

You can't predict when or where an accident will strike. But you can make sure you have a safety net of financial protection to help if an accidental injury occurs.

Accidents can happen anytime, anywhere—at home or at work, on the playground or on the road. Some of the most common injuries include:

- Broken bones
- Burns
- Concussions
- Lacerations
- Back or knee injuries
- Accidental injuries that send you to the Emergency Room, Urgent Care or a doctor's office.

Colonial Life's Group Accident Insurance helps you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. With this coverage you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses associated with a covered accident.

Here's how it works...

Imagine while cleaning the gutters, you fall from the ladder and break your leg.

These are out-of-pocket expenses you may encounter:

\$100	Emergency room copay
\$250	Deductible (copays do not count toward deductible)
\$35	Specialist visit copay – orthopedic physician
\$350	Specialist visit copay – occupational/physical therapy for 10 days

\$735 **Out-of-pocket expenses**

And here is a sample of benefits you may be eligible for with Colonial Life's Group Accident Insurance:

\$75	Accident Emergency Treatment
\$100	Accident Follow-up Doctor Visit (\$50 per visit, up to 2 per accident)
\$50	Appliance (crutches)
\$675	Fracture (broken leg)
\$150	Occupational/Physical Therapy (\$15/day for 10 days)
\$20	X-Ray (for diagnosis of broken leg)

\$1,070 of benefits paid to you in addition to other coverage you may have with other insurance companies.

The claims example above is based on a covered person aged 41 who receives a complete fracture of the leg and requires non-surgical repair. The policy has exclusions and limitations. Costs of treatment and benefit amounts may vary.

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

Initial Care

- Accident Emergency Treatment\$75
- Air Ambulance.....\$1,000
- Ambulance\$100
- X-Ray Benefit.....\$20

Common Accidental Injuries

Dislocation (Separated Joint)	Non-Surgical	Surgical
Hip	\$1,800	\$3,600
Knee	\$900	\$1,800
Ankle – Bone or Bones of the Foot	\$720	\$1,440
Collarbone (sternoclavicular)	\$450	\$900
Lower Jaw, Shoulder, Elbow, Wrist	\$270	\$540
Bone or Bones of the Hand	\$270	\$540
Collarbone (acromioclavicular and separation)	\$90	\$180
One Toe or Finger	\$90	\$180

Fracture (Broken Bone)	Non-Surgical	Surgical
Depressed Skull	\$2,250	\$4,500
Non-Depressed Skull	\$900	\$1,800
Hip, Thigh	\$1,350	\$2,700
Body of Vertebrae, Pelvis, Leg	\$675	\$1,350
Bones of Face or Nose	\$315	\$630
Upper Jaw, Maxilla	\$315	\$630
Upper Arm between Elbow and Shoulder	\$315	\$630
Lower Jaw, Mandible; Kneecap, Ankle, Foot	\$270	\$540
Shoulder Blade, Collarbone, Vertebral Process	\$270	\$540
Forearm, Wrist, Hand	\$270	\$540
Rib	\$225	\$450
Coccyx	\$180	\$360
Finger, Toe	\$90	\$180

Your Colonial Life certificate also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree)\$750 to \$9,000
- Burn - Skin Graft for 2nd or 3rd degree burns50% of Burn benefit
- Coma..... \$5,000
- Concussion\$100
- Emergency Dental Work..... \$50 Extraction, \$150 Crown, Implant, or Denture
- Lacerations (based on size)..... \$25 to \$600

Requires Surgery

- Eye Injury.....\$200
- Ruptured Disc.....\$500
- Tendon/Ligament/Rotator Cuff \$500 - one, \$750 - two or more
- Torn Knee Cartilage\$500

Surgical Care

- Blood/Plasma/Platelets.....\$300
- Surgery (arthroscopic or exploratory)\$100
- Surgery (cranial, open abdominal or thoracic)..... \$1,000
- Surgery (hernia)\$100

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

Transportation/Lodging Assistance

If injured, the covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Lodging (family member or companion)\$100 per night up to 30 days for a hotel/motel lodging costs
- Transportation\$400 per round trip up to 3 round trips

Accident Hospital Care

- Hospital Admission¹ \$500 per accident
- Hospital ICU Admission¹ \$750 per accident

¹ We will not pay the hospital admission benefit and the hospital intensive care unit (ICU) admission benefit for the same covered accident simultaneously.

- Hospital Confinement² \$100 per day up to 365 days per accident
- Hospital ICU Confinement² \$200 per day up to 15 days per accident

² We will not pay the hospital confinement benefit and the hospital ICU confinement benefit simultaneously.

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit\$50 (up to 2 visits per accident)
- Appliances \$50 (such as wheelchair, crutches)
- Medical Imaging Study..... \$100 per accident
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy..... \$15 per day up to 10 days
- Pain Management (Epidural Anesthesia)..... \$50 (limit 1 per covered accident)
- Prosthetic Devices/Artificial Limb \$500 - one, \$1,000 - two or more
- Rehabilitation Unit Confinement ³\$50 per day up to 15 days per covered accident, and 30 days per calendar year

³ We will not pay the hospital confinement benefit and the rehabilitation unit confinement benefit simultaneously.

Accidental Dismemberment

- Loss of Finger/Toe.....\$450 – one, \$900 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye.....\$4,500 – one, \$9,000 – 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
- 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. Payable once per lifetime for each covered person.

Accidental Death

	Accidental Death	Common Carrier
● Named Insured	\$20,000	\$80,000
● Spouse	\$20,000	\$80,000
● Child(ren)	\$4,000	\$16,000

Will I have to answer health questions to receive coverage?

Coverage is Guaranteed Issue. No health questions will be asked.

What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Health Savings Account (HSA) guidelines

How do I know how much a benefit pays?

Benefit amounts are preset and not based on the medical expenses you are charged. You get a lump sum payment that is specific to the injury or treatment required.

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).

How do I file a claim?

Visit coloniallife.com or call our Customer Service Department at 1.800.325.4368 for additional information.

My Coverage Worksheet (For use with your Colonial Life benefits counselor)

Who will be covered? (check one)

- Employee Only Employee & Spouse
- One-Parent Family Two-Parent Family

When are covered accident benefits available? (check one)

- On and Off-Job Benefits Off-Job Only Benefits

EXCLUSIONS AND LIMITATIONS

We will not pay any benefits for losses that are caused by, contributed to by or occur as a result of: 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 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 or intoxicants and narcotics. The covered person must incur a charge and the certificate must be in force for benefits to be payable.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number GACC1.0-P and certificate number GACC1.0-C (including state abbreviations where used, for example: GACC1.0-C-TX). This is not an insurance contract and only the actual policy provisions will control.



Quote Prepared on: 9/1/2015

Valid for 90 days

Group Accident
Account Name: Hidalgo County
Plan 1
Situs State: Texas

Participation requirement is 10 enrolled lives.

**3 year rate guarantee is approved as long as the minimum participation guidelines are met.

On/Off Job Accident Coverage

	Employee	Employee & Spouse	1-Parent Family	2-Parent Family
Monthly Premium	\$8.70	\$14.31	\$16.22	\$21.83

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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\$100	Emergency room copay
\$250	Deductible (copays do not count toward deductible)
\$35	Specialist visit copay – orthopedic physician
\$350	Specialist visit copay – occupational/physical therapy for 10 days

\$735 **Out-of-pocket expenses**

And here is a sample of benefits you may be eligible for with Colonial Life's Group Accident Insurance:

\$125	Accident Emergency Treatment
\$150	Accident Follow-up Doctor Visit (\$50 per visit, up to 3 per accident)
\$100	Appliance (crutches)
\$1,125	Fracture (broken leg)
\$250	Occupational/Physical Therapy (\$25/day for 10 days)
\$30	X-Ray (for diagnosis of broken leg)

\$1,780 of benefits paid to you in addition to other coverage you may have with other insurance companies.

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Initial Care

- Accident Emergency Treatment\$125
- Air Ambulance..... \$1,500
- Ambulance.....\$200
- X-Ray Benefit \$30

Common Accidental Injuries

Dislocation (Separated Joint)	Non-Surgical	Surgical
Hip	\$3,000	\$6,000
Knee	\$1,500	\$3,000
Ankle – Bone or Bones of the Foot	\$1,200	\$2,400
Collarbone (sternoclavicular)	\$750	\$1,500
Lower Jaw, Shoulder, Elbow, Wrist	\$450	\$900
Bone or Bones of the Hand	\$450	\$900
Collarbone (acromioclavicular and separation)	\$150	\$300
One Toe or Finger	\$150	\$300

Fracture (Broken Bone)	Non-Surgical	Surgical
Depressed Skull	\$3,750	\$7,500
Non-Depressed Skull	\$1,500	\$3,000
Hip, Thigh	\$2,250	\$4,500
Body of Vertebrae, Pelvis, Leg	\$1,125	\$2,250
Bones of Face or Nose	\$525	\$1,050
Upper Jaw, Maxilla	\$525	\$1,050
Upper Arm between Elbow and Shoulder	\$525	\$1,050
Lower Jaw, Mandible; Kneecap, Ankle, Foot	\$450	\$900
Shoulder Blade, Collarbone, Vertebral Process	\$450	\$900
Forearm, Wrist, Hand	\$450	\$900
Rib	\$375	\$750
Coccyx	\$300	\$600
Finger, Toe	\$150	\$300

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- Burn (based on size and degree) \$1,000 to \$12,000
- Burn - Skin Graft for 2nd or 3rd degree burns50% of Burn benefit
- Coma.....\$10,000
- Concussion\$150
- Emergency Dental Work.....\$100 Extraction, \$300 Crown, Implant, or Denture
- Lacerations (based on size)..... \$25 to \$600

Requires Surgery

- Eye Injury.....\$300
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Surgical Care

- Blood/Plasma/Platelets.....\$300
- Surgery (arthroscopic or exploratory)\$150
- Surgery (cranial, open abdominal or thoracic)..... \$1,500
- Surgery (hernia)\$200

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If injured, the covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

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Accident Hospital Care

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- Hospital ICU Admission¹\$1,500 per accident

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- Hospital Confinement²\$200 per day up to 365 days per accident
- Hospital ICU Confinement²\$400 per day up to 15 days per accident

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Accidental Dismemberment

- Loss of Finger/Toe.....\$750 – one, \$1,500 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye.....\$7,500 – one, \$15,000 – two or more

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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
- 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\$50,000 Spouse\$50,000 Child(ren).....\$25,000

365-day elimination period. 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

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Quote Prepared on: 9/1/2015

Valid for 90 days

Group Accident
Account Name: Hidalgo County
Plan 2
Situs State: Texas

Participation is 10 enrolled lives

**3 year rate guarantee approved as long as the minimum participation guidelines are met.

On/Off Job Accident Coverage

	Employee	Employee & Spouse	1-Parent Family	2-Parent Family
Monthly Premium	\$13.44	\$22.18	\$25.70	\$34.44

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