

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:

| \$735 | Out-of-pocket expenses |
|-------|--|
| \$350 | Specialist visit copay – occupational/physical therapy for 10 days |
| \$35 | Specialist visit copay – orthopedic physician |
| \$250 | Deductible (copays do not count toward deductible) |
| \$100 | Emergency room copay |

| \$125 \$150 | Accident Emergency Treatment 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) |

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

\$1,780 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\$125 | • Ambulance\$200 |
|-----------------------------------|------------------|
|-----------------------------------|------------------|

• Air Ambulance......\$1,500 • 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 |

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) | | 1,000 |) to \$ | 12,00 | U |
|--|---------------------------------|--|-------|---------|-------|---|
|--|---------------------------------|--|-------|---------|-------|---|

| Burn - Skin Graft | : for 2nd | or 3rd | degree | burns | .50% o | f Burn l | benefit | |
|-------------------|-----------|--------|--------|-------|--------|----------|---------|--|
| | | | | | | | | |

| | Coma | \$1 | U, | ,υ | U | J |
|--|------|-----|----|----|---|---|
|--|------|-----|----|----|---|---|

• Concussion\$150

• Emergency Dental Work.....\$100 Extraction, \$300 Crown, Implant, or Denture

Requires Surgery

| Eye Injury | y\$300 | |
|------------|--------|--|
| | | |

- Tendon/Ligament/Rotator Cuff\$500 one, \$750 two or more
- Torn Knee Cartilage\$500

Surgical Care

| Blood/Plasma/Platelets |
|------------------------|
|------------------------|

- Surgery (hernia)\$200

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)\$150 per night up to 30 days for a hotel/motel lodging costs
- Transportation\$500 per round trip up to 3 round trips

Accident Hospital Care

- Hospital Admission¹......\$1,000 per accident
- Hospital ICU Admission¹......\$1,500 per accident

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

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit\$50 (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 day up to 10 days
- Pain Management (Epidural Anesthesia)......\$100 (limit 1 per covered accident)
- Prosthetic Devices/Artificial Limb\$500 one, \$1,000 two or more
- Rehabilitation Unit Confinement ³\$100 per day up to 15 days per covered accident, and 30 days per calendar year

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

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 of the ability to speak
- 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

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 |

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

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

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

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? (ch | Who will be covered? (check one) | | | | |
|--------------------------|---|--|--|--|--|
| ○ Employee Only | ○ Employee & Spouse | | | | |
| One-Parent Family | ○ Two-Parent Family | | | | |
| When are covered accid | 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.

Colonial Life