Colonial Life
The benefits of good hard work.®

Group Accident Insurance

Preferred Plan

For more information, talk with your benefits counselor.

ColonialLife.com

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 **$150**
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 four visits per covered person per covered accident and
Up to 16 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 **$9,000**
- Both hands, arms, feet, legs or the sight of both eyes; or any combination **$18,000**
- One finger or one toe **$1,050**
- Two or more fingers; two or more toes; or any combination **$2,100**

Air ambulance **$1,500**
Transportation to or from a hospital or medical facility

Ambulance (ground) **$300**
Transportation to or from a hospital or medical facility

Appliance aid in personal locomotion or mobility **$100**
Walking boot, neck brace, back brace, leg brace, cane, crutches, walker and wheelchair

Blood/plasma/platelets **$400**
Required during treatment of a covered accident

Burn

- 2nd-degree burns (covering at least 36% of the body's surface) **$1,000**
- 3rd-degree burns (based on size) ..... **$2,000 – $15,000**

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	$300
Emergency room visit	$150
X-ray	$60
Hospital admission	$1,000
Hospital confinement	$750
Leg fracture (surgical)	$3,600
Physical therapy	$360
Appliance (crutches)	$100
Doctor's follow-up office visit	$150
	$6,470

For illustrative purposes only.

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

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 $50,000
- Spouse $50,000
- Dependent child(ren) $25,000

Coma $10,000

Lasting for 14 or more consecutive days

Concussion $375

Dislocation (separated joint)	Non-surgical	Surgical
Hip	$3,000	$6,000
Knee (except patella)	$1,500	$3,000
Ankle, bone or bones of the foot (other than toes)	$1,200	$2,400
Collarbone (sternoclavicular)	$800	$1,600
Collarbone (acromioclavicular and separation)	$200	$400
Lower jaw	$720	$1,440
Shoulder (glenohumeral)	$1,200	$2,400
Elbow	$450	$900
Wrist	$600	$1,200
Bone(s) of the hand, (other than fingers)	$810	$1,620
Finger, toe	$200	$400
Incomplete dislocation or dislocation reduction without anesthesia	25% of the applicable non-surgical amount	

Emergency dental work

- Dental crown or denture $300
- Dental extraction $100

Eye injury $300

With surgical repair or removal of a foreign object

Fracture (broken bone)	Non-surgical	Surgical
Skull, depressed fracture (except face/nose)	$3,750	$7,500
Skull, simple non-depressed fracture (except face/nose)	$1,800	$3,600
Hip, thigh (femur)	$3,150	$6,300
Body of vertebrae (excluding vertebral processes)	$2,700	$5,400
Pelvis	$2,400	$4,800
Leg (tibia and/or fibula)	$1,800	$3,600
Bones of the face or nose (except mandible or maxilla)	$910	$1,820
Upper jaw, maxilla, upper arm between elbow and shoulder	$1,050	$2,100
Lower jaw, mandible	$1,200	$2,400
Kneecap, ankle, foot	$1,200	$2,400
Shoulder blade, collarbone	$1,200	$2,400
Vertebral processes	$630	$1,260
Forearm, hand, wrist	$1,200	$2,400
Rib	$375	$750
Coccyx	$320	$640
Finger, toe	$200	$400
Chip fracture	25% of the applicable non-surgical amount	

Hospital admission **$1,000**
Per covered person per covered accident

Hospital confinement ..... **$250 per day**
Up to 365 days per covered person per covered accident

Hospital intensive care unit admission **$1,750**
Per covered person per covered accident

Hospital intensive care unit confinement ..... **$400 per day**
Up to 15 days per covered person per covered accident

Knee cartilage (torn) **$750**

Laceration (no repair, without stitches) **$50**

Laceration (repaired by stitches)

- Total of all lacerations is less than two inches long **$150**
- Total of all lacerations is at least two but less than six inches long **$300**
- Total of all lacerations is six inches or longer **$600**

Lodging (companion) ..... **$200 per day**
Up to 30 days per covered person per covered accident

Medical imaging study (CT, CAT scan, EEG, MR or MRI) **$200**
One benefit per covered person per covered accident per calendar year

Occupational or physical therapy ..... **$45 per day**
Up to 10 days per covered person per covered accident

Pain management for epidural anesthesia **$150**

Prosthetic device/artificial limb
One benefit per covered person per covered accident

- One **$1,250**
- More than one **$2,500**

Rehabilitation unit confinement ..... **$150 per day**
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

Ruptured disc with surgical repair **$900**

Surgery

- Cranial, open abdominal and thoracic **$1,500**
- Hernia with surgical repair **$300**

Surgery (exploratory and arthroscopic) **$225**

Tendon/ligament/rotator cuff

- One with surgical repair **$900**
- Two or more with surgical repair **$1,800**

Transportation for hospital confinement ..... **$600 per round trip**
Up to three round trips for more than 50 miles from home per covered person per covered accident

X-ray **$60**

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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 intoxicated or 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 and certificate form GACC1.0-C (plus state abbreviations where applicable, such as GACC1.0-P-EE-TX and certificate form GACC1.0-C-EE-TX). Coverage may vary by state and may not be available in all states. Premium at the effective date will vary according to the family coverage type.

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