

# ESEA MEMBERS – 24 Pay

## Clark County School District



ALL BENEFITS PAID DIRECTLY TO YOU!

### Colonial Benefits for 2023

To learn more about the Colonial Life benefits available to all ESEA Members COME SEE YOUR BENEFIT COUNSELORS  
Or contact your Benefit Counselor by scheduling on the link below or calling any of the contact numbers.

[Click here to Schedule an appointment with your Benefit Counselor](#) 😊

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### SPECIAL UNDERWRITING OFFER - GUARANTEED ISSUE to all ESEA Members Whole Life Qualify regardless of your Medical/Health history

During your call with your Benefit Counselor, you will receive COMPLIMENTARY access to:

WellCard - Discounts - including help reconciling Medical Bills, Dr Visits, Hearing, Vision, Prescriptions, Daily Living necessities & much more  
Financial Education – Financial Coaching, Online Tools & Webinars - all on a variety of topics

#### WHOLE LIFE Guaranteed Issue & TERM LIFE (standard underwriting)

We have several plans available to suit your needs. Whole Life and/or Term Life for 10, 20 or 30 year terms with additional riders available;

Guaranteed Option to Purchase Additional Coverage, Waiver or Premium, Accident Death, Spouse and Child Term Rider as well as stand along policies for your Spouse & Children. **Whole Life is Guaranteed Issue up to a specific coverage limit.** \*see your Benefit Counselor for details\*

#### DISABILITY with a \$100 health screening benefit

Disabilities due to an on or off-job injury or sickness, 1<sup>st</sup> day Hospital and Psychiatric and Psychological coverage.

Up to 60% of your monthly salary is available with a 14 day Injury / 14 days Sickness Elimination Period

High Coverage Limits, Other Eliminations Periods are available. \*schedule an appointment with your Benefit Counselor\*

Age	3 Month Benefit Period		6 Month Benefit Period	
	\$ 1,000/Month	\$ 1,500/Month	\$ 1,000/Month	\$ 1,500/Month
17 – 49	\$17.95	\$26.20	\$21.25	\$31.15
50 – 64	\$20.60	\$30.18	\$27.50	\$40.53
65 - 74	\$24.60	\$36.18	\$35.75	\$52.90

#### CRITICAL ILLNESS with Cancer and a \$50 health screening benefit

Pays a lump sum benefit for Cancer, Heart Attack, Stroke, End-Stage Renal Failure, Major Organ Failure, Permanent Paralysis due to a covered accident, Coma, Blindness, Occupational Infectious HIC or Hepatitis B, C or D. Coverage for subsequent diagnosis of same or different critical illness.

Spouse Coverage Limit is 50% / Child Coverage Limit is 25% - Member/Child(ren) & Member/Spouse Rates \*speak with your Benefit Counselor\*

Age	Member Coverage \$5K / \$10K / \$20K	Family Coverage \$5K / \$10K / \$20K	Age	Member Coverage \$5K / \$10K / \$20K	Family Coverage \$5K / \$10K / \$20K
17-24	\$2.11 / \$3.13 / \$5.18	\$3.63 / \$5.60 / \$9.55	45-49	\$5.81 / \$10.53 / \$19.98	\$9.33 / \$17.00 / \$32.35
25-29	\$2.61 / \$4.13 / \$7.18	\$4.40 / \$7.15 / \$12.65	50-54	\$7.83 / \$14.58 / \$28.08	\$12.43 / \$23.20 / \$44.75
30-34	\$3.13 / \$5.18 / \$9.28	\$5.20 / \$8.75 / \$15.85	55-59	\$9.51 / \$17.93 / \$34.78	\$15.03 / \$28.40 / \$55.15
35-39	\$3.91 / \$6.73 / \$12.38	\$6.40 / \$11.15 / \$20.65	60-64	\$12.41 / \$23.73 / \$46.38	\$19.48 / \$37.30 / \$72.95
40-44	\$4.58 / \$8.08 / \$15.08	\$7.43 / \$13.20 / \$24.75	65-70	\$13.68 / \$26.28 / \$51.48	\$21.43 / \$41.20 / \$80.75

#### ACCIDENT On and Off Job with a \$50 health screening benefit

Pays for injuries On or Off Job such as dislocations, fractures, broken bones, burns, lacerations and more.

Off-Job Only, Sickness Hospital Confinement or Spouse Disability Rider rates \*schedule an appointment with your Benefit Counselor\*

Plan Name	Member	Member & Spouse	Member & Child(ren)	Family
Basic	\$8.30	\$11.47	\$12.61	\$15.78
Preferred	\$10.58	\$14.49	\$16.34	\$20.24
Premier	\$13.26	\$18.16	\$19.85	\$24.75

#### MEDICAL BRIDGE Hospital Confinement & a \$100 health screening

Helps to off-set medical expenses when the covered person is admitted to the hospital for more than 20 hours with additional coverage for accidents.

Optional Daily & ICU coverage \*see your Benefit Counselor for details\*

Age	Member / Member & Spouse / Member & Child(ren) / Family Inpatient Coverage Limit \$500	Age	Member / Member & Spouse / Member & Child(ren) / Family Inpatient Coverage Limit \$1,000
17-49	\$10.35 / \$19.08 / \$14.23 / \$22.95	17-49	\$13.20 / \$24.50 / \$18.08 / \$29.38
50-59	\$12.95 / \$23.98 / \$16.83 / \$27.85	50-59	\$16.88 / \$31.43 / \$21.75 / \$36.30
60-64	\$16.43 / \$30.58 / \$20.30 / \$34.45	60-64	\$21.83 / \$40.83 / \$26.70 / \$45.70
65-75	\$21.25 / \$39.75 / \$25.13 / \$43.63	65-75	\$28.45 / \$53.43 / \$33.33 / \$58.30