



Group Accident Insurance

Preferred Plan



Group accident insurance can help with medical or other costs associated with a covered accident or injury that your health insurance may not cover. With this coverage, you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses. Coverage options are available for you, your spouse and eligible dependent children.

Benefits are per covered person per covered accident unless stated otherwise

Accident emergency treatment \$150

One visit per covered person per covered accident and
Up to four visits per covered person per calendar year

Accident follow-up doctor visit \$50

Up to four visits per covered person per covered accident and
Up to 16 visits per covered person per calendar year

Accidental death

Per covered person

	Accidental death	Accidental death common carrier
■ Named insured	\$50,000	\$200,000
■ Spouse	\$50,000	\$200,000
■ Dependent child(ren)	\$10,000	\$40,000

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

Accidental dismemberment

Loss or loss of use

■ One hand, arm, foot, leg or sight of an eye	\$9,000
■ Both hands, arms, feet, legs or the sight of both eyes; or any combination	\$18,000
■ One finger or one toe	\$1,050
■ Two or more fingers; two or more toes; or any combination	\$2,100

Air ambulance \$1,500

Transportation to or from a hospital or medical facility

Ambulance (ground) \$300

Transportation to or from a hospital or medical facility

Appliance aid in personal locomotion or mobility \$100

Walking boot, neck brace, back brace, leg brace, cane, crutches, walker and wheelchair

Blood/plasma/platelets \$400

Required during treatment of a covered accident

Burn

■ 2nd-degree burns (covering at least 36% of the body's surface)	\$1,000
■ 3rd-degree burns (based on size)	\$2,000 – \$15,000

Burn-skin graft 50% of applicable burn benefit

As a result of 2nd-degree or 3rd-degree burns

For more information,
talk with your
benefits counselor.

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Alex was cleaning out the gutters when he fell.



EMERGENCY ROOM VISIT

Alex was taken by ambulance to the nearest emergency room and received immediate care.



DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Alex had fractured his leg.



HOSPITAL CONFINEMENT

Alex was admitted to the hospital for surgery on his leg. He was confined for three days.



APPLIANCE FOR MOBILITY

Alex used crutches.



PHYSICAL THERAPY

Alex had eight sessions of physical therapy to help him regain the strength in his leg.



DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

ALEX'S OUT-OF-POCKET EXPENSES

When Alex totaled up the bills, he had to pay his annual deductible, as well as co-payments for the ambulance, emergency room, hospital, surgery, physical therapy and follow-up visits. Luckily, Alex had accident coverage to help with these expenses.

ALEX'S BENEFITS	
Ambulance	\$300
Emergency room visit	\$150
X-ray	\$60
Hospital admission	\$1,000
Hospital confinement	\$750
Leg fracture (surgical)	\$3,600
Physical therapy	\$360
Appliance (crutches)	\$100
Doctor's follow-up office visit	\$150
	\$6,470

Catastrophic accident

Total and irrecoverable loss or loss of use

- 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

Subject to a 6-month elimination period; payable once per lifetime per covered person

- Named insured\$50,000
- Spouse\$50,000
- Dependent child(ren).....\$25,000

Coma\$10,000

Lasting for 14 or more consecutive days

Concussion\$375

Dislocation (separated joint)

Non-surgical

Surgical

- Hip\$3,000 \$6,000
- Knee (except patella)\$1,500 \$3,000
- Ankle, bone or bones of the foot (other than toes)\$1,200 \$2,400
- Collarbone (sternoclavicular)\$800 \$1,600
- Collarbone (acromioclavicular and separation)\$200 \$400
- Lower jaw\$720 \$1,440
- Shoulder (glenohumeral)\$1,200 \$2,400
- Elbow\$450 \$900
- Wrist\$600 \$1,200
- Bone(s) of the hand, (other than fingers)\$810 \$1,620
- Finger, toe\$200 \$400
- Incomplete dislocation or dislocation reduction without anesthesia25% of the applicable non-surgical amount

Emergency dental work

- Dental crown or denture\$300
- Dental extraction\$100

Eye injury\$300

With surgical repair or removal of a foreign object

Fracture (broken bone)

Non-surgical

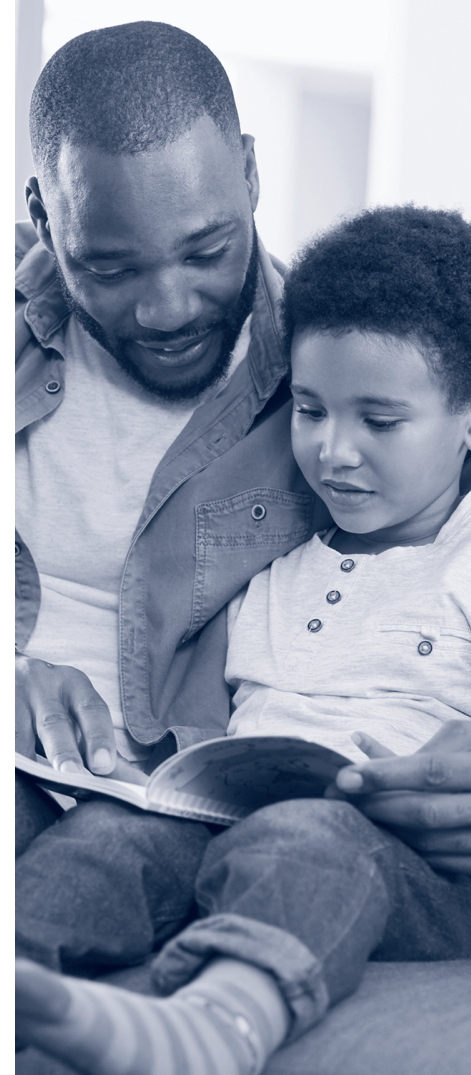
Surgical

- Skull, depressed fracture (except face/nose)\$3,750 \$7,500
- Skull, simple non-depressed fracture (except face/nose)\$1,800 \$3,600
- Hip, thigh (femur)\$3,150 \$6,300
- Body of vertebrae (excluding vertebral processes)\$2,700 \$5,400
- Pelvis\$2,400 \$4,800
- Leg (tibia and/or fibula)\$1,800 \$3,600
- Bones of the face or nose (except mandible or maxilla)\$910 \$1,820
- Upper jaw, maxilla, upper arm between elbow and shoulder\$1,050 \$2,100
- Lower jaw, mandible\$1,200 \$2,400
- Kneecap, ankle, foot\$1,200 \$2,400
- Shoulder blade, collarbone\$1,200 \$2,400
- Vertebral processes\$630 \$1,260
- Forearm, hand, wrist\$1,200 \$2,400
- Rib\$375 \$750
- Coccyx\$320 \$640
- Finger, toe\$200 \$400
- Chip fracture25% of the applicable non-surgical amount

For illustrative purposes only.

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

Hospital admission	\$1,000
Per covered person per covered accident	
Hospital confinement	\$250 per day
Up to 365 days per covered person per covered accident	
Hospital intensive care unit admission	\$1,750
Per covered person per covered accident	
Hospital intensive care unit confinement	\$400 per day
Up to 15 days per covered person per covered accident	
Knee cartilage (torn)	\$750
Laceration (no repair, without stitches)	\$50
Laceration (repaired by stitches)	
■ Total of all lacerations is less than two inches long	\$150
■ Total of all lacerations is at least two but less than six inches long	\$300
■ Total of all lacerations is six inches or longer	\$600
Lodging (companion)	\$200 per day
Up to 30 days per covered person per covered accident	
Medical imaging study (CT, CAT scan, EEG, MR or MRI)	\$200
One benefit per covered person per covered accident per calendar year	
Occupational or physical therapy	\$45 per day
Up to 10 days per covered person per covered accident	
Pain management for epidural anesthesia	\$150
Prosthetic device/artificial limb	
One benefit per covered person per covered accident	
■ One	\$1,250
■ More than one	\$2,500
Rehabilitation unit confinement	\$150 per day
Immediately after a period of hospital confinement due to a covered accident; up to 15 days per covered person per covered accident, not to exceed 30 days per covered person per calendar year	
Ruptured disc with surgical repair	\$900
Surgery	
■ Cranial, open abdominal and thoracic	\$1,500
■ Hernia with surgical repair	\$300
Surgery (exploratory and arthroscopic)	\$225
Tendon/ligament/rotator cuff	
■ One with surgical repair	\$900
■ Two or more with surgical repair	\$1,800
Transportation for hospital confinement	\$600 per round trip
Up to three round trips for more than 50 miles from home per covered person per covered accident	
X-ray	\$60



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 CERTIFICATE 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 Catastrophic Accident benefits for injuries a child received during birth, or for injuries that are the result of being intoxicated or under the influence of any 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 GACC1.0-P-CA and certificate form GACC1.0-C-CA. Premium will vary according to the family coverage type.

CA LIC#: _____

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