

Accident Insurance

Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground–and they're unexpected. How you care for them shouldn't be.

coloniallife.com

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury.

> Benefits listed are for each covered person per covered accident unless otherwise specified. See the attached outline of coverage for complete details.

> > \$40

\$200

\$2,000

Initial Care When an accident happens, you don't want to worry about how you will pay for the initial care, especially if you have to go to a doctor's office, urgent care facility or the emergency room for x-rays or ride in an ambulance.

- Accident Emergency Treatment \$125
- X-ray Benefit
- Ambulance
- Air Ambulance

Common Accidental Injuries Fractures and dislocations are frequent injuries common in both adults and children.

Dislocations (Separated Joint)	Closed Reduction (Non-Surgical)	Open Reduction (Surgical)
Нір	\$2,400	\$4,800
Knee (except patella)	\$1,200	\$2,400
Ankle – Bone or Bones of the Foot (other than Toes)	\$960	\$1,920
Collarbone (Sternoclavicular)	\$600	\$1,200
Lower Jaw, Shoulder, Elbow, Wrist	\$360	\$720
Bone or Bones of the Hand	\$360	\$720
Collarbone (Acromioclavicular and Separation)	\$120	\$240
One Toe or Finger	\$120	\$240

Fracture	Closed Reduction (Non-Surgical)	Open Reduction (Surgical)
Depressed Skull	\$3,000	\$6,000
Non-Depressed Skull	\$1,200	\$2,400
Hip, Thigh	\$1,800	\$3,600
Body of Vertebrae, Pelvis, Leg	\$900	\$1,800
Bones of Face or Nose (except mandible or maxilla)	\$420	\$840
Upper Jaw, Maxilla	\$420	\$840
Upper Arm between Elbow and Shoulder	\$420	\$840
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$360	\$720
Shoulder Blade, Collarbone, Vertebral Process	\$360	\$720
Forearm, Wrist, Hand	\$360	\$720
Rib	\$300	\$600
Соссух	\$240	\$480
Finger, Toe	\$120	\$240

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

Burn (based on size and degree)	\$1,000 to \$12,000	Tendon/Ligament/ Rotator Cuff	\$750 - one \$1,500 - two or more
Coma	\$12,500	Lacerations (based on size)	\$30 to \$500
Concussion	\$60	· · ·	
Emergency Dental Work	\$100 Extraction \$400 Crown, Implant, or Denture	Ruptured Disc	\$750
Eye Injury	\$300	Torn Knee Cartilage	\$750

Children ages 5 to 14 account for nearly 40 percent of all sportsrelated injuries treated in hospital emergency departments. The rate and severity of sports-related injury increases with a child's age.

2009 National Center for Sports Safety



In the U.S., a disabling injury takes place every second. The economic impact of these unintentional injuries amounted to \$684.4 billion in 2007. This is equivalent to about \$2,300 per capita.

Injury Facts, National Safety Council, 2009 Edition

Features of Colonial Life's Accident Insurance:

- Family coverage is available for your spouse and children.
- Your benefits are paid directly to you, unless specified otherwise.
- You're covered worldwide.
- This plan is portable; you can take it with you if you change jobs or retire.
- You are paid benefits regardless of any other insurance you may have.

Surgical	If your covered accidental injury is ser		surgical care or a transf	usion, your
Care	 Colonial Life policy can provide the following benefits: Surgery (cranial, open abdominal or thoracic) \$1,500 			
	 Surgery (crania, open abdominaro Surgery (hernia) 	\$150		
	• Surgery (arthroscopic or explorator	•		
	 Blood/Plasma/Platelets 	\$300		
Transportation/ Lodging	If a covered person must travel more the a hospital for injuries received as the rebending the benefits to help with transportation of	esult of a covered accide	nt, your Colonial Life p	olicy provides
Assistance	hotel/motel for a family member or co to a hospital that is more than 50 miles			o is confined
	 Transportation Lodging (family member or companion) 	\$600 per round trip up \$150 per night up to 3		
Accident Hospital Care	Traditional health insurance policies may have per admission deductibles and co-payments that must be satisfied prior to covering benefits related to hospital stays. Your Colonial Life policy provides benefits to help with these costs.			
	Hospital Admission*	\$1,500 per accident		
	Hospital Confinement	\$275 per day up to 365	5 days	
	 Hospital ICU Admission* Hospital ICU Confinement 	\$3,000 per accident \$550 per day up to 15	days per accident	
	* We will pay either the Hospital Admissio			but not both
	we will pay either the Hospital Admissio	on of hospital intensive Co	are onit (ICO) Admission,	but not both.
Accident Follow-Up Care	You may require follow-up care once y doctor's office. You may have to under require the use of an artificial limb. If s	rgo physical therapy, use	e crutches or a wheelch	air or even
	Accident Follow-Up Doctor Visit	\$50 (up to 4 visits per ad		
	 Medical Imaging Study 	\$200 per accident (limit	1 per covered accident	and 1 per
	 Occupational or Physical Therapy 	calendar year) \$35 per treatment up to	0 10 days	
	 Appliances 	\$100 (such as wheelcha		
	Prosthetic Devices/Artificial Limb	\$750 - one, \$1,500 - mo		
	Rehabilitation Unit	\$150 per day up to 15 d per calendar year. Maxir		
				·
Accidental Dismemberment,	For injuries received as a result of a co other specified catastrophic loss or de your family through the loss.			
Catastrophic	Accidental Dismemberment			
Accident and	 Loss of Finger/Toe 	\$1,200 – one, \$2,400 –	two or more	
Accidental Death	Loss of Hand/Foot/Sight of Eye	\$12,000 – one, \$24,000		
	Catastrophic Accident			
	For severe injuries that result in the tota			
	 Loss of one hand and one foot Loss of both hands or both feet 		f the sight of both eyes	
	 Loss of both hands of both feet Loss or loss of use of one arm and or 		f the hearing of both ea f the ability to speak	
	• Loss or loss of use of both arms or bo	-		
	Named Insured\$25,000	Spouse\$25,000	Child(ren)\$12	2,500
	365-day elimination period. Amounts re lifetime for each covered person.	educed for covered perso	ons age 65 and over. Pay	vable once per
	Accidental Death	Accidental Death	Common Carrier	
	Named Insured	\$75,000	\$200,000	
	• Spouse	\$75,000	\$200,000	
	 Child(ren) 	\$15,000	\$40,000	

Health Screening Benefit

• \$50 per covered person per calendar year

Provides a benefit if the covered person has one of the health screening tests performed. This benefit is payable once per calendar year per person and is subject to a 30-day waiting period.

Tests include:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (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
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

Benefit Worksheet For use by Colonial Life Benefits Counselor

Coverage: (check one)

○ Flexible Benefit (Pre-tax)

○ Employee Only	y O Spouse Only	○ One Child Only	○ Employee/Spouse
One-Parent Fai	mily, Employee O	ne-Parent Family, Spouse	• Two-Parent Family
Plan: (check one)	○ On and Off -Job Bene	fits Off -Job Only Be	enefits
Premium Per Pay Period \$ The premium will vary based on benefits selected.			ased on benefits selected.

Learn more about these and all of the personal insurance products and services that Colonial Life offers at coloniallife.com.

This coverage has exclusions and limitations that may affect benefits payable. Coverage type and benefits vary by state and may not be available in all states. See the Outline of Coverage within for complete details.

Applicable to policy form Accident 1.0-HS-KY. This brochure is not complete without the corresponding Outline of *Coverage form Accident 1.0-HS-O-KY.*



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