



Accident 1.0

Colonial Life's voluntary accident insurance policy is a medical indemnity plan that provides employees and their families with hospital, doctor, and accidental death benefits in the event of a covered accident.

This policy offers six plan choices with varying benefit amounts and three optional riders:

- Basic
- Basic with Health Screening Benefit
- Preferred
- Preferred with Health Screening Benefit
- Premier
- Premier with Health Screening Benefit

Each of the plans listed above may be offered as On/Off-Job or Off-Job Only.

Optional Riders:

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

Benefits

Base Policy Benefits	Basic	Preferred	Premier
Accident Emergency Treatment For treatment in a doctor's office, urgent care facility or emergency room within the first 72 hours of the accident. If initially treated after 72 hours, please see Accident Follow-up Doctor's Visit	\$75	\$125	\$125
Accident Follow-Up Doctor Visit	\$50/visit up to 2 visits per accident	\$50/visit up to 3 visits per accident	\$50/visit up to 4 visits per accident
Accidental Death	\$20,000 Employee \$20,000 Spouse \$4,000 Child(ren)	\$25,000 Employee \$25,000 Spouse \$5,000 Child(ren)	\$50,000 Employee \$50,000 Spouse \$10,000 Child(ren)
Accidental Death: Common Carrier	\$80,000 Employee \$80,000 Spouse \$16,000 Child(ren)	\$100,000 Employee \$100,000 Spouse \$20,000 Child(ren)	\$200,000 Employee \$200,000 Spouse \$40,000 Child(ren)
Accidental Dismemberment: (Loss of Finger/Toe/Hand/Foot or Sight)	\$600- \$12,000	\$750- \$15,000	\$1,200-\$24,000
Ambulance - Air	\$1,200	\$2,000	\$2,000
Ambulance - Ground	\$120	\$200	\$200
Appliances (such as wheelchair, crutches)	\$75	\$100	\$100
Blood/Plasma/Platelets	\$300	\$300	\$300
Burns (based on size and degree)	\$1,000- \$12,000	\$1,000- \$12,000	\$1,000- \$12,000

Applicable to NJ

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Base Policy Benefits	Basic	Preferred	Premier
Burns - Skin Graft	50% of burn benefit	50% of burn benefit	50% of burn benefit
Coma (duration of at least 7 days)	\$7,500	\$10,000	\$12,500
Concussion	\$60	\$60	\$60
Dislocation (Based on joint and if repaired by open or closed reduction)	\$90-\$3,600	\$110 - \$4,400	\$120 - \$4,800
Emergency Dental Work	\$200 (crown, implant or denture) or \$50 (extract)	\$300 (crown, implant or denture) or \$75 (extract)	\$400 (crown, implant or denture) or \$100 (extract)
Eye Injury	\$200	\$300	\$300
Fractures (Based on bone and if repaired by open or closed reduction)	\$90 - \$4,500	\$110 - \$5,500	\$120 - \$6,000
Hospital Admission*	\$1,000/accident	\$1,250/accident	\$1,500/accident
Hospital Confinement (Per day up to 365 days)	\$225	\$250	\$275
Hospital ICU Admission*	\$2,000/accident	\$2,500/accident	\$3,000/accident
Hospital ICU Confinement (Up to 15 days per accident)	\$450	\$500	\$550
Knee Cartilage - Torn	\$500	\$500	\$750
Laceration (based on size and repair)	\$30-\$500	\$30-\$500	\$30-\$500
Lodging (Companion)	\$100 per day up to 30 days	\$125 per day up to 30 days	\$150 per day up to 30 days
Medical Imaging Study Limit one accident per year	\$100 per accident	\$150 per accident	\$200 per accident
Prosthetic Device/Artificial Limb	\$500 (1); \$1,000 (2 or more)	\$500 (1); \$1,000 (2 or more)	\$750 (1); \$1,500 (2 or more)

* We will pay either the Hospital Admission or Hospital ICU Admission benefit, but not both.

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Base Policy Benefits	Basic	Preferred	Premier
Rehabilitation Unit Confinement Up to 15 days per confinement per covered accident. Maximum of 30 days per calendar year.	\$100/day	\$100/day	\$150/day
Ruptured Disc	\$500	\$500	\$750
Surgery-Cranial, Open Abdominal, Thoracic	\$1,000:	\$1,500	\$1,500
Surgery- Hernia	\$100	\$150	\$150
Surgery – Exploratory or Arthroscopic	\$150	\$200	\$200
Tendon/Ligament/Rotator Cuff	\$500 (1); \$1,000 (2 or more)	\$500 (1); \$1,000 (2 or more)	\$750 (1); \$1,500 (2 or more)
Therapy - Occupational and Physical Therapy Benefit	\$25 per day (10 visits/accident)	\$25 per day (10 visits/accident)	\$35 per day (10 visits/accident)
Transportation up to 3 trips per accident	\$400 per trip	\$500 per trip	\$600 per trip
X-Ray Benefit	\$20	\$30	\$40

Health Screening Benefit

Available on selected plans

- \$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 covered person. Available to each covered person.

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
- Hemocult 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

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Optional Riders

A choice of optional riders are available and can be purchased at an additional cost to provide extra coverage and benefits.

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

- Employee: \$400-\$2,500 Off-Job monthly benefit. On-job amount is 50% of Off-Job benefit.
- Spouse: \$400 - \$1,500 monthly benefit amounts (off job only available for spouse)
- Sold in \$50 on-job and \$100 off-job increments
- 0, 7, 14 or 30 day elimination period
- 6 or 12 month benefit period
- Up to 50% of income for employee or spouse
- Guaranteed Renewable to age 70

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

- Employee: \$400-\$2,500 Off-Job monthly benefit. On-job amount is 50% of Off-Job benefit.
- Spouse: \$400 - \$1,500 monthly benefit amounts (off-job only available for spouse)
- Sold in \$50 on-job and \$100 off-job increments
- 0/7, 7/7, 0/14, 14/14, 0/30, 30/30, 60/60, 90/90 or 180/180 day elimination periods based on benefit period selected
- 6, 12 or 24 month benefit periods (24 month not available for spouse)
- Up to 50% of income for employee or spouse
- A 12/12 pre-existing condition limitation.
- Guaranteed Renewable to age 70

Features

- Base plans are guaranteed issue so there is no health underwriting.
- Benefits are paid directly to the insured unless specified otherwise.
- Benefits are paid in addition to other insurance your employees may have.
- Benefits are level for employee, spouse and children except for accidental death benefits.
- Base coverage is guaranteed renewable for life as long as premiums are paid when they are due.
- Coverage is portable. An employee can take this coverage with him if he changes jobs or leaves your company.
- Spouse and/or dependent children can purchase coverage without the employee having to purchase coverage. Premiums are payroll deducted through employee's paycheck.
- Spouse can purchase optional accident only disability rider or accident/sickness disability rider coverage.
- The spouse's signature is not required on the application in most states.
- Coverage is worldwide. The Disability riders are subject to the Geographical Limitations provision.
- Disability riders provide Total Disability benefits.

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- If a disability rider is purchased, the Waiver of Premium benefit applies after 90 continuous days of disability or the elimination period has been satisfied whichever is greater.

Eligibility Requirements

Accident Base Plans

- Permanent benefit-eligible employees between the ages of 17-64, working 20 hours per week.
- Employee's spouse between the ages of 17-64.
- Child(ren) between the ages of 0-30.

Optional Riders

- Disability Income Riders: Permanent benefit-eligible employees and spouses between the ages of 17-64, working 20 or more hours per week.

Please see attached Underwriting document for Optional Rider underwriting guidelines.

Participation Requirements

To offer this plan, we require that only 3 eligible employees apply.

Definitions

Totally Disabled* means you are unable to perform all of the material and substantial duties of your regular occupation; and not engaged in any other employment or occupation for wage or profit; and under the regular and appropriate care of a doctor.

Waiver of Premium Benefit*: After you have been totally disabled as the result of a covered accident or a covered sickness for more than 90 consecutive days while this rider is in effect, or after the elimination period shown on the Rider Schedule, whichever is greater, we will waive the premium beginning on the next premium due date for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown on the Rider Schedule. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled for 90 consecutive days while this rider is in effect, or for the elimination period shown on the Rider Schedule, whichever is greater.

Geographical Limitations*: 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 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.

Pre-existing Condition** means a sickness or physical condition for which you were treated, received medical advice or had taken medication within 12 months before the effective date of this rider.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the rider is in force. After this rider has been in force for 12 months from the effective date of this rider, we will pay benefits for any pre-existing condition not otherwise excluded by name or specific description if the covered disability began more than 12 months after the effective date of the rider.

Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability.

*Applicable to the Disability Income Riders only.

**Applicable to the Accident/Sickness Disability Income Rider only.

What is Not Covered

Accident Base Plans will not provide benefits for losses that are caused by or are the result of any insured's:

- Felonies or illegal occupations
- Sickness
- Suicide or self-inflicted injuries
- War or armed conflict

In addition to the base plan exclusions listed above, the **Accident Only Disability Rider** will not provide benefits for losses that are caused by or which occur as the result of:

- Alcoholism or Drug Addiction
- Psychiatric or Psychological Conditions

In addition to the base plan exclusions listed above, the **Accident/Sickness Disability Rider** will not provide benefits for losses that are caused by or which occur as the result of:

- Intoxication or Drug Addiction
- We will not pay benefits due to any covered person giving birth as the result of a normal pregnancy, including elective Cesarean, in which conception occurred prior to the 30th day after the effective date of this policy.
- Complications of pregnancy will be covered to the same extent as any other covered sickness..
- Pre-Existing Conditions
- Psychiatric or Psychological Conditions

Premium Information

- Premiums for the base plans and all riders except the Accident/Sickness rider are not age banded. Premiums for the Accident/Sickness rider are age banded.
- Premium levels are available for Employee, Spouse or Child as the Named Insured, Employee/Spouse, One-Parent and Two-Parent family coverage.



Sample Monthly Premiums

Coverage Type	Plan	Optional Rider(s)	Disability Benefit Amount	Monthly Premium
Employee Only	Basic Off-Job Only Coverage	None	None	\$11.98 (base)
Employee Only	Preferred with Health Screening On- & Off- Job Coverage	On/Off-Job Accident Disability Income Rider 6 month benefit 0 day elimination	\$1,000 per month for employee	\$21.15 (base) \$20.00 (DI rider) Total Monthly Premium \$41.15
Employee/ Spouse	Premier with Health Screening On- & Off-Job Only Coverage	Off-Job Accident Disability Income Rider for Spouse 12 month benefit 14 day elimination	\$800 per month for spouse	\$36.32 (base) \$7.20 (DI rider) Total Monthly Premium \$43.52
Two-Parent Family	Preferred Off-Job Only Coverage	Off Job Accident & Sickness Disability Income Rider 6 month benefit 0/14 day elimination	\$1,000 per month for spouse (age 25) \$1,500 per month employee (age 30)	\$29.31(base) \$29.00 (SP DI Rider) \$43.50 (EE DI Rider) Total Monthly Premium \$101.81

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