

# Group Accident Insurance

## Premier Plan



For more information,  
talk with your  
benefits counselor.

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Group accident insurance can help with medical or other costs associated with a covered accident or injury that your health insurance may not cover. With this coverage you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses. Coverage options are available for you, your spouse and eligible dependent children.

*Benefits are per covered person per covered accident unless stated otherwise*

**Accident emergency treatment** ..... \$200

One visit per covered person per covered accident and  
Up to four visits per covered person per calendar year

**Accident follow-up doctor visit** ..... \$50

Up to six visits per covered person per covered accident and  
Up to 24 visits per covered person per calendar year

**Accidental death**

Per covered person

	Accidental death	Accidental death common carrier
■ Named insured	\$50,000	\$200,000
■ Spouse	\$50,000	\$200,000
■ Dependent child(ren)	\$10,000	\$40,000

*Examples of common carriers are mass transit trains, buses and planes*

**Accidental dismemberment**

**Loss or loss of use**

■ One hand, arm, foot, leg or sight of an eye	\$15,000
■ Both hands, arms, feet, legs or the sight of both eyes; or any combination	\$30,000
■ One finger or one toe	\$1,500
■ Two or more fingers; two or more toes; or any combination	\$3,000

**Air ambulance** ..... \$2,000

Transportation to or from a hospital or medical facility

**Ambulance (ground)** ..... \$400

Transportation to or from a hospital or medical facility

**Appliance aid in personal locomotion or mobility** ..... \$200

Walking boot, neck brace, back brace, leg brace, cane, crutches, walker and wheelchair

**Blood/plasma/platelets** ..... \$500

Required during treatment of a covered accident

**Burn**

■ 2nd-degree burns (covering at least 36% of the body's surface)	\$1,500
■ 3rd-degree burns (based on size)	\$3,000 – \$21,000

**Burn-skin graft** ..... 50% of applicable burn benefit

As a result of 2nd-degree or 3rd-degree burns

## Alex was cleaning out the gutters when he fell.



### EMERGENCY ROOM VISIT

Alex was taken by ambulance to the nearest emergency room and received immediate care.



### DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Alex had fractured his leg.



### HOSPITAL CONFINEMENT

Alex was admitted to the hospital for surgery on his leg. He was confined for three days.



### APPLIANCE FOR MOBILITY

Alex used crutches.



### PHYSICAL THERAPY

Alex had eight sessions of PT to help him regain the strength in his leg.



### DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

## ALEX'S OUT-OF-POCKET EXPENSES

When Alex totaled up the bills, he had to pay his annual deductible, as well as co-payments for the ambulance, emergency room, hospital, surgery, physical therapy and follow-up visits. Luckily, Alex had accident coverage to help with these expenses.

### ALEX'S BENEFITS

Ambulance	\$400
Emergency room visit	\$200
X-ray	\$60
Hospital admission	\$1,500
Hospital confinement	\$1,050
Leg fracture (surgical)	\$4,800
Physical therapy	\$440
Appliance (crutches)	\$200
Doctor's follow-up office visit	\$150
	<b>\$8,800</b>

### Catastrophic accident

Total and irrecoverable loss or loss of use

- Both hands, arms, feet, legs or the sight of both eyes; or any combination; or
- Loss of hearing in both ears or loss of ability to speak

Subject to a 365-day elimination period; payable once per lifetime per covered person

- Named insured..... \$100,000
- Spouse ..... \$100,000
- Dependent child(ren)..... \$50,000

**Coma** ..... \$20,000

Lasting for 14 or more consecutive days

**Concussion** ..... \$500

### Dislocation (separated joint)

Non-surgical Surgical

- Hip ..... \$4,000 \$8,000
- Knee (except patella)..... \$2,000 \$4,000
- Ankle, bone or bones of the foot (other than toes)..... \$1,600 \$3,200
- Collarbone (sternoclavicular) ..... \$1,100 \$2,200
- Collarbone (acromioclavicular and separation)..... \$280 \$560
- Lower jaw ..... \$990 \$1,980
- Shoulder (glenohumeral) ..... \$1,200 \$2,400
- Elbow ..... \$600 \$1,200
- Wrist ..... \$750 \$1,500
- Bone(s) of the hand, (other than fingers) ..... \$1,050 \$2,100
- Finger, toe..... \$260 \$520
- Incomplete dislocation or dislocation reduction without anesthesia..... 25% of the applicable non-surgical amount

### Emergency dental work

- Dental crown or denture ..... \$600
- Dental extraction ..... \$200

**Eye injury** ..... \$400

With surgical repair or removal of a foreign object

### Fracture (broken bone)

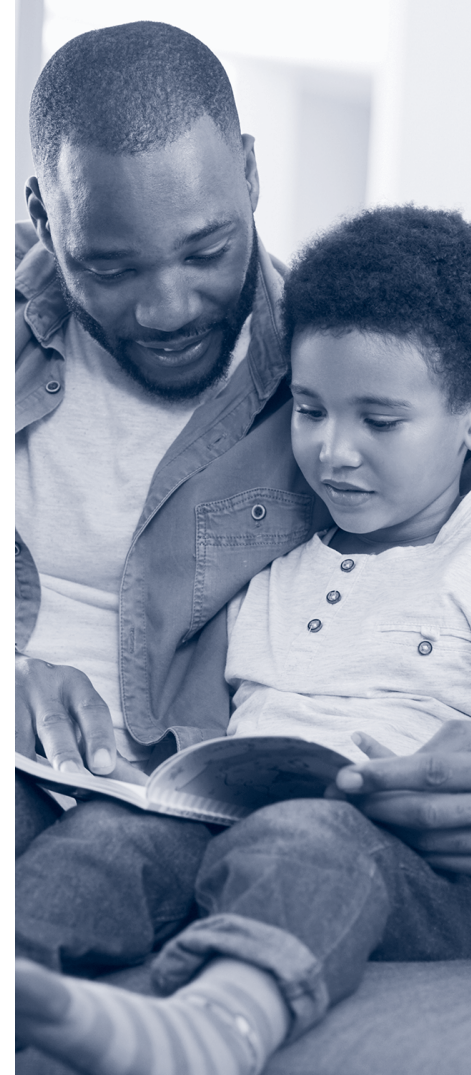
Non-surgical Surgical

- Skull, depressed fracture (except face/nose) ..... \$5,000 \$10,000
- Skull, simple non-depressed fracture (except face/nose) ..... \$2,400 \$4,800
- Hip, thigh (femur) ..... \$4,200 \$8,400
- Body of vertebrae (excluding vertebral processes) ..... \$3,600 \$7,200
- Pelvis ..... \$3,225 \$6,450
- Leg (tibia and/or fibula) ..... \$2,400 \$4,800
- Bones of the face or nose (except mandible or maxilla) ..... \$1,295 \$2,590
- Upper jaw, maxilla, upper arm between elbow and shoulder ..... \$1,400 \$2,800
- Lower jaw, mandible ..... \$1,200 \$2,400
- Kneecap, ankle, foot..... \$1,200 \$2,400
- Shoulder blade, collarbone ..... \$1,200 \$2,400
- Vertebral processes ..... \$810 \$1,620
- Forearm, hand, wrist ..... \$1,200 \$2,400
- Rib ..... \$500 \$1,000
- Coccyx..... \$420 \$840
- Finger, toe ..... \$200 \$400
- Chip fracture ..... 25% of the applicable non-surgical amount

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The certificate has exclusions and limitations.

<b>Hospital admission</b> .....	<b>\$1,500</b>
Per covered person per covered accident	
<b>Hospital confinement</b> .....	<b>\$350 per day</b>
Up to 365 days per covered person per covered accident	
<b>Hospital intensive care unit admission</b> .....	<b>\$2,500</b>
Per covered person per covered accident	
<b>Hospital intensive care unit confinement</b> .....	<b>\$600 per day</b>
Up to 15 days per covered person per covered accident	
<b>Knee cartilage (torn)</b> .....	<b>\$1,250</b>
<b>Laceration (no repair, without stitches)</b> .....	<b>\$75</b>
<b>Laceration (repaired by stitches)</b>	
■ Total of all lacerations is less than two inches long .....	<b>\$150</b>
■ Total of all lacerations is at least two but less than six inches long .....	<b>\$600</b>
■ Total of all lacerations is six inches or longer .....	<b>\$1,200</b>
<b>Lodging (companion)</b> .....	<b>\$250 per day</b>
Up to 30 days per covered person per covered accident	
<b>Medical imaging study (CT, CAT scan, EEG, MR or MRI)</b> .....	<b>\$400</b>
One benefit per covered person per covered accident per calendar year	
<b>Occupational or physical therapy</b> .....	<b>\$55 per day</b>
Up to 10 days per covered person per covered accident	
<b>Pain management for epidural anesthesia</b> .....	<b>\$150</b>
<b>Prosthetic device/artificial limb</b>	
One benefit per covered person per covered accident	
■ One .....	<b>\$1,750</b>
■ More than one .....	<b>\$3,500</b>
<b>Rehabilitation unit confinement</b> .....	<b>\$200 per day</b>
Immediately after a period of hospital confinement due to a covered accident; up to 15 days per covered person per covered accident, not to exceed 30 days per covered person per calendar year	
<b>Ruptured disc with surgical repair</b> .....	<b>\$1,200</b>
<b>Surgery</b>	
■ Cranial, open abdominal and thoracic .....	<b>\$2,000</b>
■ Hernia with surgical repair .....	<b>\$400</b>
<b>Surgery (exploratory and arthroscopic)</b> .....	<b>\$275</b>
<b>Tendon/ligament/rotator cuff</b>	
■ One with surgical repair .....	<b>\$1,200</b>
■ Two or more with surgical repair .....	<b>\$2,400</b>
<b>Transportation for hospital confinement</b> .....	<b>\$700 per round trip</b>
Up to three round trips for more than 50 miles from home per covered person per covered accident	
<b>X-ray</b> .....	<b>\$60</b>



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#### 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 CERTIFICATE PROVIDES LIMITED BENEFITS.

#### EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of a covered person's 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, we will not pay Catastrophic Accident benefits for injuries a child received during birth, or for injuries that are the result of being under the influence of any narcotics.

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form GACC1.0-P-OK and certificate form GACC1.0-C-OK. Premium at the effective date will vary according to the family coverage type.

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# Group Accident Insurance

## Health Screening Benefit



This benefit can help pay for routine preventive tests and services.

Health screening .....\$ **50.00**

Payable once per covered person per calendar year; subject to a 30-day waiting period

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

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### 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.

The covered person must incur a charge and the certificate must be in force for benefits to be payable.

This information is not intended to be a complete description of the insurance coverage available. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form GACC1.0-P and certificate form GACC1.0-C (plus state abbreviations where applicable, such as GACC1.0-C-TX). Coverage may vary by state and may not be available in all states. Premium at the effective date will vary according to family coverage type and benefit amount selected.

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