Colonial Life

Individual Accident

Our Accident insurance is an indemnity plan providing employees and their families with injury, hospital, doctor, accidental death and catastrophic accident benefits in the event of a covered accident. These benefits can help with the out-of-pocket medical and non-medical expenses associated with an accident.

Product Features

- Composite Rates—premiums are composite, which means all eligible applicants in an account have the same rate basis, regardless of risk class or age
- Coverage is available for Guaranteed Issue
- Employees can choose whether they want individual or family coverage
- Benefits are paid directly to the insured unless specified otherwise
- No coordination of benefits—benefits are paid in addition to other insurance your employees may have
- Benefit amounts are the same for employee, spouse and dependent children, except for lower amounts for accidental death benefits for children
- Coverage is portable—employees can take this coverage with them at the same rates if they change jobs or leave your employment
- This policy is noncancellable. We have no right to change the premiums we charge on this policy. Any riders attached to this policy may be subject to a change in premium
- Coverage available for: Employee Only; Spouse Only; Child Only; Employee and Spouse; One-Parent Family(Employee); One-Parent Family(Spouse); Two-Parent Family (Employee, Spouse and Dependent Children)

Available Plans

Coverage Options:

- Basic
- Preferred
- Premier

Either On/Off Job or Off-Job only accident coverage is available for the account based on employer choice.

Optional Employer Benefits:

- Active Lifestyles
- Non-fatal Gunshot Wound
- Wellbeing Assistance—Basic
- Wellbeing Assistance—Standard

Optional Employee Riders:

- Accident Disability Rider
- Accident/ Sickness Disability Rider
- Sickness Hospital Confinement Rider
- Sickness Hospital Confinement + Sickness Hospital Admission Rider
- Specified Critical Illness Rider

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Accident Coverage Benefits

Colonial Life pays these benefits once per covered person for each covered accident unless otherwise noted.

Accident Benefits	Basic	Preferred	Premier
Accident Emergency Treatment • **No calendar year maximum.**	$100	$125	$150
Accident Follow-Up Treatment (including Transportation) / Telemedicine • **6 visits per person per accident** • **12 visits per person per calendar year**	$45	$55	$65
Accidental Death	$25,000 EE/SP; $5,000 CH	$40,000 EE/SP; $10,000 CH	$50,000 EE/SP; $15,000 CH
Accidental Death: Common Carrier	$100,000 EE/SP; $15,000 CH	$160,000 EE/SP; $30,000 CH	$200,000 EE/SP; $45,000 CH
Accidental Dismemberment: **Loss of Use Finger/Toe** **Loss of Use/Paralysis of Hand/Arm/Foot/Leg**	(1)$600;(2+)$1,200 (1)$7,500;(2+)$15,000	(1)$900;(2+)$1,800 (1)$10,000;(2+)$20,000	(1)$1,200;(2+)$2,400 (1)$15,000;(2+)$30,000
Accidental Dismemberment due to Catastrophic Accident	$10,000	$25,000	$25,000
Accidental Injury due to Automobile Accident	$250	$250	$250
Ambulance—Air	$1,200	$2,000	$2,000
Ambulance—Ground or Water	$150	$200	$300
Blood/Plasma/Platelets	$300	$300	$500
Burns, based on size and degree	2nd Degree 36% of body: $1,000 3rd Degree 9sq"–18sq": $1,500 >18sq"–35sq": $3,000 Over 35 sq": $9,000	2nd Degree 36% of body: $1,000 3rd Degree 9sq"–18sq": $2,000 >18sq"–35sq": $4,000 Over 35 sq": $12,000	2nd Degree 36% of body: $2,000 3rd Degree 9sq"–18sq": $3,000 >18sq"–35sq": $6,000 Over 35 sq": $18,000
Burns—Skin Graft	50% of burn benefit	50% of burn benefit	50% of burn benefit
Coma (duration of at least 7 consecutive days)	$10,000	$12,500	$15,000
Concussion	$100	$150	$200
Dislocation (Based on joint and if repaired by open or closed reduction)	$75–$3,500	$100–$4,500	$125–$5,000
Emergency Dental Work	$150 (crown, implant or denture) or $50 (extraction)	$300 (crown, implant or denture) or $100 (extraction)	$600 (crown, implant or denture) or $200 (extraction)
Eye Injury	$200	$300	$400
Fracture (based on bone and if repaired by open or closed reduction)	$225–$5,000	$250–$6,000	$275–$7,500
Hearing Loss—per ear	$120	$120	$120
Hospital Admission	$1,000	$1,000	$1,500
Hospital Confinement-Daily	$200/day, up to 365 days	$250/day, up to 365 days	$300/day, up to 365 days
Hospital Sub-Acute Intensive Care Unit—Daily	$275/day, up to 30 days	$325/day, up to 30 days	$400/day, up to 30 days
Hospital ICU Admission	$1,500	$2,000	$2,500
Hospital ICU Confinement-Daily	$350/day, up to 15 days	$450/day, up to 15 days	$500/day, up to 15 days
Knee Cartilage—Torn	$500	$650	$750

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Accident Benefits	Basic	Preferred	Premier
Laceration (based on size and repair)	No Stitches: $30 With stitches less than 2”: $50 2’–6”: $250 greater than 6”: $500	No Stitches: $30 With stitches less than 2”: $75 2’–6”: $275 greater than 6”: $600	No Stitches: $30 With stitches less than 2”: $100 2’–6”: $300 greater than 6”: $600
Lodging (Companion) (per day up to 30 days)	$100	$125	$150
Medical Equipment (formerly Appliances) **Tier 1** Arm sling, Cane, Medical Ring Cushion, Neck Brace, or Wrist/Ankle Splint **Tier 2** Bedside Commode, Cold Therapy System (Cryotherapy), Crutches, Leg Brace, Shower Chair, Walker or Walking Boot **Tier 3** Back Brace, Body Jacket, Continuous Passive Movement (CPM), Electric Scooter, Halo, Hospital Bed (including rental), Knee Scooter, Stair Lift Chair or Wheelchair	 $30 $75 $150	 $30 $100 $200	 $30 $150 $300
Medical Imaging Study (limit one per covered person per calendar year)	$150	$200	$250
Observation Room Benefit—Up to 2 days per person/calendar year	$150	$150	$150
Pain Management (Epidural Anesthesia)	$100	$100	$150
Post Traumatic Stress Disorder	$200	$200	$200
Prosthetic Device/Artificial Limb	$500 (1); $1,000 (2+)	$750 (1); $1,500 (2+)	$1,000 (1); $2,000 (2+)
Prosthetic Device/ Artificial Limb Repair or Replacement	Replacement:$500 Repair: $250	Replacement:$750 Repair: $375	Replacement: $1,000 Repair: $500
Rehabilitation Unit Confinement per day. 15 days per accident, 30 days per calendar year	$100	$150	$200
Ruptured Disc with Surgical Repair	$500	$750	$1,250
Surgery—Cranial, Open Abdominal, Thoracic	$1,000	$1,500	$1,500
Surgery—Hernia	$175	$200	$250
Surgery—Exploratory and Arthroscopic	$200	$300	$300
Tendon/Ligament/Rotator Cuff	$500 (1) $1,000 (2+)	$650 (1) $1,300 (2+)	$750 (1) $1,500 (2+)
Therapy—Occupational, Physical or Speech Therapy (per day, up to 10 days)	$25	$35	$40
Transportation (per trip, up to 3 trips per accident)	$400	$600	$700
X-Ray Benefit	$30	$30	$40

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Optional Employer-Selected Benefits

The following optional benefits are available for the employer to include in the plan design. These benefits are not optional for the employee.

Active Lifestyles Benefit

If you include this benefit, the base plan will provide a 20% benefit boost to each of the following benefits*:

- Concussion
- Dislocation
- Emergency Dental Work
- Eye Injuries
- Fractures
- Knee Cartilage—Torn
- Laceration
- Medical Imaging Study
- Ruptured Disc with Surgical Repair
- Surgery—Cranial, Open Abdominal, Thoracic/Hernia
- Surgery—Exploratory and Arthroscopic
- Tendon/Ligament/Rotator Cuff
- X-Ray

**The only qualification required is that any covered person under the policy was in a covered accident.*

Non-Fatal Gunshot Wound Benefit

This benefit provides benefits for a non-fatal accident gunshot wound that is the result of a covered accident.

Plan Structure	On/Off-Job
Benefit Amount	$1,000 or $5,000 lump sum.
Benefit features	• Non-fatal gunshot wound from a conventional firearm. • One benefit per 24 hour period, regardless of the number of gunshot wounds. • Requires treatment by a doctor, including overnight care in a hospital, within 24 hours after the accident.

Wellbeing Assistance Benefit (Standard or Basic):

Wellbeing Assistance—Standard:	Wellbeing Assistance—Basic:
○ Available amounts of $50 or $100. ○ Payable for each covered person on a policy once per calendar year. ○ Applies to 24 tests. ○ Benefit is subject to a 30-day waiting period.	○ Available amounts of $50 or $100. ○ Payable one per policy per calendar year. ○ Applies to 26 tests, including annual physicals and immunizations. ○ Benefit is subject to a 30-day waiting period.

Tests include:

- Annual Physical*
- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- Carotid Doppler
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Fasting blood glucose
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Immunizations*
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Serum cholesterol test for HDL and LDL
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

**Only available for the Wellbeing Assistance-Basic Benefit*

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Optional Riders

Available for additional purchase, to provide extra coverage and benefits.

Off-Job Only or On/Off-Job Accident Disability Income Rider

- Employee or spouse
- $400–$2,500 Off-Job monthly benefit. On-job amount is 50% of Off-Job benefit.
- Sold in $50 on-job and $100 off-job increments
- Up to 50% of income for employee or spouse
- Guaranteed Renewable to age 75
- 0, 7, 14 or 30 day elimination period
- 6 or 12 month benefit period

Off-Job Only or On/Off-Job Accident/Sickness Disability Income Rider

- Employee or spouse
- $400–$2,500 Off-Job monthly benefit. On-job amount is 50% of Off-Job benefit.
- Sold in $50 on-job and $100 off-job increments
- Up to 50% of income for employee or spouse
- A 12/12 pre-existing condition limitation
- Guaranteed renewable to age 75

Elimination Periods	
Accident/Sickness Days	**Available Benefit Period(s)**
0/7, 7/7, 0/14, 14/14	3 months
0/7, 7/7, 0/14, 14/14, 0/30, 30/30	6 months
0/7, 7/7, 0/14, 14/14, 0/30, 30/30, 60/60, 90/90	12 months

Sickness Hospital Confinement Rider

- Pays if an insured is confined as an overnight resident bed patient in a hospital because of covered sickness
- $100 per day
- 0-day elimination period
- 30-day benefit period
- 12/12 pre-existing conditions limitation
- Guaranteed renewable for life
- Available to employee, spouse and children

Sickness Hospital Confinement Rider + Sickness Hospital Admission Rider

- Choice of a $200 or $400 Sickness Hospital Admission Benefit amount
- Pays if an insured is confined as an overnight resident bed patient in a hospital because of covered sickness
- $100 per day
- 0-day elimination period
- 30-day benefit period
- 12/12 pre-existing conditions limitation
- Guaranteed renewable for life
- Available to employee, spouse and children

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Specified Critical Illness Rider

- Available benefit amounts of $2,500 or $5,000
- Payable for Heart Attack (Myocardial Infarction), Stroke and End Stage Renal (Kidney) Failure
- An additional benefit payable for a subsequent diagnosis of a different specified critical illness that is payable at100% of the benefit
- A subsequent diagnosis of the same critical illness is payable at 25%
- Additional specified critical illnesses are available for covered dependent children only Cerebral Palsy, Cleft Lip or Cleft Palate, Cystic Fibrosis, Down Syndrome and Spina Bifida are payable once per lifetime
- Benefit amount will reduce by 50% on the first anniversary date after the named insured attains age 75
- Available to employee, spouse and children

Eligibility Requirements

Accident Base Plans

- Permanent benefit-eligible employees between the ages of 17–80, working 15 hours per week
- Employee's spouse between the ages of 17–80
- Child(ren) between the ages of 0–25*

Optional Riders

- Disability Income Riders: permanent benefit-eligible employees and spouses between the ages of 17–74, working 15 or more hours per week. Accident/ Sickness Disability Riders are age-banded: 17–49, 50–64 and 65–74.
- Sickness Hospital Confinement Rider, Sickness Hospital Confinement + Sickness Hospital Admission Rider and Specified Critical Illness Rider: permanent benefit eligible employees between the ages of 17–74. Spouse must be age 17–74. Child(ren) must be age 0–25.

Please see attached Underwriting document for Optional Rider(s) underwriting guidelines.

Participation Requirement

To offer this plan, we require a minimum of 3 eligible employees.

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Definitions

Pre-existing Condition[1]: means a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

For riders: after the rider has been in force for the Pre-Existing Condition Limitation Period of 12 months shown on the Rider Schedule, we will pay the benefits as stated in the rider for any loss as a result of a pre-existing condition not excluded by name or specific description if the covered loss began after the Pre-Existing Condition Limitation Period.

Geographical Limitations[2]: If you become totally disabled as the result of a covered accident or a covered sickness while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown on the Rider Schedule, your maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days.

Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda or Jamaica.

Giving Birth Limitation[3]: Giving birth within the first nine (9) months after the rider coverage effective date shown on the Rider Schedule. Complications of pregnancy are subject to the Pre-Existing Condition Limitation Period shown on the Rider Schedule and are administered consistently with any other sickness.

[1]Applicable to the Accident/Sickness Disability Rider, Specified Critical Illness Rider and the Sickness Hospital Confinement Riders.
[2]Applicable to the Accident/Sickness Disability Rider and the Accident Disability Riders.
[3]Applicable to the Accident/Sickness Disability Rider and the Sickness Hospital Confinement Riders.

What is Not Covered

Accident Coverage Plans will not provide benefits for losses that are caused by, contributed to by or occur as a 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 to the exclusions listed above, we also will not pay the **Accidental Dismemberment due to Catastrophic Accident benefit** for injuries that are caused by or are the result of:

- Birth
- Intoxicants and narcotics

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In addition to the base plan exclusions listed above, the **Accident Disability Rider** will not provide benefits for losses that are caused by, contributed to by or occurs as a result of a covered person's:

- Cosmetic Surgery
- Felonies or Illegal Occupations
- Flying
- Geographical Limitations
- Hazardous Avocations
- Intoxicants and Narcotics
- Psychiatric or Psychological Conditions
- Racing
- Semi-Professional or Professional Sports
- Sickness
- Substance Abuse
- Suicide or Injuries Which You Intentionally Do to Yourself
- War or Armed Conflict

In addition to the base plan exclusions listed above, the **Accident Sickness Disability Rider** will not provide benefits for losses that are caused by, contributed to by or occurs as a result of a covered person's:

- Cosmetic Surgery
- Felonies or Illegal Occupations
- Flying
- Geographical Limitations
- Giving Birth Limitation
- Hazardous Avocations
- Intoxicants and Narcotics
- Pre-Existing Condition Limitation
- Psychiatric or Psychological Conditions
- Racing
- Semi-Professional or Professional Sports
- Substance Abuse
- Suicide or Injuries Which You Intentionally Do to Yourself
- War or Armed Conflict

In addition to the base plan exclusions listed above, the **Sickness Hospital Confinement Rider** will not provide benefits for losses that are caused by, contributed to by or occurs as a result of a covered person's:

- Accidental Injuries
- Alcoholism or Drug Addiction
- Dental Procedures
- Elective Procedures and Cosmetic Surgery
- Felonies or Illegal Occupations
- Giving Birth Limitation
- Pre-Existing Condition Limitation
- Psychiatric or Psychological Conditions
- Suicide or Injuries Which Any Covered Person Intentionally Does to Himself
- War or Armed Conflict
- Well Baby Care

In addition to the base plan exclusions listed above, the **Specified Critical Illness Rider** will not provide benefits for losses that are caused by, contributed to by or occurs as a result of a covered person's:

- Alcoholism or Drug Addiction
- Felonies or Illegal Occupations
- Intoxicants and Narcotics
- Pre-Existing Condition Limitation
- Psychiatric or Psychological Conditions
- Suicide or Injuries Which Any Covered Person Intentionally Does to Himself
- War or Armed Conflict

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Underwriting Guidelines

Guaranteed Issue

- Available during all enrollments and for new hires during the new hire eligibility period
- Coverage is guaranteed issue with no health questions. Simplified Issue health questions apply to Accident/Sickness Disability Rider.
- The Pre-existing Condition Limitation only applies to these riders: Accident Sickness Disability Rider, Specified Critical Illness Rider, and Sickness Hospital Confinement Rider.

Premium Information

- Premiums are composite for all ages, with specific issue ages
- Coverage available for: Employee Only; Spouse Only; Child Only; Employee and Spouse; One-Parent Family(Employee); One-Parent Family(Spouse); Two-Parent Family (Employee, Spouse and Dependent Children)

Sample Monthly Premiums

Coverage Type	Plan	Optional Employer Benefits	Optional Employee Riders	Monthly Premium
Employee Only Spouse Only OR Child Only	Basic Off-Job Only			$11.95
Employee Only	Preferred On/Off-Job	Wellbeing Assistance –Basic $50	Sickness Hospital Confinement	$27.94
Employee/ Spouse	Premier On/Off-Job		Spouse Off-Job Accident Only Disability (17-74) 0-day Elimination Period 6 month Benefit Period $400	$39.19
Two-Parent Family	Preferred Off-Job Only	Wellbeing Assistance – Standard $50 Gunshot Wound $1,000	Critical Illness $5,000 (Age 17-49)	$42.26

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