Colonial Life
The benefits of good hard work.℠

2020 COLONIAL LIFE OPEN ENROLLMENT

Supplemental Health Plans designed to supplement your Bancroft Health Insurance plan

One of the many benefits you have as an employee* with Bancroft is the opportunity to participate in **Colonial Life's Hospital GAP plan.** This plan is designed to compliment your employer sponsored health care to help offset out of pocket expenses such as hospital co-pays, deductibles and co-insurance , however all employees and their families may participate regardless of their participation in any other benefits with Bancroft or any other company.
*(*20 or more regularly scheduled hours are eligible)*

TO LEARN MORE OR APPLY FOR COVERAGE:

OFFICE: 856.983.9600

CELL: 856.242.0293

EMAIL: taylor@colonialnj.com

COMPLETE & RETURN THE ATTACHED APPLICATION (GAP Plan Only)

Colonial Life is offering:

Group Medical Bridge this pre-tax plan can help offset the deductibles and co-insurance on Bancroft's Health plan or any medical plan. This plan offers the following benefits:

$1,000 or $2,000 Inpatient Hospitalization Benefit
$25 Doctors Office Visit Benefit (3 employee only coverage, 5 for dependent coverage)
$150 Emergency Room Benefit
$500 Diagnostic Procedure Benefit
$500/$1,000 Outpatient Surgical Benefit ($1,500 maximum per covered person)
$50 Health Screening Benefit

All benefits are paid per covered person per calendar year.

Don't miss your chance to enroll in plans that pay you CASH when you need it most!

Please speak to a benefit counselor to receive a **WellCard Savings Card at NO COST.**

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Group Hospital Confinement Indemnity Insurance

Plan 5

For more information, talk with your benefits counselor.

For more information:
856.983.9600
lisa@colonialnj.com
www.colonialnj.com

Group Medical Bridge℠ insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement benefit ..... Choice of $1,000 or $2,000 per day
Maximum of one day per covered person per calendar year

Doctor office visit benefit ..... $25 per day
Maximum of 3 days per calendar year for Employee Only coverage- Maximum of 5 days with Dependents

Emergency room visit benefit ..... $150 per day
Maximum of one day per covered person per calendar year

Diagnostic procedure benefit ..... $ 500 per day
Maximum of one day per covered person per calendar year

Outpatient surgical procedure benefit

- Tier 1 ..... $ 500 per day
- Tier 2 ..... $ 1,000 per day

Maximum of $ 1,500 per covered person per calendar year for Tier 1 and 2 combined
Maximum of one day per outpatient surgical procedure

Diagnostic procedures

The following is a list of common diagnostic procedures that may be covered.

- Breast
  - Biopsy (incisional, needle, stereotactic)
- Cardiac
  - Angiogram
  - Arteriogram
  - Thallium stress test
  - Transesophageal echocardiogram (TEE)
- Diagnostic radiology
  - Computerized tomography scan (CT scan)
  - Electroencephalogram (EEG)
  - Magnetic resonance imaging (MRI)
  - Myelogram
  - Nuclear medicine test
  - Positron emission tomography scan (PET scan)
- Digestive
  - Barium enema/lower GI series
  - Barium swallow/upper GI series
  - Esophagogastroduodenoscopy (EGD)
- Ear, nose, throat, mouth
  - Laryngoscopy
- Gynecological
  - Amniocentesis
  - Cervical biopsy
  - Cone biopsy
  - Endometrial biopsy
  - Hysteroscopy
  - Loop electrosurgical excisional procedure (LEEP)
- Liver
  - Biopsy
- Lymphatic
  - Biopsy
- Miscellaneous
  - Bone marrow aspiration/biopsy
- Renal
  - Biopsy
- Respiratory
  - Biopsy
  - Bronchoscopy
  - Pulmonary function test (PFT)
- Skin
  - Biopsy
  - Excision of lesion
- Thyroid
  - Biopsy
- Urinary
  - Cystoscopy

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your certificate.

Tier 1 outpatient surgical procedures

- **Breast**
  - Axillary node dissection
  - Breast capsulotomy
  - Breast reconstruction
  - Lumpectomy
- **Cardiac**
  - Pacemaker insertion
- **Digestive**
  - Colonoscopy
  - Fistulotomy
  - Hemorrhoidectomy (external)
  - Lysis of adhesions
- **Skin**
  - Laparoscopic hernia repair
  - Skin grafting
- **Ear, nose, throat, mouth**
  - Adenoidectomy
  - Removal of oral lesions
  - Myringotomy
  - Tonsillectomy
  - Tracheostomy
- **Gynecological**
  - Dilation and curettage (D&C)
  - Endometrial ablation
  - Lysis of adhesions
- **Liver**
  - Paracentesis
- **Musculoskeletal system**
  - Carpal/cubital repair or release
  - Dislocation (closed reduction treatment) other than a finger or toe
  - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
  - Fracture (closed reduction treatment) other than a rib, finger or toe
  - Removal of orthopedic hardware
  - Removal of tendon lesion

Tier 2 outpatient surgical procedures

- **Breast**
  - Breast reduction
- **Cardiac**
  - Angioplasty
  - Cardiac catheterization
- **Digestive**
  - Exploratory laparoscopy
  - Laparoscopic appendectomy
  - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
  - Ethmoidectomy
  - Mastoidectomy
  - Septoplasty
  - Stapedectomy
  - Tympanoplasty
  - Tympanotomy
- **Eye**
  - Cataract surgery
  - Corneal surgery (penetrating keratoplasty)
  - Glaucoma surgery (trabeculectomy)
  - Vitrectomy
- **Gynecological**
  - Myomectomy
- **Musculoskeletal system**
  - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
  - Arthroscopic shoulder surgery
  - Clavicle resection
  - Dislocations (open reduction with internal fixation)
  - Fracture (open reduction with internal fixation)
  - Removal or implantation of cartilage
  - Tendon/ligament repair
- **Thyroid**
  - Excision of a mass

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EXCLUSIONS

We will not pay benefits for losses which are caused by: dental procedures, elective procedures, cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide, intentional injuries, war, armed forces service or giving birth within the first nine months after the certificate effective date. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition, which means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the certificate effective date.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to certificate number GMB1.0-C-DE-R. This is not an insurance contract and only the actual certificate provisions will control.

Bi-Weekly (26 Pays) Sample Premiums: Group Medical Bridge for DE- Plan 5

Hospital Confinement: $1000

Outpatient Surgery: Tier 1=$500, Tier 2=$1000, CY Max=$1500

Diagnostic Procedure Benefit: $500, Emergency Room: $150, Health Screening: $50,Doctor Office Visit: $25

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	$14.21	$25.78	$22.11	$34.42
50-59	$19.16	$36.72	$27.06	$43.85
60-64	$23.26	$45.55	$31.96	$52.32
65-99	$27.39	$54.49	$36.08	$61.27

Hospital Confinement: $2000

Outpatient Surgery: Tier 1=$500, Tier 2=$1000, CY Max=$1500

Diagnostic Procedure Benefit: $500, Emergency Room: $150, Health Screening: $50,Doctor Office Visit: $25

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	$18.62	$33.67	$28.38	$44.16
50-59	$24.84	$48.03	$34.60	$57.02
60-64	$31.23	$62.14	$41.79	$70.77
65-99	$38.63	$77.81	$49.18	$86.44

Plans include:
$50 Health Screening Benefit per covered person per calendar year
$25 Doctors Office visit *(3 for employee only coverage and 5 for dependent coverage).

****This benefit is paid per calendar year for any doctor's office visit of any kind.***

Colonial Life®

Applicable to Policy Forms GMB1.0-P & GMB1.0-C

Lisa A. Perri | lisa@colonialnj.com | (856) 983-9600

Underwritten by Colonial Life & Accident Insurance Company

Deductions per year: 26 | Age-Banded Rates | These rates were prepared on 4/17/20 and are valid until 7.1.2021

Group Hospital Confinement (GAP) Plan Application Instructions

Please complete this form and attached application

Please return by 6/30/2020 for coverage effective July 1, 2020 to:
Fax: 856.983.9696

Email: lisa@colonialnj.com

Name _____

Best Phone # for questions with application _____

Please send confirmation email to: _____

If you do not receive an email confirmation that your application is being processed within 24 hours, please call 856.983.9600 or email lisa@colonialnj.com. Coverage is not bound until you receive a confirmation email or policy certificate.

I would like to apply for:

Hospital Confinement Benefit: (Please "X" your choice)

_____**$1,000** _____ **$2,000**

Coverage Level (Please "X" your choice)

_____ **Employee Only**

_____ **Employee/Spouse**

_____ **Employee/Child(ren)**

_____ **Family**

DO NOT COMPLETE THIS FORM FOR CRITICAL ILLNESS. PLEASE CALL TO COMPLETE APPLICATION ON CALL CENTER.

For more information: lisa@colonialnj.com/856.983.9600

Don't miss your chance to learn more about how these new plans can save you money and provide you with the valuable protection you need!

Colonial Life & Accident Insurance Company
P.O. Box 1365, Columbia, SC 29202-1365

GROUP HOSPITAL CONFINEMENT INDEMNITY INSURANCE ENROLLMENT FORM

Named Insured Section

Named Insured (First, MI, Last)	Gender M ☐ F ☐	Birthdate (mm/dd/yyyy)	Social Security No.
Home Address – Street City State Zip Code			Employee ID/Payroll No.
Email Address			Home Phone No. Business Phone No.

Date Employed	Occupation/Job Title	Annual Income	Hrs. Worked/ Week	Employee Class

Billing Section

Employer Name	Employer Address (Street-City-State-Zip)	Section/Dept. No.

Spouse Section

Is your spouse applying for coverage? If yes, provide identifying information below. Yes ☐ No ☐

Name of Spouse (First, MI, Last)	Gender M ☐ F ☐	Birthdate (mm/dd/yyyy)	Relationship	Social Security No.

Plan Section

Type of Coverage	Base Plan Code(s)	P = Pre-Tax A = After-Tax	Monthly Premium
☐ Named Insured ☐ Named Insured & Spouse ☐ Named Insured & Dependents ☐ Named Insured, Spouse & Dependents		P ☑ A ☐	$

Agreement Section

I understand that the coverage applied for will not pay benefits for any loss incurred during the first 12 months after the issue date for a disease or physical condition that I now have or have had in the past. By applying for the coverage indicated above, I am requesting cancellation of existing Hospital Confinement Insurance with Colonial Life & Accident Insurance Company (base plan and all applicable riders) if the coverage applied for is issued. If, for any reason the coverage applied for is not issued, this request for cancellation shall be null and void. With my signature below, I confirm I have read and understand the Fraud Statement printed on the following page. I hereby state the statements are true and have been completed to the best of my knowledge and belief.

Signed at: City_____ State _____ Date _____
mm/dd/yyyy

(x)_____
Signature of Proposed Insured (if applicable)

Agent Section

I hereby certify that: (a) all information set forth above is correct to the best of my knowledge and belief; (b) I have complied fully with the underwriting rules; (c) I have explained the proposed insurance coverage in detail.

Date _____ (x)_____
Signature of Licensed Agent (if applicable)

Agent Name_____ License No._____ Code No._____

Fraud Warning Notice

For all states except those listed below:	Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Arkansas, Louisiana and West Virginia	Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines and denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefit if false information materially related to a claim was provided by the applicant.
Florida	**All statements and information found in the application are deemed representations and not warranties. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree**.
Kentucky, Kansas, North Carolina	Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime an may subject such person to criminal and civil penalties.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRUADULENT CLAIM FOR PAYMENT OR LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
Oklahoma	WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon and Texas	Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. If coverage is contested, the company's only obligation will be to refund all premiums paid.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.
Virginia	Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.