



Accident Insurance

Premier Plan

You never expect an accident to happen. But if it does, your focus should be on recovery – not medical bills. Colonial Life accident insurance can help cover medical costs. Whether the accident is as simple as a cut hand from a fall or as complex as a car accident, you can count on us to support you.

OUR COVERAGE INCLUDES:

- Benefits payable directly to you
- No medical questions to qualify for coverage
- Coverage for simple and complex injuries
- Benefits payable, regardless of other insurance
- Worldwide coverage
- Keep coverage no matter where you go
- Works alongside your health savings account (HSA)

All of this can help you get back on your feet.



Milo was running on the playground when he tripped and injured his hand.



URGENT CARE CENTER VISIT
Milo went to an urgent care center and received immediate care.



DIAGNOSTIC PROCEDURE
The doctor ordered an X-ray and discovered Milo had fractured his hand.



LACERATION
The doctor also found that Milo had a cut on his hand.



MEDICAL EQUIPMENT
Milo was discharged with a splint.



DOCTOR'S OFFICE VISIT
Over the next several weeks, he had three follow-up appointments with his doctor.

MILO'S BENEFITS

With Colonial Life accident benefits, Milo's parents were able to pay the annual deductible and co-payments.

Accident emergency treatment	\$150
X-ray	\$40
Laceration (no stitches)	\$30
Fracture (hand)	\$425
Medical equipment (splint)	\$30
Accident follow-up treatment (3 visits)	\$195

Total: \$870

For illustrative purposes only.
Benefit amounts may vary and may not cover all expenses. The policy has exclusions and limitations.

Olivia was driving to the store when she got into a car accident.



AMBULANCE AND EMERGENCY ROOM VISIT

Olivia arrived by ambulance to the nearest emergency room and received immediate care.



DIAGNOSTIC PROCEDURES

The doctor ordered an X-ray and discovered Olivia had fractured her thigh (femur). He also ordered a CT scan of her head to check for brain injury.



HOSPITAL ADMISSION, CONFINEMENT AND SURGERY

Olivia was admitted to the hospital for surgery on her leg. She was confined for three days.



PHYSICAL THERAPY

Olivia had eight sessions of physical therapy to help regain the strength in her leg.



DOCTOR'S OFFICE VISITS

Over the next several weeks, she had six follow-up appointments with her doctor.

OLIVIA'S BENEFITS

Olivia's accident benefits helped cover her annual deductible and co-payments.

Ambulance	\$300
Accidental injury due to an automobile accident	\$250
Accident emergency treatment	\$150
X-ray	\$40
Medical imaging study (CT)	\$250
Hospital admission	\$1,500
Hospital confinement (3 days)	\$900
Thigh fracture - femur (surgical)	\$6,000
Surgery (exploratory/arthroscopic)	\$300
Medical equipment (crutches)	\$150
Accident follow-up treatment (6 visits)	\$390
Physical therapy (8 days)	\$320

Total: \$10,550

Benefits are per covered person per covered accident unless stated otherwise.

INITIAL CARE

Accident emergency treatment.....	\$150
Hospital emergency room, urgent care facility or physician's office	
Accidental injury due to an automobile accident	\$250
Air ambulance ¹	\$2,000
Ambulance – ground or water ¹	\$300
Observation room (up to two days per calendar year)	\$150 per day
X-ray	\$40

COMMON ACCIDENTAL INJURIES

Burn (based on size and degree).....	\$2,000 – \$18,000
Burn – skin graft	50% of applicable burn benefit
Coma (lasting for seven or more consecutive days).....	\$15,000
Concussion.....	\$200
Dislocation – separated joint	
■ Non-surgical – repair.....	\$125 – \$2,500
Incomplete dislocation – or dislocation without anesthesia.....	25% of benefit
Examples: elbow: \$600 ankle: \$1,250 knee: \$1,250 hip: \$2,500	
■ Surgical – repair.....	\$250 – \$5,000
Examples: elbow: \$1,200 ankle: \$2,500 knee: \$2,500 hip: \$5,000	
Emergency dental work	\$200 – \$600
Dental extraction or dental crown, denture or implant	
Eye injury – with surgical repair or removal of a foreign object	\$400
Fracture – complete	
■ Non-surgical – repair.....	\$275 – \$3,750
Chip fracture.....	25% of benefit
Examples: hand: \$425 foot: \$425 collarbone: \$750 leg: \$1,250	
■ Surgical – repair.....	\$550 – \$7,500
Examples: hand: \$850 foot: \$850 collarbone: \$1,500 leg: \$2,500	
Hearing-loss injuries ²	\$120
Knee cartilage – torn (with surgical repair)	\$750
Laceration (based on repair and length)	\$30 – \$600
Ruptured disc (with surgical repair)	\$1,250
Tendon/ligament/rotator cuff (with surgical repair)	
■ One	\$750
■ Two or more	\$1,500

HOSPITAL CARE

Hospital admission.....	\$1,500
Hospital confinement (up to 365 days)	\$300 per day
Hospital sub-acute intensive care unit confinement (up to 30 days)	\$400 per day
Intensive care unit admission	\$2,500
Intensive care unit confinement (up to 15 days)	\$500 per day

SURGICAL CARE

Blood/plasma/platelets – transfusion	\$500
Surgery (based on type of repair and surgery)	\$250 – \$1,500

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The policy has exclusions and limitations.

TRANSPORTATION & LODGING

Transportation for hospital confinement \$700 per round trip
(up to three round trips, 50+ miles from home)

Lodging – companion (up to 30 days) \$150 per day

FOLLOW-UP CARE

Accident follow-up treatment – including transportation/telemedicine \$65
(up to six benefits per covered person per covered accident and
up to 12 benefits per covered person per calendar year)

Medical equipment

- **Tier 1** \$30
Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint
- **Tier 2** \$150
Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair,
walker or walking boot
- **Tier 3** \$300
Back brace, body jacket, continuous passive movement (CPM), halo, electric scooter,
hospital bed (including rental), knee scooter, stair lift chair, wheelchair

Medical imaging study – CT, CAT scan, EEG, EMG, MR or MRI \$250
(one per calendar year)

Pain management for epidural anesthesia – non-surgical \$150

Post-traumatic stress disorder (PTSD) \$200

Prosthetic device/artificial limb

- **One** \$1,000 ■ **More than one** \$2,000
- **Repair/replacement³** \$500/\$1,000

Rehabilitation unit confinement \$200 per day
(up to 15 days, not to exceed 30 days per calendar year)

Therapy – occupational, physical or speech (up to ten days) \$40 per day

ACCIDENTAL DISMEMBERMENT

Accidental dismemberment \$600 – \$30,000

- Loss, loss of use or paralysis – hand, arm, foot, leg, sight of eye
- Loss, loss of use – finger, toe, partial dismemberment of finger or toe

Accidental dismemberment due to a catastrophic accident

- Named insured, spouse or child** \$25,000⁴
- Total and irrecoverable loss, loss of use or paralysis – 180-day elimination period
 - Both hands, arms, feet, legs or the sight of both eyes; or any combination; or
 - Loss of hearing in both ears, or loss of ability to speak

ACCIDENTAL DEATH

Accidental death

- **Named insured, spouse** \$50,000
- **Child** \$15,000

Accidental death common carrier

Examples of common carriers are mass transit trains, buses and planes

- **Named insured, spouse** \$200,000
- **Child** \$45,000



For more information,
talk with your
benefits counselor.



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- 1 In Nevada , air ambulance or ambulance: We will pay this benefit directly to the provider unless the air ambulance or ambulance bill shows that all charges have been paid in full.
- 2 One benefit for each injured ear per covered person per lifetime.
- 3 One repair or replacement per prosthetic device/artificial limb per covered person per lifetime.
- 4 Payable once per lifetime per covered person.

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of a covered person's felonies or illegal occupations, hazardous avocations, racing, semi-professional or professional sports, sickness, suicide or injuries which any covered person intentionally does to himself, war or armed conflict. In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accidents, replace "injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics."

State Variations for Exclusions and Limitations

IL: Not applicable to "hazardous avocations, racing, semi-professional or professional sports."

MT: Not applicable to "suicide or injuries which you intentionally do to yourself and injuries a child sustains during birth."

OK: Not applicable to "hazardous avocations, racing and semi-professional or professional sports." For Accidental Dismemberment Due to Catastrophic Accidents, replace "injuries a child sustains during birth, or for injuries that are the result of intoxication" with "alcoholism or drug addiction, or narcotics."

UT: Also includes "aviation." Not applicable to "hazardous avocations, racing, semi-professional or professional sports."

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy forms IAC4000 (plus state abbreviations where applicable, such as IAC4000-TX). Coverage may vary by state and may not be available in all states. Premium will vary according to the family coverage type.

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Accident Insurance

Active Lifestyles Benefit



This benefit increases the amount you receive under your accident insurance plan if you suffer a covered injury. It's available for you, your spouse and eligible dependent children, as long as they are covered under a Colonial Life accident insurance plan.

Active lifestyles 20% increase on benefits paid by your accident plan

Payable once per covered person per covered accident

Increased payment applies to any combination of these injuries or services due to a covered accident:

- Concussion
- Dislocation
- Emergency dental work
- Eye injuries
- Fractures
- Knee cartilage (torn)
- Laceration
- Medical imaging study
- Ruptured disc with surgical repair
- Surgery
 - cranial, open abdominal, thoracic/hernia
 - exploratory and arthroscopic
- Tendon/ligament/rotator cuff with surgical repair
- X-ray

Example of a sample claim calculation

A sample combination of benefits listed above is \$2,500

20% increase is applied as follows:
 $\$2,500 \times 20\% = \500

*An additional \$500 in Active Lifestyle benefits is added to the sample claim payment

For more information,
talk with your
benefits counselor.

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HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

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THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of a covered person's felonies or illegal occupations, hazardous avocations, racing, semi-professional or professional sports, sickness, suicide or injuries which any covered person intentionally does to himself, war or armed conflict. In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics.

STATE VARIATIONS FOR EXCLUSIONS AND LIMITATIONS:

CT: Not applicable to "or illegal occupations."

ID: Also applicable to "elective abortion." Not applicable to "hazardous avocations," "racing," "semi-professional sports," "for injuries a child sustains during birth."

IL: Not applicable to "hazardous avocations," "racing," "semi-professional and professional sports."

KS: Not applicable to "for injuries a child sustains during birth."

MD: Not applicable to "In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics." Applicable to "Prohibited Practitioner Referral". Also, this a rider form R-AL4000-MD.

MI: Not applicable to "suicide or injuries which any covered person does to himself," "for injuries that are the result of intoxications or use of narcotics."

MT: Not applicable to "suicide or injuries which any covered person intentionally does to himself."

NJ: Not applicable to "felonies or," "hazardous avocations," "racing," "semi-professional or professional sports," "or armed conflict," "Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics."

NV: Not applicable to "Accidental Dismemberment Due to Catastrophic Accident benefits for injuries that are the result of intoxication or use of narcotics."

OH: This is a rider form R-AL4000.

OK: Not applicable to "hazardous avocations," "racing," "semi-professional or professional sports," "Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics." Also applicable to "In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child that are the result of alcoholism, drug addiction or narcotics."

OR: Not applicable to "or illegal occupations."

PA: Not applicable to "In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics."

SC: Not applicable to "hazardous avocations," "racing," "semi-professional or professional sports."

SD: Not applicable to "or for injuries that are the result of intoxication or use of narcotics."

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form IAC4000 (plus state abbreviations where applicable, such as IAC4000-TX). Coverage may vary by state and may not be available in all states. Premium will vary according to the family coverage type.



Accident Insurance

Gunshot Wound Benefit



This benefit can help pay your medical expenses if you receive a non-fatal gunshot wound. It offers you a lump sum for a covered injury regardless of any other insurance you may have.

Gunshot wound \$ 5,000

- **Guaranteed issue**
You can get this coverage without answering any health questions.
- **On/off-job coverage**
You may receive benefits regardless of whether the injury occurs on or off the job.
- **Direct payment**
Benefits are payable directly to you unless you specify otherwise. You can use these benefits however you choose.

This policy covers a non-fatal gunshot wound from a conventional firearm that requires treatment by a doctor and overnight hospitalization within 24 hours of the injury. If you are shot more than once in a 24-hour period, we can pay benefits only for the first wound.

For more information,
talk with your
benefits counselor.

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HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of your felonies or illegal occupations, suicide or injuries which you do to yourself, war or armed conflict.

State Variations for Exclusions and Limitations

CT: Not applicable to “or illegal occupations”.

ID: This is a rider R-GSW4000-ID.

MD: Not applicable to “or illegal occupations”. This is a rider R-GSW4000-MD.

MI: Not applicable to “suicide or injuries which you do to yourself”.

MT: Not applicable to “suicide or injuries which you do to yourself”.

OH: This is a rider R-GSW4000.

OR: Not applicable to “or illegal occupations”.

WA: Not applicable to “felonies or illegal occupations”. Also includes “felonies, riots or insurrections”

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Accident Insurance

Wellbeing Assistance Standard Benefit



For more information,
talk with your
benefits counselor.

This benefit can help pay for routine preventive tests and services.

Wellbeing assistance standard\$ 100

Payable once per covered person per calendar year;

Subject to a 30-day waiting period _____

- | | |
|--|--|
| ■ Blood test for triglycerides | ■ Mammography |
| ■ Bone marrow testing | ■ Pap smear |
| ■ Breast ultrasound | ■ PSA (blood test for prostate cancer) |
| ■ CA 15-3 (blood test for breast cancer) | ■ Serum cholesterol test for HDL and LDL levels |
| ■ CA 125 (blood test for ovarian cancer) | ■ Serum protein electrophoresis (blood test for myeloma) |
| ■ Carotid Doppler | ■ Skin cancer biopsy |
| ■ CEA (blood test for colon cancer) | ■ Stress test on a bicycle or treadmill |
| ■ Chest X-ray | ■ Thermography |
| ■ Colonoscopy | ■ ThinPrep pap test |
| ■ Echocardiogram (ECHO) | ■ Virtual colonoscopy |
| ■ Electrocardiogram (EKG, ECG) | |
| ■ Fasting blood glucose test | |
| ■ Flexible sigmoidoscopy | |
| ■ Hemoccult stool analysis | |

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HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of a covered person's felonies or illegal occupations, hazardous avocations, racing, semi-professional or professional sports, sickness, suicide or injuries which any covered person intentionally does to himself, war or armed conflict. In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics.

STATE VARIATIONS FOR EXCLUSIONS AND LIMITATIONS

IL: Not applicable to "hazardous avocations, racing, semi-professional or professional sports."

KS: Not applicable to "for injuries a child sustains during birth."

MI: Not applicable to "suicide or injuries which any covered person intentionally does to himself," "or for injuries that are the result of intoxication or use of narcotics."

MT: Not applicable to "suicide or injuries which any covered person intentionally does to himself," "for injuries a child sustains during birth."

NV: Not applicable to "or for injuries that are the result of intoxication or use of narcotics."

OH: This is a rider form R-WBB4000.

OK: Not applicable to "hazardous avocations, racing, semi-professional or professional sports," "In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics." Also applicable to "In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for alcoholism or drug addiction, or narcotics."

OR: Not applicable to "or illegal occupations."

PA: Not applicable to "In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics."

SC: Not applicable to "hazardous avocations, racing, semi-professional or professional sports."

SD: Not applicable to "or for injuries that are the result of intoxication or use of narcotics."

UT: Not applicable to "hazardous avocations, racing, semi-professional or professional sports." Also applicable to "aviation."

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form IAC4000 (plus state abbreviations where applicable, such as IAC4000-TX). Coverage may vary by state and may not be available in all states. Premium will vary according to family coverage type and benefit amount selected.



Accident Insurance

Specified Critical Illness Rider



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This benefit can help pay for expenses related to a covered critical illness, including child care, home health care, travel to and from treatment centers, and other related expenses. Coverage options are available for you, your spouse and eligible dependent children.

Specified critical illness \$ 5,000 per diagnosis
Payable once per covered person per diagnosis

Covered illnesses include:

- End-stage renal (kidney) failure
- Heart attack (myocardial infarction)
- Stroke

You may also be able to receive benefits if you are diagnosed with another covered illness, or if your first illness returns.¹

Additional specified critical illnesses for dependent children

Payable once per covered dependent child per lifetime

- | | |
|-----------------------------|-----------------|
| ■ Cerebral palsy | ■ Down syndrome |
| ■ Cleft lip or cleft palate | ■ Spina bifida |
| ■ Cystic fibrosis | |

No subsequent diagnosis benefits apply to these illnesses.

The specified critical illness benefit amount will reduce by 50% after the insured person turns 75. This takes effect on the anniversary date of the policy. Please refer to the rider for complete definitions of covered conditions.

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

1 Subsequent diagnosis for a different specified critical illness: If a covered person receives a benefit for a specified critical illness, and later is diagnosed with a different specified critical illness, we provide an additional 100% of the specified critical illness benefit. The dates of diagnoses must be separated by at least 180 days.
Subsequent diagnosis of the same specified critical illness: If a covered person receives a benefit for a specified critical illness, and later is diagnosed with the same specified critical illness, we provide an additional 25% of the specified critical illness benefit. The dates of diagnoses must be separated by at least 180 days.



For more information, talk with your benefits counselor.

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of felonies or illegal occupations, intoxicants and narcotics, psychiatric or psychological conditions, suicide or injuries which you intentionally do to yourself, war or armed conflict.

PRE-EXISTING CONDITION LIMITATION

Pre-existing condition means a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice, or had taken medication within 12 months before the rider coverage effective date shown on the rider schedule. After this rider has been in force for 12 months from the rider coverage effective date (six (6) months if you are age 65 or older on the rider coverage effective date) shown on the rider schedule, we will pay benefits as stated in the rider for any loss as the result of a pre-existing condition not excluded by name or specific description if the covered loss began at least 12 months after the rider coverage effective date (six (6) months if you are age 65 or older on the rider coverage effective date).

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to rider form R-CI4000-TX. Premium will vary according to issue age, family coverage type and benefit amount selected.

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Accident Insurance

Sickness Hospital Confinement with Sickness Hospital Admission Rider



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When you have a hospital stay for a covered sickness, this benefit can help with associated medical costs that your health insurance may not cover. Coverage options are available for you, your spouse and eligible dependent children.

Sickness hospital admission \$ 200 or 400

Payable once per covered person for a covered sickness
Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement

Daily sickness hospital confinement \$100 per day

Up to 30 days per covered person per confinement for a covered sickness
Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE
This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.



For more information, talk with your benefits counselor.

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of accidental injuries, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, psychiatric or psychological conditions, suicide or injuries which you intentionally do to yourself, war or armed conflict, or well-baby care. We will not pay for losses due to you giving birth within the first nine months after the coverage effective date of the rider. We will not pay for loss when the disability is a pre-existing condition as described in the rider.

PRE-EXISTING CONDITION LIMITATION

Pre-existing condition means a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice, or had taken medication within 12 months before the rider coverage effective date shown on the rider schedule. After this rider has been in force for 12 months from the rider coverage effective date (six (6) months if you are age 65 or older on the rider coverage effective date) shown on the rider schedule, we will pay benefits as stated in the rider for any loss as the result of a pre-existing condition not excluded by name or specific description if the covered loss began at least 12 months after the rider coverage effective date (six (6) months if you are age 65 or older on the rider coverage effective date).

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to rider form R-SHC4000-TX. Premium will vary according to family coverage type and benefits selected.

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