

## **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.

#### 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

### 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)

| plan without using his savings or taking on debt.  |   | MILO'S ACCIDENT BENEFITS                  |   |                  |
|--|---|---|---|------------------|
| +  | Milo went to an urgent care facility and received immediate care.                   | $\Rightarrow$                             | Treatment in a physician's office or urgent care facility | \$100            |
|  | The doctor ordered an X-ray and discovered Milo had fractured his hand.             |   | X-ray     Fracture (hand)                                 | \$60<br>\$1,200  |
|  | The doctor also found that Milo had a cut on his hand but did not require stitches. | $\Rightarrow$                             | Laceration (no repair)                                    | \$50             |
|  | Milo was discharged with a splint.  |   | Durable medical equipment                                 | \$50             |
|  | Over the next several weeks, Milo had two follow-up appointments with his doctor.   |   | Physician follow-up visits<br>(2 visits)                  | \$50 x 2 = \$100 |
| For illustrative purposes only. Benefit amounts may vary and may not cover all expenses. |   | Total                                     | \$1,560   |                  |
|  |   | ODOLID ACCIDENT/OAC/100) DDEEEDDED DI ANI |   |                  |

## 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.

#### **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.



| focus on her recovery. |   | OLIVIA'S ACCIDENT BENEFITS |  |                                      |
|------------------------|---|----------------------------|--|--------------------------------------|
| <del>+</del>           | Olivia arrived by ambulance at the nearest emergency room and received immediate care.  |                            | <ul><li>Ambulance</li><li>Emergency department visit</li><li>Injury due to auto accident</li></ul> | \$300<br>\$200<br>\$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. |                            | <ul><li>X-ray</li><li>Medical imaging</li><li>Fracture (thigh)</li></ul>                           | \$60<br>\$200<br>\$3,150             |
| (g)                    | Olivia required surgery for her leg.  |                            | Surgical repair (thigh fracture)     General anesthesia  | \$3,150<br>\$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<br>to help regain the strength in her leg and two<br>follow-up appointments with her doctor.          | $\Rightarrow$              | <ul><li>Therapy services (8 sessions)</li><li>Physician follow-up visits (2 visits)</li></ul>      | \$45 x 8 = \$360<br>\$50 x 2 = \$100 |
|                        | Olivia's benefits for this accident totaled more than \$5,000.  |                            | Benefit Booster  | \$500                                |
| For illustra           | ntive purposes only. Benefit amounts may vary and may not expenses.   |                            | Total  | \$8,560                              |

### 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   |

<sup>\*</sup>Payable once per Insured per covered accident

| Fracture benefits  | Prosthetic device or artificial limb\$1,250-\$2,500                                    |  |  |  |  |
|--|--|--|--|--|--|
| • Injury   | • Skin grafts (due to burns)   |  |  |  |  |
| • Surgical repair of fracture  | • Skin grafts (not due to burns)\$250-\$500  |  |  |  |  |
| (Payable as an additional % of the applicable fractures benefit)                                     | • Transfusions   |  |  |  |  |
| • Chip fracture  | • Transportation   |  |  |  |  |
| (Payable as a % of the applicable fractures benefit)   | (Maximum 6 one-way trips)  |  |  |  |  |
| Dislocation benefits   | • Treatment in a physician's office or urgent care facility \$100 (Maximum 4 per year) |  |  |  |  |
| • Injury\$200-\$3,000  | • X-ray or ultrasound  |  |  |  |  |
| Examples: elbow: \$450   ankle: \$1,200   hip: \$3,000   | Surgery benefits   |  |  |  |  |
| • Surgical repair of dislocation   | • Anesthesia   |  |  |  |  |
| • Incomplete dislocation   | Connective tissue surgery\$125-\$1,600   |  |  |  |  |
| (Payable as a % of the applicable dislocations benefit)  | • Eye surgery  |  |  |  |  |
|  | General surgery  |  |  |  |  |
| Treatment benefits   | -Abdominal, thoracic, or cranial\$1,500  |  |  |  |  |
| • Air ambulance\$1,500   | -Exploratory surgery\$225  |  |  |  |  |
| Ambulance (ground or water)\$300   | • Hernia surgery   |  |  |  |  |
| Durable medical equipment  | Knee cartilage (meniscus) surgery \$100-\$600  |  |  |  |  |
| • Emergency dental repair  | Outpatient surgical facility   |  |  |  |  |
| • Emergency department \$200   | • Ruptured or herniated disc surgery\$125-\$1,500                                      |  |  |  |  |
| (Maximum 4 per year)   | Recovery care benefits   |  |  |  |  |
| • Family care  | Necovery care benefits   |  |  |  |  |
| (Maximum of one benefit per day for all Insureds   | • At-home care \$100 per day   |  |  |  |  |
| combined, up to a maximum of three days per covered  | (Maximum 5 days)   |  |  |  |  |
| accident, regardless of the number of children)  | • Benefit Booster  |  |  |  |  |
| • Injections to prevent or limit infection   | Physician follow-up visits   |  |  |  |  |
| • Lodging \$200 per day  | (Maximum 4 days per covered accident   |  |  |  |  |
| (Maximum 30 days)  | and 16 days per calendar year)   |  |  |  |  |
| Medical imaging\$200   | Rehabilitation or sub-acute rehabilitation     unit confinement \$150 per day          |  |  |  |  |
| • Pain management injections   | (Maximum 15 days per covered accident  |  |  |  |  |
| • Pet boarding   | and 30 days per calendar year)   |  |  |  |  |
| (Maximum of one benefit per day for all insureds combined, up to a maximum of three days per covered | Therapy services (speech, physical therapy,  |  |  |  |  |
| accident, regardless of the number of pets that are boarded)   | occupational therapy)\$45 per day  |  |  |  |  |
| accident, regardless of the number of pets that are bounded,   | (Maximum 15 days)  |  |  |  |  |
| Options checked below have been chosen by your e   | employer to enhance your Group Accident Coverage.                                      |  |  |  |  |
| ☐ Recovery Plus package  | ☐ Gunshot wound benefit  |  |  |  |  |
| Behavioral health therapy \$45 per day   | This benefit can help pay your medical expenses if you receive                         |  |  |  |  |
| (Maximum 15 days)  | a non-fatal gunshot wound. It offers you a lump sum for a                              |  |  |  |  |
| Post-traumatic stress disorder (PTSD) \$200  | covered injury regardless of any other insurance you may have                          |  |  |  |  |
| Prescription drug\$25  | and includes on/off-job coverage.  |  |  |  |  |
|  | - Gunghot wound  |  |  |  |  |
| Additional therapy services     (chiropractic, acupuncture, alternative therapy)\$45                 | • Gunshot wound\$  |  |  |  |  |
| (Existing therapy services benefit maximum applies   | This benefit covers a non-fatal gunshot wound from a                                   |  |  |  |  |
| to additional therapy services, maximum 15 days)   | conventional firearm that requires treatment by a doctor                               |  |  |  |  |
| Injury due to felonious act of violence  | and overnight hospitalization within 24 hours of the injury. If                        |  |  |  |  |
| or sexual assault\$250   | you are shot more than once in a 24-hour period, we can pay                            |  |  |  |  |
| (Maximum once per insured per calendar year,   | 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.

 $\ensuremath{\mathsf{TN}}\xspace$  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.



Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.



## **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.

#### STATE VARIATIONS FOR BENEFITS

MD includes a second opinion benefit.

#### 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.

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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 <sup>1</sup>                         | \$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 <sup>1</sup>                         | \$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.

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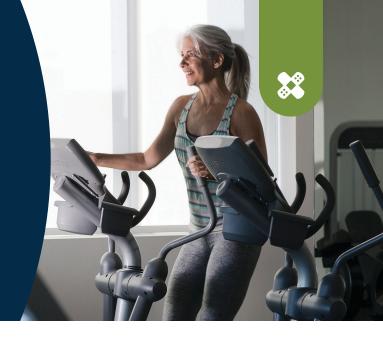


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## Colonial Life

## **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 benefits1

- 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.

 $\textbf{IL:} \ \textbf{We will not pay benefits for claims that are caused by or resulting from Exclusions.}$ 

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.

 $\ensuremath{\text{NH:}}$  "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.

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## Colonial Life

## **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 .....\$ \_

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

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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.

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