

You can't predict when or where an accident will strike. But you can make sure you have a safety net of financial protection to help if an accidental injury occurs.

Accidents can happen anytime, anywhere—at home or at work, on the playground or on the road. Some of the most common injuries include:

- Broken bones
- Burns
- Concussions
- Lacerations
- Back or knee injuries
- Accidental injuries that send you to the Emergency Room, Urgent Care or a doctor's office.

Colonial Life's Group Accident Insurance helps you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. With this coverage you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses associated with a covered accident.

## Here's how it works...

Imagine while cleaning the gutters, you fall from the ladder and break your leg.

### These are out-of-pocket expenses you may encounter:

<b>\$100</b>	Emergency room copay
<b>\$250</b>	Deductible (copays do not count toward deductible)
<b>\$35</b>	Specialist visit copay – orthopedic physician
<b>\$350</b>	Specialist visit copay – occupational/physical therapy for 10 days

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**\$735**      **Out-of-pocket expenses**

### And here is a sample of benefits you may be eligible for with Colonial Life's Group Accident Insurance:

<b>\$125</b>	Accident Emergency Treatment
<b>\$200</b>	Accident Follow-up Doctor Visit (\$50 per visit, up to 4 per accident)
<b>\$200</b>	Appliance (crutches)
<b>\$1,500</b>	Fracture (broken leg)
<b>\$400</b>	Occupational/Physical Therapy (\$40/day for 10 days)
<b>\$50</b>	X-Ray (for diagnosis of broken leg)

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**\$2,475 of benefits paid to you in addition to other coverage you may have with other insurance companies.**

*The claims example above is based on a covered person aged 41 who receives a complete fracture of the leg and requires non-surgical repair. The policy has exclusions and limitations. Costs of treatment and benefit amounts may vary.*

Benefits listed are for each covered person per covered accident unless otherwise specified.

**Initial Care**

- Accident Emergency Treatment .....\$125
- Air Ambulance.....\$2,000
- Ambulance .....\$400
- X-Ray Benefit.....\$50

**Common Accidental Injuries**

Dislocation (Separated Joint)	Non-Surgical	Surgical
Hip	\$4,000	\$8,000
Knee	\$2,000	\$4,000
Ankle – Bone or Bones of the Foot	\$1,600	\$3,200
Collarbone (sternoclavicular)	\$1,000	\$2,000
Lower Jaw, Shoulder, Elbow, Wrist	\$600	\$1,200
Bone or Bones of the Hand	\$600	\$1,200
Collarbone (acromioclavicular and separation)	\$200	\$400
One Toe or Finger	\$200	\$400

Fracture (Broken Bone)	Non-Surgical	Surgical
Depressed Skull	\$5,000	\$10,000
Non-Depressed Skull	\$2,000	\$4,000
Hip, Thigh	\$3,000	\$6,000
Body of Vertebrae, Pelvis, Leg	\$1,500	\$3,000
Bones of Face or Nose	\$700	\$1,400
Upper Jaw, Maxilla	\$700	\$1,400
Upper Arm between Elbow and Shoulder	\$700	\$1,400
Lower Jaw, Mandible; Kneecap, Ankle, Foot	\$600	\$1,200
Shoulder Blade, Collarbone, Vertebral Process	\$600	\$1,200
Forearm, Wrist, Hand	\$600	\$1,200
Rib	\$500	\$1,000
Coccyx	\$400	\$800
Finger, Toe	\$200	\$400

Your Colonial Life certificate also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree) ..... \$1,500 to \$18,000
- Burn - Skin Graft for 2nd or 3rd degree burns .....50% of Burn benefit
- Coma.....\$20,000
- Concussion .....\$200
- Emergency Dental Work.....\$200 Extraction, \$600 Crown, Implant, or Denture
- Lacerations (based on size).....\$50 to \$1,200

**Requires Surgery**

- Eye Injury.....\$400
- Ruptured Disc ..... \$1,200
- Tendon/Ligament/Rotator Cuff ..... \$1,200 - one, \$1,800 - two or more
- Torn Knee Cartilage ..... \$1,250

**Surgical Care**

- Blood/Plasma/Platelets.....\$500
- Surgery (arthroscopic or exploratory) .....\$250
- Surgery (cranial, open abdominal or thoracic)..... \$2,000
- Surgery (hernia) .....\$250

Benefits listed are for each covered person per covered accident unless otherwise specified.

### Transportation/Lodging Assistance

If injured, the covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Lodging (family member or companion) .....\$200 per night up to 30 days for a hotel/motel lodging costs
- Transportation .....\$600 per round trip up to 3 round trips

### Accident Hospital Care

- Hospital Admission<sup>1</sup> .....\$1,500 per accident
- Hospital ICU Admission<sup>1</sup> .....\$2,500 per accident

<sup>1</sup> We will not pay the hospital admission benefit and the hospital intensive care unit (ICU) admission benefit for the same covered accident simultaneously.

- Hospital Confinement<sup>2</sup> .....\$300 per day up to 365 days per accident
- Hospital ICU Confinement<sup>2</sup> .....\$600 per day up to 15 days per accident

<sup>2</sup> We will not pay the hospital confinement benefit and the hospital ICU confinement benefit simultaneously.

### Accident Follow-Up Care

- Accident Follow-Up Doctor Visit .....\$50 (up to 4 visits per accident)
- Appliances .....\$200 (such as wheelchair, crutches)
- Medical Imaging Study.....\$400 per accident  
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy.....\$40 per day up to 10 days
- Pain Management (Epidural Anesthesia).....\$150 (limit 1 per covered accident)
- Prosthetic Devices/Artificial Limb .....\$1,000 - one, \$2,000 - two or more
- Rehabilitation Unit Confinement <sup>3</sup> .....\$150 per day up to 15 days per covered accident, and 30 days per calendar year

<sup>3</sup> We will not pay the hospital confinement benefit and the rehabilitation unit confinement benefit simultaneously.

### Accidental Dismemberment

- Loss of Finger/Toe.....\$1,500 – one, \$3,000 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye.....\$15,000 – one, \$30,000 – two or more

### Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
- Loss of both hands or both feet
- Loss or loss of use of one arm and one leg
- Loss or loss of use of both arms or both legs
- Loss of the sight of both eyes
- Loss of the hearing of both ears
- Loss of the ability to speak

Named Insured ..... \$75,000      Spouse .....\$75,000      Child(ren).....\$37,500

365-day elimination period. Payable once per lifetime for each covered person.

### Accidental Death

	Accidental Death	Common Carrier
● Named Insured	\$50,000	\$200,000
● Spouse	\$50,000	\$200,000
● Child(ren)	\$10,000	\$40,000

## Will I have to answer health questions to receive coverage?

Coverage is Guaranteed Issue. No health questions will be asked.

## What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Health Savings Account (HSA) guidelines

## How do I know how much a benefit pays?

Benefit amounts are preset and not based on the medical expenses you are charged. You get a lump sum payment that is specific to the injury or treatment required.

## Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

## How do I file a claim?

Visit [coloniallife.com](http://coloniallife.com) or call our Customer Service Department at 1.800.325.4368 for additional information.

## My Coverage Worksheet (For use with your Colonial Life benefits counselor)

### Who will be covered? (check one)

- Employee Only                       Employee & Spouse
- One-Parent Family                       Two-Parent Family

### When are covered accident benefits available? (check one)

- On and Off-Job Benefits                       Off-Job Only Benefits

## EXCLUSIONS AND LIMITATIONS

We will not pay any benefits for losses that are caused by, contributed to by or occur as a result of: felonies or illegal occupations; hazardous avocations; racing; semi-professional or professional sports; sickness; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: birth or intoxicants and narcotics. The covered person must incur a charge and the certificate must be in force for benefits to be payable.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number GACC1.0-P and certificate number GACC1.0-C (including state abbreviations where used, for example: GACC1.0-C-TX). This is not an insurance contract and only the actual policy provisions will control.

## Health Screening Benefit

This benefit helps you pay for part of the expense of preventive medical tests you may normally have each year. The benefit allows a maximum of 1 health screening test per covered person per calendar year.

### Tests that qualify:

Blood test for triglycerides	Flexible sigmoidoscopy
Bone marrow testing	Hemoccult stool analysis
Breast ultrasound	Mammography
CA 15-3 (blood test for breast cancer)	Pap smear
CA 125 (blood test for ovarian cancer)	PSA (blood test for prostate cancer)
Carotid Doppler	Serum cholesterol test to determine level of HDL and LDL
CEA (blood test for colon cancer)	Serum protein electrophoresis (blood test for myeloma)
Chest x-ray	Skin cancer biopsy
Colonoscopy	Stress test on a bicycle or treadmill
Echocardiogram (ECHO)	Thermography
Electrocardiogram (EKG, ECG)	ThinPrep pap test
Fasting blood glucose test	Virtual colonoscopy

The covered person must incur a charge and the certificate must be in force for benefits to be payable. A 30-day waiting period must be met. For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number GACC1.0-P and certificate number GACC1.0-C (including state abbreviations where used, for example: GACC1.0-C-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

#### Bi-Weekly Payroll Deduction:

- Employee -\$12.49
- Employee & Spouse -\$20.33
- Employee & Children\* -\$21.56
- Family\* -\$29.40