

# Accident Insurance

Accidents are  
unexpected.  
How you care for  
them shouldn't be.

# To see you and your family through the unexpected...

## ...Colonial Life's Accident Insurance

Accidents happen in places where you and your family spend the most time – at work, in the home or during sports and leisure activities.

### Accident Insurance

Most traditional insurance doesn't cover every medical expense, leaving you to pay out-of-pocket expenses such as deductibles, office visit co-payments, and transportation and lodging costs. Can you afford to pay all the costs related to caring for an accidental injury?

Colonial Life's Accident Insurance is designed to help see you through the different stages of care, this plan provides benefits for initial care and treatment, in addition to the follow-up care you may need.

#### Initial Care

When an accident happens, you don't want to worry about how you will pay for the initial care, especially if you have to go to the emergency room for x-rays or ride in an ambulance.

- Ambulance \$100
- Air Ambulance \$500
- Emergency Room Treatment \$150 per accident
- Initial Doctor's Office Visit \$50 per accident

#### Common Accidental Injuries

Fractures and dislocations are frequent injuries common in both adults and children.

Dislocation (Separated Joint)	Closed Reduction (Non-Surgical)	Open Reduction (Surgical)
Hip	\$2,000	\$4,000
Knee	\$1,000	\$2,000
Ankle – Bone or Bones of the Foot	\$ 800	\$1,600
Collarbone (Sternoclavicular)	\$ 500	\$1,000
Lower Jaw, Shoulder, Elbow, Wrist	\$ 300	\$ 600
Bone or Bones of the Hand	\$ 300	\$ 600
Collarbone (Acromioclavicular and Separation), One Toe or Finger	\$ 100	\$ 200

Fracture (Broken Bone)	Closed Reduction (Non-Surgical)	Open Reduction (Surgical)
Skull, Depressed Skull	\$2,500	\$5,000
Skull, Simple Non-Depressed	\$1,000	\$2,000
Hip, Thigh	\$1,500	\$3,000
Body of Vertebrae, Pelvis, Leg	\$ 800	\$1,600
Bones of Face or Nose	\$ 350	\$ 700
Upper Jaw, Maxilla	\$ 350	\$ 700
Upper Arm between Elbow and Shoulder	\$ 350	\$ 700
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$ 300	\$ 600
Shoulder Blade, Collarbone, Vertebral Processes	\$ 300	\$ 600
Forearm, Wrist, Hand	\$ 300	\$ 600
Rib	\$ 250	\$ 500
Coccyx	\$ 200	\$ 400
Finger, Toe	\$ 50	\$ 100

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)	\$750 to \$10,000	Torn Knee Cartilage	\$500
Concussion	\$100	Lacerations (based on size)	\$25 to \$400
Emergency Dental Work	\$50 to \$150	Ruptured Disc	\$400
Eye Injury	\$200	Tendon/Ligament/Rotator Cuff	\$400 to \$600

# Children ages 5 to 14 account for nearly 40 percent of all sports-related injuries treated in hospital emergency departments.

Source: 2009 National Center for Sports Safety



## Surgical Care

If your covered accidental injury is serious enough to require surgical care or a transfusion, your Colonial Life policy provides you benefits.

- Surgery (open abdominal or thoracic) \$1,000
- Blood/Plasma/Platelets \$300

## Transportation/Lodging Assistance

If a covered person must travel more than 100 miles to receive special treatment and confinement in a hospital for injuries received as the result of a covered accident, your Colonial Life policy provides benefits to help with transportation and lodging costs.

- Transportation \$300 per trip up to 3 trips
- Lodging \$100 per night up to 30 days (family member or companion)

## Accident Hospital Care

Traditional health insurance policies may have per admission deductibles and co-payments that must be satisfied prior to covering benefits related to hospital stays. Your Colonial Life policy provides benefits to help with these costs.

- Hospital Admission \$750 per admission per accident
- Hospital Confinement \$200 per day up to 365 days
- Hospital Intensive Care \$400 per day up to 15 days

## Follow-up Care

You may require follow-up care once you are discharged from the emergency room, hospital or doctor's office. You may have to undergo physical therapy, use crutches or a wheelchair or even require the use of an artificial limb.

- Accident Follow-up Treatment \$50 (Limit of one visit, payable after Emergency Treatment or Initial Doctor's Office Visit)
- Appliances \$100 (wheelchair, crutches)
- Physical Therapy \$25 per treatment up to 6 treatments
- Prosthetic Devices \$500 to \$1,000

## Accidental Death and Dismemberment

*Preliminary information indicates that in 2005, accidental injuries remained the fifth leading cause of death.*

Source: Injury Facts, National Safety Council, 2008 edition

For injuries received as the result of a covered accident that lead to an accidental death or dismemberment, this plan provides benefits that can help see you and your family through the loss.

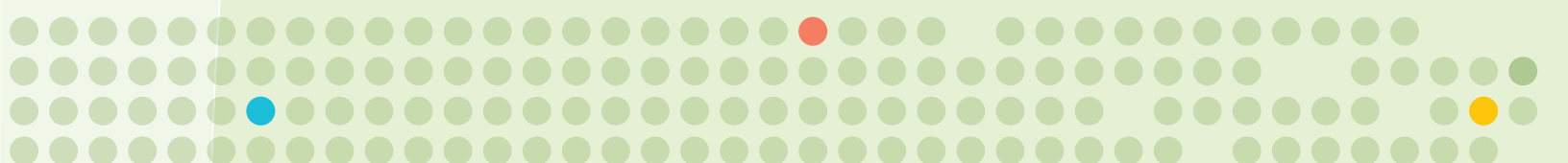
- Loss of Finger/Toe/Hand/Foot/Sight of Eye \$750 to \$15,000

	Accidental Death	Common Carrier
● Named Insured	\$25,000	\$50,000
● Spouse	\$10,000	\$20,000
● Child(ren)	\$ 5,000	\$10,000

*On the job, 3.7 million American workers suffered disabling injuries in 2006. A disabling injury occurs every second.*

Source: Injury Facts, National Safety Council, 2008 edition

*Please refer to the Outline of Coverage contained in this brochure for complete details.*



## Features of Colonial Life's Accident Insurance:

- Family coverage is available for your spouse and children.
- Your benefits are paid directly to you, unless you specify otherwise.
- You're covered worldwide.
- This plan is portable; you can take it with you if you change jobs or retire.
- You are paid benefits regardless of any other insurance you may have.

### Benefit Worksheet

For use by Colonial Life Benefits Representative

Flexible Benefit

#### Coverage: (check one)

- Employee Only       Spouse Only       One Child Only
- Employee/Spouse       One-Parent Family       Two-Parent Family

**Plan: (check one)**     On and Off -Job Benefits       Off -Job Only Benefits

**Premium Per Pay Period \$** \_\_\_\_\_ *The premium will vary based on benefits selected.*

**Learn more about these and all of the benefits Colonial Life has to offer at [coloniallife.com](http://coloniallife.com).**

*This coverage has exclusions and limitations that may affect benefits payable. Coverage type and benefits vary by state and may not be available in all states. See the Outline of Coverage within for complete details.*

*Applicable to policy form ACCPOL. This brochure is not complete without the corresponding Outline of Coverage form ACCPOL-O, including state variations where applicable.*

**Colonial Life**<sup>SM</sup>  
Making benefits count.

**Colonial Life**  
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Columbia, South Carolina 29210  
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# COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

P.O. Box 1365, Columbia, South Carolina 29202  
(800) 325 – 4368

## ACCIDENT ONLY INSURANCE POLICY OUTLINE OF COVERAGE (Applicable to Policy Form ACCPOL-GA.)

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

**Please Read The Policy Carefully.** This outline provides a very brief description of the important features of the policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important to READ THE POLICY CAREFULLY.

**Renewability.** The policy is guaranteed renewable for life as long as premiums are paid when they are due or within the grace period. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

**Coverage Provided by The Policy.** The policy is designed to provide to covered persons coverage for losses resulting from injuries received from a covered accident only, subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

### **BENEFITS - All benefits are payable once per covered accident unless specified otherwise**

**We will pay these benefits for any covered person who receives injuries as the result of a covered accident:**

**Accidental Death      Named Insured \$25,000      Spouse \$10,000      Children \$5,000**

Benefit payable if a covered person is injured in a covered accident and the injury causes the insured to die within 90 days after the accident. If we pay this benefit, we will not pay the Accidental Death-Common Carrier benefit

**Accidental Death – Common Carrier      Named Insured \$50,000      Spouse \$20,000      Children \$10,000**

Benefit payable if a covered person is injured while a fare-paying passenger on a common carrier and the injury causes the insured to die within 90 days after the accident. Common Carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers. If we pay this benefit, we will not pay the Accidental Death benefit.

### **Accident Follow-Up Treatment - \$50**

Benefit payable for follow-up treatment due to a covered accident recommended or advised by a doctor. Follow-up treatment must occur after initial treatment in a doctor's office or emergency room and occur within 90 days of the covered accident.

### **Air Ambulance- \$500**

Benefit payable if a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities; transportation must occur within 48 hours after the covered accident

### **Ambulance - \$100**

Benefit payable if a licensed professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities; transportation must occur within 90 days after the covered accident

### **Appliance - \$100**

Prescribed by a doctor to aid in personal locomotion or mobility; use must begin within 90 days after covered accident

### **Blood/Plasma/Platelets - \$300**

Must require the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets and be administered within 90 days after the covered accident

**Burn** - Must be treated by a doctor within 72 hours after the accident

**\$ 750 – Second degree burns which cover at least 36% of the body surface**

**\$ 1,500 – Third degree burns which cover at least 9 square inches but less than 35 square inches of body surface**

**\$10,000 – Third degree burns which cover 35 or more square inches of the body surface**

### **Concussion - \$100**

Benefit payable if any covered person sustains a concussion as the result of a covered accident; must be diagnosed by a doctor using X-ray, CAT scan or MRI within 72 hours from date of covered accident

**Dislocation (Separated Joint)****Closed Reduction****Open Reduction**

Hip	<b>\$2,000</b>	<b>\$4,000</b>
Knee (except Patella)	<b>1,000</b>	<b>2,000</b>
Ankle – Bone or bones of the Foot (other than Toes)	<b>800</b>	<b>1,600</b>
Collarbone (Sternoclavicular)	<b>500</b>	<b>1,000</b>
Lower Jaw, Shoulder (Glenohumeral), Elbow, Wrist	<b>300</b>	<b>600</b>
Bone or Bones of the Hand (other than Fingers)	<b>300</b>	<b>600</b>
Collarbone (Acromioclavicular and separation), One Toe or Finger	<b>100</b>	<b>200</b>

Must be diagnosed by a doctor as a dislocation within 90 days after the accident; reduction must require correction with anesthesia by a doctor; reduction without anesthesia will pay 25 percent of amount shown above for closed reduction. Benefit payable for more than one dislocation (requiring open or closed reduction) is no more than two times the amount for the joint involved which has the highest benefit amount. Benefit payable for incomplete dislocation is 25 percent of amount shown for closed reduction. Benefit payable for a fracture and a dislocation in the same accident is no more than two times the amount for the bone or joint involved which has the highest benefit amount. Benefit payable only for the first dislocation of a joint after the effective date. Subsequent dislocations of the same joint after the effective date will not be covered. Benefit payable for a fracture or a dislocation and a tear, rupture or sever of a tendon/ligament/rotator cuff in the same covered accident is no more than the larger of either the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit.

**Doctor's Office - \$50**

Initial treatment and/or advice must be in a doctor's office and must occur within 60 days of the covered accident

**Emergency Dental Work \$150** - Broken teeth repaired with crown(s)    **\$ 50** - Broken teeth resulting in extraction(s)

**Emergency Room Treatment - \$150**

Requires examination and treatment by a doctor in a hospital emergency room within 72 hours after covered accident

**Eye Injury - \$200**

Must require surgery or the removal of a foreign object by a doctor within 90 days after the covered accident. An examination with anesthesia will not be considered surgery.

**Fracture (Broken Bone)****Closed Reduction    Open Reduction**

Skull (except bones of face or nose) depressed skull fracture	<b>\$2,500</b>	<b>\$5,000</b>
Skull (except bones of Face or nose) simple non-depressed skull fracture	<b>1,000</b>	<b>2,000</b>
Hip, Thigh (Femur)	<b>1,500</b>	<b>3,000</b>
Vertebrae, Body of (excluding Vertebral Processes), Pelvis (except Coccyx), Leg	<b>800</b>	<b>1,600</b>
Bones of Face or Nose (except Mandible or Maxilla)	<b>350</b>	<b>700</b>
Upper Jaw, Maxilla (except Alveolar Process), Upper Arm between Elbow and Shoulder	<b>350</b>	<b>700</b>
Lower Jaw, Mandible (except Alveolar Process), Kneecap, Foot (except Toes), Ankle	<b>300</b>	<b>600</b>
Shoulder Blade, Collarbone, Vertebral Processes, Forearm, Hand, Wrist (except Fingers)	<b>300</b>	<b>600</b>
Rib	<b>250</b>	<b>500</b>
Coccyx	<b>200</b>	<b>400</b>
Finger, Toe	<b>50</b>	<b>100</b>

Must be diagnosed by a doctor within 90 days after the accident. Benefit payable for more than one fracture (open or closed reduction) is no more than two times the amount for the bone involved which has the highest benefit amount. Benefit payable for a chip fracture is 25 percent of the amount shown for closed reduction for the bone involved. Benefit payable for a fracture and a dislocation in the same covered accident is no more than two times the amount for the bone or joint involved which has the highest benefit amount. Benefit payable for a fracture or a dislocation and a tear, rupture or sever of a tendon/ligament/rotator cuff in the same covered accident is no more than the larger of either the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit.

**Hospital Admission - \$750 per admission**

Must be confined in a hospital within six months after the accident; payable once per covered accident.

**Hospital Confinement - \$200/day up to 365 days per covered accident**

Must be confined in a hospital or a hospital sub-acute intensive care unit within six months after the covered accident. If the covered person is confined in a hospital and is confined again within 90 days for the same accident or related condition, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this confinement as a new confinement. If the covered person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.

**Hospital Intensive Care Unit Confinement - \$400/day up to 15 days per covered accident**

Must be confined to a hospital intensive care unit within 30 days after the accident. If the covered person is confined in a hospital intensive care unit, and is confined to a hospital intensive care unit again within 90 days for the same accident or related condition, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement in a hospital intensive care unit, we will treat this confinement as a new confinement. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

**Knee Cartilage Torn - \$500**

Must be treated by a doctor within 60 days after the covered accident and repaired through surgery within six months after the covered accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will only pay **\$100**

**Laceration**

**\$ 50** - Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches

**\$200** - Total of all lacerations is two to six inches long (5.08 to 15.24 centimeters) and repaired by stitches

**\$400** - Total of all lacerations is over six inches long (over 15.24 centimeters) and repaired by stitches

**\$ 25** - Laceration(s) are treated without stitches

Must be repaired by a doctor within 72 hours after the covered accident. If benefits are payable for a laceration on a finger, toe, hand, foot or eye and the insured later loses that finger, toe, hand, foot, or eye as the result of the same covered accident, the amount we paid under the Laceration benefit will be subtracted from the Loss of a Finger, Toe, Hand, Foot or Sight of an Eye benefit.

**Lodging - \$100/night up to 30 days per covered accident**

Payable for a companion's motel/hotel stays during the period of time the covered person is confined to the hospital. Hospital must be more than 100 miles from the residence of the covered person

**Loss of a Finger, Toe, Hand, Foot or Sight of an Eye**

**\$15,000** Payable for loss of: both hands, or both feet, or the sight of both eyes, or a hand and a foot, or a hand and the sight of one eye, or a foot and the sight of an eye.

**\$ 7,500** Payable for loss of: one hand, or one foot, or sight of one eye.

**\$ 1,500** Payable for loss of: two or more fingers, or two or more toes or one finger and one toe.

**\$ 750** Payable for loss of: one finger or one toe.

Benefit payable if the insured loses a finger, toe, hand, foot or sight of an eye within 90 days after the covered accident. If the covered person loses a finger or toe and later loses a hand or foot on the same side of the body as a result of the same covered accident, the amount paid for the loss of a finger or toe benefit will be subtracted from the amount paid for the loss of a hand or foot.

Loss of a hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.

Loss of a foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.

Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

**Physical Therapy - \$25/treatment up to six treatments per accident**

Must begin within 60 days after the covered accident and be completed within six months after the covered accident. Must be prescribed by a doctor and rendered by a licensed physical therapist and performed in an office or in a hospital

**Prosthetic Device/Artificial Limb**

**\$ 500** - One prosthetic device or artificial limb      **\$1,000** - More than one device or artificial limb

Must be prescribed by a doctor for functional use when a covered person loses a hand, foot, or sight of an eye. Must be received within one year of the covered accident. This benefit is not payable for hearing aids, dental aids, including false teeth, eye glasses or for cosmetic prosthesis such as hair wigs. We will not pay for joint replacement such as an artificial hip or knee.

**Ruptured Disc - \$400**

Must be treated by a doctor within 60 days after the covered accident and repaired through surgery within one year after the accident

**Skin Grafts – 25% of Applicable Burn benefit**

Payable only for a skin graft for a burn for which a burn benefit was received under the policy

**Surgery - \$1,000**

Payable if any covered person undergoes open abdominal or thoracic surgery within 72 hours of covered accident.

Surgery must be for repair of internal injuries; For exploratory or other surgery without repair we will pay **\$100**

Hernia repair will not be covered under this benefit.

### **Tendon/Ligament/Rotator Cuff**

**\$400** - Repair of one tendon, ligament or rotator cuff

**\$600** - Repair of more than one of the above

Must be torn, ruptured or severed and be repaired through surgery within 90 days after the covered accident. If the covered person is in an accident and receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff, benefits are only payable for the larger benefit. If exploratory arthroscopic surgery is performed and no repair is done, we will pay **\$100**.

### **Transportation - \$300/trip up to 3 trips per covered accident**

Travel must be more than 100 miles for special treatment and confinement in a hospital. Treatment must be prescribed by a doctor and not available locally. This benefit is not payable for transportation by ambulance or air ambulance.

### **IMPORTANT WORDS IN THE POLICY**

**Accident** means bodily harm caused by external and unexpected means and not contributed to by any other cause.

**Confined or confinement** means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

A **covered accident** is an accident which: occurs after the effective date of the policy; occurs while the policy is in force; is of a type of accident listed on the Policy Schedule page; and is not excluded by name or specific description in the policy.

A **doctor** means a person, other than you or a family member, who: is licensed by the state to practice a healing art; and performs services for you which are allowed by his license.

An **emergency room** is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must: be staffed and equipped to handle trauma; be supervised and provide treatment by doctors; and provide care seven days per week, 24 hours per day.

A **hospital** means a place which: is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis: X- ray equipment, a laboratory and an operating room where surgical operations take place.

A hospital is not: a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation center; or a place for alcoholics or drug addicts.

A **hospital intensive care unit** means a place which: is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and has a doctor assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit is not any of the following step down units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in this policy.

A **hospital sub-acute intensive care unit** means a place which: is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

An **observation unit** is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor; and which: is under the direct supervision of a doctor or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An **off-job accident** means an accident that occurs while a covered person is not working at any job for pay or benefits.

An **on-job accident** means an accident that occurs while a covered person is working at any job for pay or benefits.

A **physical therapist** is a person, other than you or a family member, who: is licensed by the state to practice physical therapy; performs services which are allowed by his license; performs services for which benefits are provided by this policy; and practices according to the Code of Ethics of the American Physical Therapy Association.



### **WHAT IS NOT COVERED BY THIS POLICY**

We will not pay benefits for losses that are caused by or are the result of any covered person's:

- operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven.
- engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or any similar activities.
- participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution.
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test.
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.
- committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority.