# **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.

In your lifetime, which of these accidental injuries have happened to you or someone you know?

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries

- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

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. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you'll feel better knowing you can have greater financial security.

# What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

# Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

## What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

## Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

## How do I file a claim?

Visit coloniallife.com or call our Customer Service Department at 1.800.325.4368 for additional information.

## Benefits listed are for each covered person per covered accident unless otherwise specified. **Initial Care**

- Accident Emergency Treatment....... \$125
- Ambulance .....\$200

## **Common Accidental Injuries**

Dislocations (Separated Joint)	Non-Surgical	Surgical
Нір	\$2,200	\$4,400
Knee (except patella)	\$1,100	\$2,200
Ankle – Bone or Bones of the Foot (other than Toes)	\$880	\$1,760
Collarbone (Sternoclavicular)	\$550	\$1,100
Lower Jaw, Shoulder, Elbow, Wrist	\$330	\$660
Bone or Bones of the Hand	\$330	\$660
Collarbone (Acromioclavicular and Separation)	\$110	\$220
One Toe or Finger	\$110	\$220
Fractures	Non-Surgical	Surgical
Depressed Skull	\$2,750	\$5,500
Non-Depressed Skull	\$1,100	\$2,200
Hip, Thigh	\$1,650	\$3,300
Body of Vertebrae, Pelvis, Leg	\$825	\$1,650
Bones of Face or Nose (except mandible or maxilla)	\$385	\$770
Upper Jaw, Maxilla	\$385	\$770
Upper Arm between Elbow and Shoulder	\$385	\$770
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$330	\$660
Shoulder Blade, Collarbone, Vertebral Process	\$330	\$660
Forearm, Wrist, Hand	\$330	\$660
Rib	\$275	\$550
Соссух	\$220	\$440
Finger, Toe	\$110	\$220

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
•	Coma	\$10,000
•	Concussion	\$60
•	Emergency Dental Work	\$75 Extraction, \$300 Crown, Implant, or Denture
•	Lacerations (based on size)	\$30 to \$500

## **Requires Surgery**

• Eye Injury	\$300
Tendon/Ligament/Rotator Cuff	\$500 - one, \$1,000 - two or more
Ruptured Disc	\$500
Torn Knee Cartilage	\$500

#### **Surgical Care**

•	Surgery (cranial, open abdominal or thoracic)	\$1,500
•	Surgery (hernia)	\$150
•	Surgery (arthroscopic or exploratory)	\$200
•	Blood/Plasma/Platelets	\$300

#### **Transportation/Lodging Assistance**

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

	Transportation	\$500 per round trip up to 3 round trips
•	Lodging (family member or companion)	\$125 per night up to 30 days for
		a hotel/motel lodging costs

#### **Accident Hospital Care**

•	Hospital Admission*	\$1,000 per accident
•	Hospital ICU Admission*	\$2,000 per accident
*	We will pay either the Hospital Admission or Hospital Intensi	ive Care Unit (ICU) Admission, but not both.
•	Hospital Confinement\$	225 per day up to 365 days per accident
•	Hospital ICU Confinement	\$450 per day up to 15 days per accident

#### **Accident Follow-Up Care**

Accident Follow-Up Doctor Visit	\$50 (up to 3 visits per accident)
Medical Imaging Study	(limit 1 per covered accident and 1 per calendar year)
Occupational or Physical Therapy	\$25 per treatment up to 10 days
Appliances	\$100 (such as wheelchair, crutches)
Prosthetic Devices/Artificial Limb	\$500 - one, \$1,000 - more than 1
Rehabilitation Unit	\$100 per day up to 15 days per covered accident, and 30 days per calendar year. Maximum of 30 days per calendar year

#### **Accidental Dismemberment**

Loss of Finger/Toe	\$750 – one, \$1,500 – two or more
• Loss or Loss of Use of Hand/Foot/Sight of Eye	\$7,500 – one, \$15,000 – two or more

## **Catastrophic Accident**

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot • Loss of the sight of both eyes
- Loss of both hands or both feet

- Loss or loss of use of one arm and one leg or Loss of the ability to speak
- Loss or loss of use of both arms or both legs
- Loss of the hearing of both ears
- Named Insured ..... \$25,000
  - Spouse......\$25,000 Child(ren)......\$12,500

365-day elimination period. Amounts reduced for covered persons age 65 and over. Payable once per lifetime for each covered person.

#### **Accidental Death**

	Accidental Death	Common Carrier
Named Insured	\$25,000	\$100,000
• Spouse	\$25,000	\$100,000
• Child(ren)	\$5,000	\$20,000

#### **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

## My Coverage Worksheet (For use with your Colonial Life benefits counselor)

Who will be covered? (check one)				
O Employee Only	Spouse Only	○ One Child Only	○ Employee & Spouse	
○ One-Parent Family, with Em	nployee O One-Pa	arent Family, with Spouse	• O Two-Parent Family	
When are covered accident benefits available? (check one)				
○ On and Off -Job Benefits	$\bigcirc$ Off -Job Only B	Benefits		

#### **EXCLUSIONS**

We will not pay benefits for losses that are caused by or are the result of: hazardous avocations; felonies or illegal occupations; racing; semi-professional or professional sports; sickness; suicide or self-inflicted injuries; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: birth; intoxication.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form Accident 1.0-HS (including state abbreviations where used.) This is not an insurance contract and only the actual policy provisions will control.

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# Accident 1.0 for LA

Applicable to policy forms ACCIDENT 1.0-HS and ACCIDENT 1.0-NS

• On/Off-Job Accident Coverage

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Preferred with health screening	0-80	\$21.15	\$28.97	\$32.67	\$40.48

#### Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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