

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
	\$8,800

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

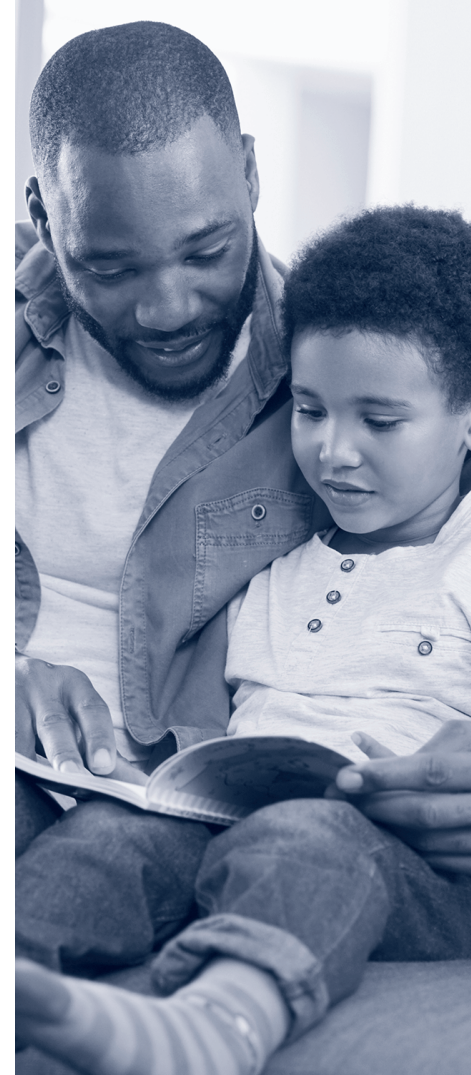
With surgical repair or removal of a foreign object

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.

Hospital admission	\$1,500
Per covered person per covered accident	
Hospital confinement	\$350 per day
Up to 365 days per covered person per covered accident	
Hospital intensive care unit admission	\$2,500
Per covered person per covered accident	
Hospital intensive care unit confinement	\$600 per day
Up to 15 days per covered person per covered accident	
Knee cartilage (torn)	\$1,250
Laceration (no repair, without stitches)	\$75
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	\$600
■ Total of all lacerations is six inches or longer	\$1,200
Lodging (companion)	\$250 per day
Up to 30 days per covered person per covered accident	
Medical imaging study (CT, CAT scan, EEG, MR or MRI)	\$400
One benefit per covered person per covered accident per calendar year	
Occupational or physical therapy	\$55 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	\$1,750
■ More than one	\$3,500
Rehabilitation unit confinement	\$200 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	\$1,200
Surgery	
■ Cranial, open abdominal and thoracic	\$2,000
■ Hernia with surgical repair	\$400
Surgery (exploratory and arthroscopic)	\$275
Tendon/ligament/rotator cuff	
■ One with surgical repair	\$1,200
■ Two or more with surgical repair	\$2,400
Transportation for hospital confinement	\$700 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.

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