

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 premium class in force 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\$	75 •	Ambulance\$160
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• X-ray Benefit\$20 • Air Ambulance\$1,600

Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$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)

•	Coma\$10,000	0
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- Concussion\$60
- Emergency Dental Work\$50 Extraction, \$200 Crown, Implant, or Denture
- Lacerations (based on size)......\$30 to \$500

Requires Surgery

- Eye Injury......\$300
- Tendon/Ligament/Rotator Cuff......\$750 one, \$1,500 two or more
- Torn Knee Cartilage\$750

Surgical Care

- Surgery (cranial, open abdominal or thoracic)\$1,000
- Surgery (hernia)\$100
- 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......\$400 per round trip up to 3 round trips
- Lodging (family member or companion)......\$100 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 Intensive Care Unit (ICU) Admission, but not both.
- Hospital Confinement\$250 per day up to 365 days per accident
- Hospital ICU Confinement\$500 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit\$50 (up to 2 visits per accident)
- Medical Imaging Study\$100 per accident (limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy\$25 per treatment up to 10 days
- Appliances\$75 (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\$1,000 one, \$1,200 two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye\$6,000 one, \$12,000 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

Named Insured \$10,000

- Loss of the hearing of both ears
- 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

Spouse......\$10,000 Child(ren)......\$5,000

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)				١
○ Employee Only	○ Spouse Only	One Child Only	○ Employee & Spouse	
○ One-Parent Family, with E	mployee	Parent Family, with Spous	e O Two-Parent Family	
When are covered ac	cident benefits	available? (check on	e)	
On and Off -Job Benefits	○ Off -Job Only E	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-FL. This is not an insurance contract and only the actual policy provisions will control.

Colonial Life

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Preferred 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
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- Back or knee injuries

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

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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?

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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 premium class in force in the state where your policy was issued.

How do I file a claim?

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Benefits listed are for each covered person per covered accident unless otherwise specified.

Initial Care

•	Accident Emergency Treatment	\$175	•	Ambulance	\$200
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• X-ray Benefit\$30 • Air Ambulance\$2,000

Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$2,400	\$4,800
Knee (except patella)	\$1,200	\$2,400
Ankle – Bone or Bones of the Foot (other than Toes)	\$960	\$1,920
Collarbone (Sternoclavicular)	\$600	\$1,200
Lower Jaw, Shoulder, Elbow, Wrist	\$360	\$720
Bone or Bones of the Hand	\$360	\$720
Collarbone (Acromioclavicular and Separation)	\$120	\$240
One Toe or Finger	\$120	\$240

Fractures	Non-Surgical	Surgical
Depressed Skull	\$3,000	\$6,000
Non-Depressed Skull	\$1,200	\$2,400
Hip, Thigh	\$1,800	\$3,600
Body of Vertebrae, Pelvis, Leg	\$900	\$1,800
Bones of Face or Nose (except mandible or maxilla)	\$420	\$840
Upper Jaw, Maxilla	\$420	\$840
Upper Arm between Elbow and Shoulder	\$420	\$840
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$360	\$720
Shoulder Blade, Collarbone, Vertebral Process	\$360	\$720
Forearm, Wrist, Hand	\$360	\$720
Rib	\$300	\$600
Соссух	\$240	\$480
Finger, Toe	\$120	\$240

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
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,500

- Concussion\$60
- Emergency Dental Work\$75 Extraction, \$300 Crown, Implant, or Denture

Requires Surgery

	Eye Injury	\$30	0
•	EVE IIIUI V	.ssv	U

- Tendon/Ligament/Rotator Cuff......\$750 one, \$1,500 two or more

Surgical Care

Surgery	(cranial.	open abdomina	or thoracic)	\$1	.50	00

- Surgery (hernia)\$150
- 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*......\$1,750 per accident
- Hospital ICU Admission*......\$3,500 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.
- Hospital Confinement\$325 per day up to 365 days per accident
- Hospital ICU Confinement\$650 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit\$75 (up to 3 visits per accident)
- Medical Imaging Study\$150 per accident
 (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\$750 one, \$1,500 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 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 both hands or both feet
- Loss or loss of use of one arm and one leg or
- Loss or loss of use of both arms or both legs
- Loss of the sight of both eyes
- Loss of the hearing of both ears
- Loss of the ability to speak
- Loss of loss of use of both arms of both legs

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 	\$40,000	\$115,000
Spouse	\$40,000	\$115,000
• Child(ren)	\$8,000	\$23,000

Health Screening Benefi

• \$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)					
○ Employee Only	○ Spouse Only	One Child Only	○ Employee & Spouse		
One-Parent Family, with E	mployee ○ One-P	arent Family, with Spouse	e O Two-Parent Family		
When are covered accident benefits vailable? (check one)					
On and Off -Job Benefits	○ Off -Job Only E	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.

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Colonial Life

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Premier 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?

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- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries

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- Dislocation
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What additional features are included?

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

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Can my premium change?

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How do I file a claim?

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Benefits listed are for each covered person per covered accident unless otherwise specified.

Initial Care

Accident Emergency Treatment \$175	• Ambulance\$240
• X-ray Benefit\$40	• Air Ambulance\$2,400

Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$2,600	\$5,200
Knee (except patella)	\$1,300	\$2,600
Ankle – Bone or Bones of the Foot (other than Toes)	\$1,040	\$2,080
Collarbone (Sternoclavicular)	\$650	\$1,300
Lower Jaw, Shoulder, Elbow, Wrist	\$390	\$780
Bone or Bones of the Hand	\$390	\$780
Collarbone (Acromioclavicular and Separation)	\$130	\$260
One Toe or Finger	\$130	\$260

Fractures	Non-Surgical	Surgical
Depressed Skull	\$3,250	\$6,500
Non-Depressed Skull	\$1,300	\$2,600
Hip, Thigh	\$1,950	\$3,900
Body of Vertebrae, Pelvis, Leg	\$975	\$1,950
Bones of Face or Nose (except mandible or maxilla)	\$455	\$910
Upper Jaw, Maxilla	\$455	\$910
Upper Arm between Elbow and Shoulder	\$455	\$910
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$390	\$780
Shoulder Blade, Collarbone, Vertebral Process	\$390	\$780
Forearm, Wrist, Hand	\$390	\$780
Rib	\$325	\$650
Соссух	\$260	\$520
Finger, Toe	\$130	\$260

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	\$15,000
•	Concussion	\$60
•	Emergency Dental Work	\$125 Extraction, \$500 Crown, Implant, or Denture
•	Lacerations (based on size)	\$30 to \$500

Requires Surgery

	Eye Injury	\$350
•	Tendon/Ligament/Rotator Cuff	\$750 - one, \$1,500 - two or more
•	Ruptured Disc	\$750
•	Torn Knee Cartilage	\$750

Surgical Care

Surgery (cranial, open abdominal or thoracic)	\$1,500
Surgery (hernia)	\$150
Surgery (arthroscopic or exploratory)	\$200
Plood/Plasma/Platalets	Ċ200

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......\$700 per round trip up to 3 round trips
- Lodging (family member or companion).....\$150 per night up to 30 days for a hotel/motel lodging costs

Accident Hospital Care

- Hospital Admission*......\$1,750 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.
- Hospital ICU Confinement\$1,000 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit......\$75 (up to 4 visits per accident)
- Medical Imaging Study\$250 per accident
 (limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy\$35 per treatment up to 10 days
- Appliances\$150 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb\$750 one, \$1,500 more than 1
- Rehabilitation Unit......\$150 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\$2,000 one, \$2,400 two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye\$12,000 one, \$24,000 two or more

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
- Loss of othe flatid and othe foot
- Loss of both hands or both feetLoss or loss of use of one arm and one leg or
- Loss or loss of use of both arms or both legs
- Loss of the sight of both eyes
- Loss of the hearing of both ears
- Loss of the ability to speak

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 	\$80,000	\$230,000
Spouse	\$80,000	\$230,000
• Child(ren)	\$16,000	\$46,000

Health Screening Benefi

• \$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)
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- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
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- Skin cancer biopsy
- Thermography
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- Virtual colonoscopy

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○ Employee Only	○ Spouse Only	One Child Only	○ Employee & Spouse		
○ One-Parent Family, with E	○ One-Parent Family, with Employee ○ One-Parent Family, with Spouse ○ Two-Parent Family				
When are covered accident benefits vailable? (check one)					
On and Off -Job Benefits	○ Off -Job Only E	Benefits			

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