

Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they're unexpected. How you care for them shouldn't be.

In your lifetime, which of these accidental injuries have happened to you or someone you know?

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries

- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you'll feel better knowing you can have greater financial security.

What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

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).

What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

How do I file a claim?

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

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

Initial Care

| Accident Emergency Treatment\$75 | • Ambulance\$120 |
|----------------------------------|------------------------|
| • X-ray Benefit\$20 | • Air Ambulance\$1,200 |

Common Accidental Injuries

| Dislocations (Separated Joint) | Non-Surgical | Surgical |
|-----------------------------------------------------|--------------|----------|
| Hip | \$1,800 | \$3,600 |
| Knee (except patella) | \$900 | \$1,800 |
| Ankle – Bone or Bones of the Foot (other than Toes) | \$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 |

| Fractures | 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 (except mandible or maxilla) | \$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 policy also provides benefits for the following injuries received as a result of a covered accident.

| | Burn (based on size and degree) | \$1,000 to \$12,000 |
|---|---------------------------------|---------------------------------------------------|
| • | Coma | \$7,500 |
| • | Concussion | \$60 |
| • | Emergency Dental Work | \$50 Extraction, \$200 Crown, Implant, or Denture |
| • | Lacerations (based on size) | \$30 to \$500 |
| | | |

Requires Surgery

| | Eye Injury | \$200 |
|---|------------------------------|------------------------------------|
| • | Tendon/Ligament/Rotator Cuff | \$500 - one, \$1,000 - two or more |
| • | Ruptured Disc | \$500 |
| • | Torn Knee Cartilage | \$500 |

Surgical Care

| Surgery (cranial, open abdominal or thoracic) | \$1,000 |
|-----------------------------------------------|---------|
| Surgery (hernia) | \$100 |
| Surgery (arthroscopic or exploratory) | \$150 |
| Blood/Plasma/Platelets | \$300 |

Transportation/Lodging Assistance

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

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

Accident Hospital Care

- Hospital ICU Admission*
 \$1,500 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.
- Hospital ICU Confinement\$350 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit\$50 (up to 2 visits per accident)
- Medical Imaging Study\$100 per accident (limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy\$25 per treatment up to 10 days
- Appliances\$75 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb\$500 one, \$1,000 more than 1
- Rehabilitation Unit......\$100 per day up to 15 days per covered accident, and 30 days per calendar year. Maximum of 30 days per calendar year

Accidental Dismemberment

- Loss of One Finger/Toe......\$2,500 one, \$5,000 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 or
- Loss or loss of use of both arms or both legs

Named Insured \$10,000

• Loss of the sight of both eyes

• Loss of the hearing of both ears

• Loss of the ability to speak

Spouse......\$10,000 Child(ren)......\$5,000

365-day elimination period. Amounts reduced for covered persons age 65 and over. Payable once per lifetime for each covered person.

Accidental Death

| | Accidental Death | Common Carrier |
|-----------------------------------|------------------|----------------|
| Named Insured | \$40,000 | \$80,000 |
| Spouse | \$40,000 | \$80,000 |
| • Child(ren) | \$8,000 | \$16,000 |

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

| | Who will be covered? (check one) | | | | |
|-----------------------------------------------------------|----------------------------------|-------------------|--------------------------|------------------------|---|
| | ○ Employee Only | ○ Spouse Only | One Child Only | ○ Employee & Spouse | |
| | ○ One-Parent Family, with E | mployee One-F | Parent Family, with Spou | se O Two-Parent Family | |
| When are covered accident benefits available? (check one) | | | | ne) | |
| | On and Off-Job Benefits | ○ Off -Job Only I | Benefits | | , |

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: felonies or illegal occupations; sickness; suicide or self-inflicted injuries; war or armed conflict.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form Accident 1.0-NS-VT. This is not an insurance contract and only the actual policy provisions will control.

1200 Colonial Life Boulevard Columbia, South Carolina 29210 coloniallife.com