

# 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
	<b>\$6,470</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 .....\$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	

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>\$1,000</b>
Per covered person per covered accident	
<b>Hospital confinement</b> .....	<b>\$250 per day</b>
Up to 365 days per covered person per covered accident	
<b>Hospital intensive care unit admission</b> .....	<b>\$1,750</b>
Per covered person per covered accident	
<b>Hospital intensive care unit confinement</b> .....	<b>\$400 per day</b>
Up to 15 days per covered person per covered accident	
<b>Knee cartilage (torn)</b> .....	<b>\$750</b>
<b>Laceration (no repair, without stitches)</b> .....	<b>\$50</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>\$300</b>
■ Total of all lacerations is six inches or longer .....	<b>\$600</b>
<b>Lodging (companion)</b> .....	<b>\$200 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>\$200</b>
One benefit per covered person per covered accident per calendar year	
<b>Occupational or physical therapy</b> .....	<b>\$45 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>\$1,250</b>
■ More than one .....	<b>\$2,500</b>
<b>Rehabilitation unit confinement</b> .....	<b>\$150 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>\$900</b>
<b>Surgery</b>	
■ Cranial, open abdominal and thoracic .....	<b>\$1,500</b>
■ Hernia with surgical repair .....	<b>\$300</b>
<b>Surgery (exploratory and arthroscopic)</b> .....	<b>\$225</b>
<b>Tendon/ligament/rotator cuff</b>	
■ One with surgical repair .....	<b>\$900</b>
■ Two or more with surgical repair .....	<b>\$1,800</b>
<b>Transportation for hospital confinement</b> .....	<b>\$600 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 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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**By electing a Colonial Life benefit you are affirming the following:**

- ✓ You are actively at work at least 20 hours per week.
- ✓ You consent to the electronic delivery of insurance documents, including legally required disclosure and policy documents. You have an e-mail address and an electronic device such as a computer or a smart phone to access the internet and view and retain PDF documents. You can withdraw your consent, update your e-mail address and request, free of charge, a paper copy of any document at any time by contacting Colonial Life & Accident Insurance Company.
- ✓ If you or any covered family members are Medicare eligible, you have reviewed the Important Notice to Persons on Medicare document. You may also reference the official US government Medicare handbook at <http://www.medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf>
- ✓ **Colonial Life Group Critical Care:** By electing a non-tobacco plan you are affirming that have not used any tobacco products (cigarettes, cigars, snuff, dip, chew, pipe) and/or any nicotine delivery system within the last 12 months.
- ✓ **Colonial Life Group Critical Care:** The Face Amount will reduce by 50% on the certificate anniversary date after the named insured's 75th birthday. You understand that if covering a spouse and/or eligible dependents, coverage is no more than 50% of the employee's face amount.
- ✓ You have access to the following documents:
  - Colonial Life Disclosures, Limitations, and Exclusions
  - Colonial Life Group Accident product brochure
  - Colonial Life Group Critical Care product brochure
  - Colonial Life Group Medical Bridge product brochure
  - Important Notice to Persons on Medicare

## **NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE**

If according to your application and the information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy to be issued by the Company, for your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

1. Health conditions which you may presently have, may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. Any benefits you have accrued under your present policy may not be payable or transferrable under the new policy.
3. If you are transferring from individual coverage to group coverage, the circumstances under which you may continue your coverage may be limited or no longer available.
4. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interests to make sure you understand all the relevant factors involved in replacing your present coverage.
5. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information on an application may provide a basis for the Company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

*Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand. Similar policies, if approved, are underwritten in New York by The Paul Revere Life Insurance Company. Colonial Life & Accident Insurance Company is a subsidiary of Unum Corporation.*

## **Important Notice to Persons on Medicare This Insurance Duplicate Some Insurance Benefits**

### **This is not Medicare Supplemental Insurance**

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplemental Insurance.

**This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for diagnosis and treatment of the specific conditions or diagnoses named in the policy.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

### **Before You Buy This Insurance**

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program.