contact your selected provider prior to visiting their location to confirm their continued participation. Not all providers, such as Walmart, Sam's Club and Costco Optical,³ choose to participate in these special discounts.

Value Added providers

DISCOUNTS FOR FIRST PAIR OF GLASSES

Lens options (add-ons for insured purchases):

- | | | |
|--|--|----------------------------------|
| ■ UV coating...\$15 | ■ Polarized...\$75 | ■ Standard polycarbonate ...\$40 |
| ■ Solid tinting/gradient tinting...\$15 | ■ Transition...\$75 | ■ High index (single vision) |
| ■ Standard scratch resistance coating...\$15 | ■ Progressive lenses: | – 1.56-1.60...\$60 |
| ■ Standard anti-reflective coating...\$45 | – Standard...\$110 | – 1.66+...20% discount |
| ■ Premium anti-reflective coating...\$70 | – Premium...\$170 | ■ High index (multi-focal) |
| ■ Ultra anti-reflective coating...20% discount | – Ultra...member receives a 20% discount | – 1.56-1.60...\$75 |
| | | – 1.66+...20% discount |

PURCHASE A SECOND PAIR OF GLASSES AND RECEIVE PREFERRED PRICING

Lenses:

- | | | |
|---------------------------------------|---|---|
| ■ Single vision plastic lenses...\$40 | ■ Trifocal lenses...\$70 | ■ Progressive lenses (premium and ultra)...20% discount |
| ■ Bifocal plastic lenses...\$60 | ■ Progressive lenses (standard)...\$110 | |

DISCOUNTS ON FRAMES, CONTACT LENSES AND OTHER PRODUCTS

- | | |
|--|--|
| ■ Frames – Up to 35% discount | ■ Other products – 20% discount on non-prescription sunglasses and other ancillary products/solutions ⁵ |
| ■ Contact Lenses – 5-15% discount, depending on type | |

Service Plus providers

RECEIVE UP TO A 20% DISCOUNT FOR THE FOLLOWING ADD-ONS TO INSURED PURCHASES:

- | | | |
|---------------------------------------|------------------------------------|--------------------------|
| ■ UV coating | ■ Standard anti-reflective coating | ■ Standard polycarbonate |
| ■ Solid tinting/gradient tinting | ■ Premium anti-reflective coating | |
| ■ Standard scratch resistance coating | ■ Transition | |

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

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

³ Optometrists at Costco Optical outlets are independent of Costco and may not be in network. To verify that your vision exam will be fully covered after co-pay, confirm that your doctor is an in-network provider. Special payment and reimbursement terms apply for material purchases at Costco. Additional discounts are not applicable.

⁴ Not a covered benefit. These schedules are subject to change without notice. Added value discounts may not be available in all geographical areas and vary by network. Many providers are not able to offer discounts on "Prestige" frames. Special lens packages that combine numerous lens enhancements at value price points are not covered by these added value programs. Cannot be combined with any other promotions or discounts.

⁵ Some retail chains sell sunglasses in departments outside of their optical shops where discounts do not apply.

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



Colonial Life

Individual Dental PPO Insurance

Rollover Benefit - \$2,000 Annual Maximum Plan



Earn extra benefits just by taking care of your teeth.

How it works

Each benefit year, a member must have:

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

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

BASE PLAN ANNUAL MAXIMUM	THRESHOLD LIMIT	ROLLOVER AMOUNT	ROLLOVER ACCOUNT MAXIMUM	TOTAL POTENTIAL ANNUAL MAXIMUM
\$2,000	\$800	\$400	\$1,600	\$3,600

1 Per benefit year

Additional information

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

See reverse for rollover example.

