



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.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

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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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Accident 1.0 for CA

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
Basic with health screening	17-64	\$10.56	\$14.94	\$14.87	\$19.25
Preferred with health screening	17-64	\$12.84	\$17.96	\$18.60	\$23.71
Premier with health screening	17-64	\$15.52	\$21.63	\$22.11	\$28.22

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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