



Accident 1.0

Colonial Life's voluntary accident insurance policy is a medical indemnity plan that provides employees and their families with hospital, doctor, accidental death and catastrophic accident 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 Rider:

- Off-Job Only or On/Off-Job Injury/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 CA

This information is only intended for proposal use with employers.

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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
Catastrophic Accident – prior to 65 (For severe injuries that result in the total and irrevocable: loss of one hand and one foot; loss of both hands or both feet; loss of sight in both eyes; loss of hearing of both ears; loss of the ability to speak.) 365 day elimination period Amounts reduced for covered persons over age 65	\$10,000 EE/SP \$5,000 CH	\$25,000 EE/SP \$12,500 CH	\$25,000 EE/SP \$12,500 CH
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*	\$750/accident	\$1,000/accident	\$1,250/accident
Hospital Confinement (Per day up to 365 days)	\$175	\$225	\$250
Hospital ICU Admission*	\$1,500/accident	\$2,000/accident	\$2,500/accident
Hospital ICU Confinement (Up to 15 days per accident)	\$350	\$450	\$500
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
Mammography One baseline mammogram between the ages of 35 and 39, one mammogram every two years if age 40 to 49 or more frequently if recommended by physician, and one mammogram each year if age 50 or older.	\$200 per test	\$200 per test	\$200 per test
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 and is subject to a 30-day waiting period. 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)
- Cervical Cancer Screening Test
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- 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
- 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 Injury/Sickness Disability Income Rider

- Employee: \$400-\$5,000, sold in \$100 increments
- Spouse: \$400 - \$1,500, sold in \$100 increments
- Issue Ages: 17-49, 50-64
- Must be sold with a base accident plan
- 0/7, 7/7, 0/14, 14/14, 0/30, 30/30, 60/60, 90/90 or 180/180 day elimination periods (30/30 or above for 24 month benefit period)
- 6, 12 or 24 month benefit period (24 month not available for spouse)
- Up to 50% of income. For On/Off-Job, the on-job benefit is 50% of off-job.
- Pre-existing condition limitation of 12 months
- 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 and catastrophic accident 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 injury/sickness disability rider coverage.
- The spouse's signature is not required on the application in most states.
- Coverage is worldwide. The Disability rider is subject to the Geographical Limitations provision.
- Disability rider provides Total Disability and Partial or Residual Disability benefits.
- 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 0-25*.

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Optional Rider

- Disability Income Rider: 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

Total Disability: means that as a result of sickness or injury you are not able to perform with reasonable continuity the substantial and material acts necessary to perform your usual occupation in the usual or customary way and you choose not to work at any occupation.

Partial or Residual Disability: means you are not totally disabled and that while actually working in an occupation, as a result of sickness or injury you are unable to earn 80% or more of your pre-disability earnings. Partial or Residual disability pays 50% of the total disability benefit. Partial or Residual disability is payable for up to 3 months.

Waiver of Premium Benefit*: After you have been totally disabled or partially or residually disabled as the result of a covered injury or a covered sickness for more than 90 consecutive days while this rider is in effect, or after the elimination period 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. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled or partially or residually disabled for 90 consecutive days while this rider is in effect, or for the elimination period, whichever is greater.

Geographical Limitations*: If you become totally disabled or partially or residually disabled as the result of a covered injury or a covered sickness while you are outside the covered geographical areas and you are totally disabled or partially or residually disabled longer than the elimination period, your maximum benefit period for total disability and partial or residual 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.

Pre-existing Conditions for the Injury/Sickness Disability Rider: means

- (a) (1) you received medical treatment, care or services for a diagnosed condition or took prescribed medication for a diagnosed condition in the 12 months immediately prior to the effective date of coverage under this rider; or
- (2) you suffered from a physical or mental condition, whether diagnosed or undiagnosed, which was misrepresented or not disclosed in your application:
 - (i) for which you received a physician's advice or treatment within 12 months before the date of issue, or

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- (ii) which caused symptoms within one year before the date of issue for which a prudent person would usually seek medical advice or treatment, and
- (b) the disability caused or substantially contributed to by the condition begins in the first 12 months after the effective date of coverage under this contract.

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 Rider only.

**Applicable to the Injury/Sickness Disability Income Rider.

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:

- Illegal occupations
- 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

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

- Intoxicants or Controlled Substances
- Felonies or Illegal Occupations
- Flying
- Giving Birth within the first nine months after the effective date of this rider as the result of a normal pregnancy, including Cesarean.
- Hazardous Avocation
- Pre-Existing Conditions
- Psychiatric or Psychological Conditions
- Semi-Professional or Professional Sports

Premium Information

- Premiums for the base plans and all riders except the Injury/Sickness rider are not age banded. Premiums for the Injury/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.

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Sample Monthly Premiums

Coverage Type	Plan	Optional Rider(s)	Disability Benefit Amount	Monthly Premium
Employee Only	Basic Off-Job Only Coverage	None	None	\$17.00 (base)
Employee Only	Preferred with Health Screening On- & Off- Job Coverage	On/Off-Job Injury/Sickness Disability Income Rider 6 month benefit 0/7 day elimination Risk class: AA Age 35	\$1,000 per month for employee	\$25.67 (base) \$54.30 (DI rider) Total Monthly Premium \$79.97
Employee/ Spouse	Premier with Health Screening On- & Off-Job Only Coverage	Off-Job Injury/Sickness Disability Income Rider for Spouse 12 month benefit 14/14 elimination Risk class: A Age 40	\$1,000 per month for spouse	\$43.26 (base) \$43.50 (DI rider) Total Monthly Premium \$86.76
Two-Parent Family	Preferred Off-Job Only Coverage			\$37.01 (base)

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